

July 2017



University Hospitals  
of Leicester  
NHS Trust

# GP Newsletter

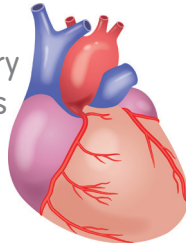
*Caring at its best*



Welcome to the July edition of the GP Newsletter

## ST Elevation Myocardial Infarction admissions

As you are aware Glenfield Hospital provide a 24/7 primary angioplasty service for patients presenting with ST elevation myocardial infarction (STEMI)



We audit all of our STEMI admissions to identify if call-to-balloon times (CBT) meet National targets.

The sooner a patient receives the treatment, the better the outcome.

Essentially the clock starts when the patient calls for help. This is the first contact with a medical professional either by telephone (usually 999) or attendance at a surgery, Urgent Care Centre or hospital. The target for CBT is 150 minutes. The door-to-balloon time (DTB) is taken from when the patients arrive at hospital and the national target is 90 minutes.

Whilst we largely achieve the DTB targets, patients more frequently miss the CTB targets. The reasons for this are numerous but a recurring theme is that if patients self-present to their GP or UCC or ED, over 60% miss their CBT target. Patients who are admitted directly by paramedics to Glenfield have a much lower likelihood of missing these targets (10-15%).

**So please encourage any patients with cardiac sounding chest pain to ring 999 for a paramedic to do the assessment.**

Recently we have had a patient brought in by relatives having been correctly diagnosed with a STEMI at a surgery. The surgery felt that the potential delay in waiting for a crew outweighed the benefit of getting the patient to hospital. This is inherently unsafe and we would always urge ring 999. The patient went to ED and was transferred to Glenfield and missed their targets.

**Dr Ian Hudson**

Consultant Cardiologist  
Audit & Q&S Lead for Cardiology

## Critical Illness Follow Up Clinics



There is a growing national awareness that survivors of critical illness are at risk of on-going physical problems and may develop new significant psychological issues.

A high proportion of these patients experience delusional memories such as nightmares and hallucinations or some have no memories at all. The causes are multifactorial dependent on the severity of the illness; sleep deprivation; drugs and therapies.

From February 2017 we commenced a new service across UHL Intensive Care Units to identify patients with on-going physical health needs whom can be appropriately managed with increased physiotherapy input, rehabilitation programmes or onward speciality referral.

The clinics also aim to fill memory gaps and allay delusional memories with facts in order to aid psychological recovery.

Patients who have been ventilated for more than 48 hours

will be invited to attend the outpatient clinics 3 months post discharge where they will be reviewed by an intensive care consultant and a senior nurse. A supported visit back to ICU will be offered and a patient diary completed during their stay will be given to them. The aim of the clinics is to identify any on-going health requirements that need addressing and allow an opportunity to ask questions about their stay. If significant psychological issues are identified referral to clinical psychology will be made.

Our first clinic was fully booked within 48 hours of after the letters sent out highlighting the need for this service.

A letter will be sent to GPs following the clinic appointment.

**If you have any further questions please don't hesitate to contact the ICU Follow up team.**

**Glenfield Hospital AICU**

**0116 258 3154**

**Leicester Royal Infirmary ITU**

**0116 258 6673**

**Leicester General Hospital ITU**

**0116 258 4650**

# Pathology - What to do if ICE is unavailable?

As the reliance on electronic requesting and communication is increasing, it is important that you have a contingency plan in place in the event that electronic requesting is not available.

**In order for us to continue to provide a service with minimal disruption please follow the guidelines below.**

## **Order a small supply of request forms to be kept at your surgery.**

These forms are available to order on the standard 'General practitioner order form' under the section marked 'report forms' these forms are available by emailing [pathology.stores@uhl-tr.nhs.uk](mailto:pathology.stores@uhl-tr.nhs.uk)

## **In the event that electronic requesting is unavailable**

please use these forms to request blood tests and other pathology requests, for example, for chemistry and haematology requests use a W18 form. Please ensure that all the sections are completed in legible hand writing with full details of the requesting location and clinician clearly shown.

## **Please be aware**

**that the lab relies heavily on electronic requesting to process the work each day** (it is quicker and more accurate), in the event that electronic requesting is unavailable we may have to prioritise urgent patient requests and routine samples may be delayed and therefore, unsuitable for analysis.



**Thank you for your cooperation Paul Staples, Specimen Reception Manager**

# Using Printed Labels for Samples

The use of printed labels for labelling samples has helped to speed up the processing of samples as it is much easier to identify the correct patient. It would further help if the following points were noted to avoid any unnecessary delays during transition through our labs.

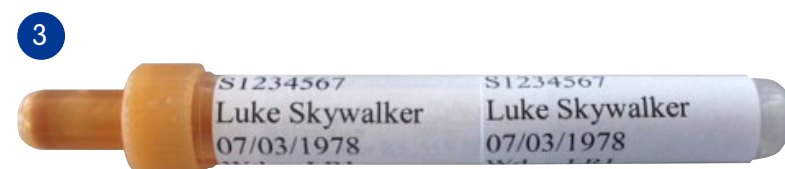
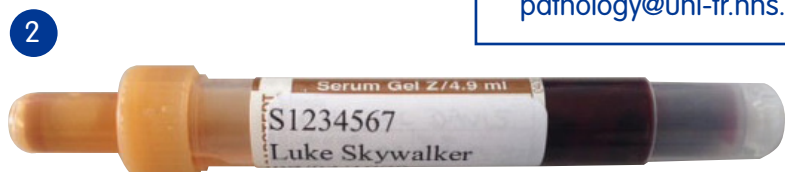
Ensure all appropriate information is included on the addressograph label. It should include full name (do not use initials) Date of birth, NHS or S number, date and time of collection.

- 1 Ensure the addressograph label is firmly stuck to the sample tube to avoid the label peeling off or attaching to the bag and being torn off when the sample is removed.
- 2 Ensure the addressograph label is neatly stuck over the existing sticker on the sample tube to fully cover any print. This helps with identification of the sample when the addressograph is read by our equipment.
- 3 Only use one label per tube. Multiple labels cause problems when the samples are placed on the analysers in the laboratory.

## Communication Options

We would like to remind you of the different lines of communication available for your use.

- **GP Practice IT problems** should be directed to Leicestershire HIS Service Desk in the first instance. [www.hisservicedesk.leicestershire.nhs.uk](http://www.hisservicedesk.leicestershire.nhs.uk)
- **For enquiries related to missing pathology results** please email our Pathology IT Support Mailbox [PathITSupport@uhl-tr.nhs.uk](mailto:PathITSupport@uhl-tr.nhs.uk)
- **For all other enquiries** please email our general Pathology Mailbox [pathology@uhl-tr.nhs.uk](mailto:pathology@uhl-tr.nhs.uk)



# New Advice and Guidance available on NHS E-Referral System (ERS)



**NHS**  
**Digital**

## ENT

Following requests from our colleagues in Primary Care, the Leicester ENT Service is now providing Advice and Guidance using the NHS E-Referral Service system.

This service will provide an opportunity to ask for advice about common ENT problems and to check normal variants.

**This service is for adults and children (not cancer).**

If a problem is more complex and you feel that the patient needs to be seen, please refer using the ERS system into the relevant ENT service at either UHL or one of the Community Hospitals.

If you are worried that a patient has an acute ENT problem that needs urgent review, then please call and discuss with the on-call ENT SHO or SpR.

Advice and Guidance requests will be dealt with on a daily basis by the SpR team.

We hope that this service will help in reducing unnecessary referrals and will be of use to our General Practice colleagues.

**Linsey Ellis**  
Service Manager,  
ENT



## Elective Orthopaedics

Following requests from our colleagues in Primary Care, the UHL Elective Orthopaedics Department are launching a new advice and guidance service for Musculo-skeletal problems. The service does exclude spines as they go through their own triage system.

This service will provide an opportunity to ask advice about problems found within the following Musculo-skeletal sub-specialties:

- Hips
- Knees
- Hands
- Shoulders
- Foot and Ankle



The full list of advice and guidance services is updated regularly and published on PRISM, so GPs can see all the service names both within that and on ERS itself.

If a problem is more complex or you need the patient to be seen, we would be happy to arrange an appointment in one of the elective orthopaedic clinics at UHL.

Advice and Guidance referrals will be looked at regularly by the senior fellow team using the existing Electronic Referral System.

**This service is for adults only.**

**Sally Le Good**  
General Manager,  
Elective Orthopaedics

## Return to Sender

Correspondence relating to any Consultant, Department or Clinic at any of the hospital sites can be returned to us via the Lab Van collection in the event of an error.

**ALL letters MUST be placed in sealed envelopes and labelled clearly with "Returned GP Post, Data Quality Team, Rogers Ward LRI" so that they can be placed in our internal mail system.**



Please follow the guidelines below when returning correspondence to us.

**Please ensure that only correspondence which has originated from or is relevant to, UHL** (Glenfield Hospital, Leicester General Hospital or Leicester Royal Infirmary) is sent to us.

**Bradgate Mental Health unit,** although based on the Glenfield hospital site is a service provided by Leicestershire Partnership Trust and therefore correspondence needs to be returned appropriately.

**Do not place loose letters or correspondence in the Lab Van bag** - they must be placed in a sealed envelope first.

As you are aware, it is essential to ensure we maintain Information Governance standards and Patient Confidentiality at all times and for this reason we are asking that these guidelines are followed. If you have any queries or questions please contact the Data Quality Team via email: [Data.Quality@uhl-tr.nhs.uk](mailto:Data.Quality@uhl-tr.nhs.uk)  
**Su Clarke**, Data Quality Team Manager



# Radiology referrals

As a department, the Imaging Team has noticed that there are still a significant number of referrals to us being made on paper rather than through ICE.

As with Primary Care, we are reliant on the electronic systems, therefore receiving paper referrals slows down the patient journey and increases the chances of incorrect information being inputted, consequently slowing down the receipt of results.

**It would be very useful if all referrals for Radiology could come through ICE, even if the patient is attending for a plain film x-ray. Please request through ICE and send the patient as normal, we will have the referral on their arrival.**

If there are circumstances where a paper referral is necessary due to access issues or system failures, please let us know and we will do our best to support you during this period.



**Cathy Lea**  
General Manager, Imaging

## GP Education & Events

### Leicestershire Palliative Care Group Study Day: Haematological Disorders

**5 October 2017**

9:00am - 4:30pm

LOROS

Cost £50 per person

**Contact:**

Karen Mann

0116 258 7512 or

[karen.mann@uhl-tr.nhs.uk](mailto:karen.mann@uhl-tr.nhs.uk)

- Leukaemia, Transfusion-dependency & Alternatives at the End of Life: Dr Kate Hodgson, Consultant Haematologist
- Myeloma: Dr Linda Barton, Consultant Haematologist
- Palliative Care for Patients with Haematological Malignancies: Dr Samuel Krauze, spr in Palliative Medicine
- Venous Thrombosis: Dr Richard Gooding, Consultant Haematologist
- Abnormal Blood Results - Who should I call?
- The Role of the CNS in supporting patients

**CPD Points will be available**

### Joint Injection Course

**11 November 2017**

8:30am - 1:00pm

Leicester Marriott Hotel

Cost - £100

(includes refreshments and brunch)

**Contact:**

Nichola Coleman

0116 256 3016 or

[Nichola.Coleman@uhl-tr.nhs.uk](mailto:Nichola.Coleman@uhl-tr.nhs.uk)

**Hands on course for GPs to cover Knee, Shoulder, Elbow, Hand, Wrist, Foot and Ankle and Trochanteric Bursitis**

- After the break, participants will be split into four groups. These groups will visit the four stations in rotation (Shoulder & Elbow, Hand & Wrist, Hip & Knee, Foot & Ankle) for interactive sessions where the consultant in charge will help them to practice the injection skills on feedback models.
- Participants can discuss with the Orthopaedics Consultants anatomy, portals, technique and contraindications



If you would like more information about any articles in the newsletter or have suggestions for future editions, please do get in touch.

**Catherine Headley**

0116 258 8598

07931 206 247

[UHLGPServices@uhl-tr.nhs.uk](mailto:UHLGPServices@uhl-tr.nhs.uk)

## And finally...

**For general information** such as referring to us, GP education and previous editions of the GP newsletter, you can find it all (home or at work) by clicking here:

[www.leicestershospitals.nhs.uk/professionals/](http://www.leicestershospitals.nhs.uk/professionals/)

