

# GP Newsletter



## Welcome to February's edition Continued improvements to Leicester's maternity service

Leicester's Hospitals were recently awarded £246,200 to improve and upgrade maternity units at the Royal and General hospitals, as part of the Government's £25 million fund to improve choice for women and improve their experience of maternity care.

We will use the money to buy manually reclining armchairs for our delivery rooms and wards, which will allow partners to stay in comfort. We will also refurbish our two current birthing pools and add a further pool at each site increasing the opportunity for women to use water during their labour.

This funding will compliment the investment already committed by the local health economy as part of the interim solution to make improvements to both the Royal Infirmary and General maternity units. Work on the first phase begins at the end of the month and the entire project should be finished in the late Spring of 2014. We will refurbish and upgrade maternity theatres at both sites, increase our delivery rooms by adding a further six, and create three additional high dependency care spaces, 14 additional ward beds, a four-bedded birth centre at the General and relocate the birth centre at the Royal, co-locating it to the delivery suite. A maternity assessment centre situated away from labour wards will be created on both sites, separating labouring and non-labouring women. We will refurbish ward 1 at the Royal to facilitate efficiencies in the Gynae Assessment Unit (GAU) and put in additional bathroom facilities for the majority of delivery rooms at the Royal.



**For further information contact: Jane Porter,  
Head of Midwifery, [jane.porter@uhl-tr.nhs.uk](mailto:jane.porter@uhl-tr.nhs.uk)**



## Roll out of Outpatient Letters in ICE

The roll out of electronic outpatient letters produced in ICE continues.



UHL plan to upgrade to the latest ICE product which we expect to resolve some of the issues which have impacted on progress with the eLetters project. The upgrade to ICE is planned for the end of February which will give reduced service overnight from 11pm on Tuesday 26th February with a proposed switch to the new version by 7.00am on Wednesday 27th February.

We have identified 65 areas for discharge summaries to be issued through ICE and have now rolled it out in 59 of these areas. The latest service to start issuing discharge summaries was the neonatal unit in January. For outpatient letters, 46 areas will be using ICE and so far, this has been rolled out in 33 specialities. Ophthalmology will start to issue clinic letters shortly through ICE. In cardiology, the plan is for patients who use the Cath Labs to leave hospital with a letter detailing advice on their treatment and a management plan.

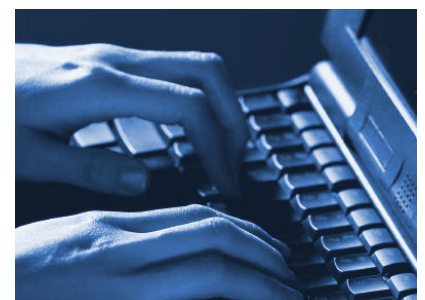
At the end of last year, the TB

Specialist Nurses started to record their prescribing into ICE letters to inform GPs of changes as soon as possible. Other specialist nurses are also now starting to record and send outcomes from their clinics. Feedback from GPs has been very positive as GP practices are receiving new information from the Trust which all contribute towards improved patient care.

There are no immediate plans to switch off paper letters. Once the roll out picks up again following the upgrade, we hope to have more information.

**Beverlie Cemmell, Business Partner/  
Senior Change Manager**

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



# NHS CHANGE DAY 13.03.13

Do something better together

On Wednesday 13 March 2013, the single largest improvement event in the NHS to date will take place. All you have to do is make a pledge to change something for one day.

It could be something as simple as spending time with patients to ask for their feedback on the service, trying out a new approach with patients in waiting rooms or surgeries, or altering the way a routine task is carried out.

## Why should I get involved?

More patients access their GP surgery every day than any other part of the NHS. As a result small changes made to the way things are done in primary care can have a really positive impact on large numbers of patients.

Being smaller organisations than many other parts of the NHS also means you may have more flexibility to make rapid changes you believe can help improve things for your patients.

## Some example pledges

Perhaps there's a change you've wanted to make for some time but just haven't got round to it? Maybe you'd like to try something your patients have suggested or a positive change that a neighbouring GP practice has implemented?

**If you're stuck for ideas or inspiration here is a just a few of the pledges that other GP surgeries and their staff are planning for NHS Change Day:**

- One GP surgery will **activate its online internet appointment booking service** on Change Day
- On NHS Change Day, one surgery will be **placing a 'suggestions box' in the waiting room** to encourage more feedback from patients.
- Instead of calling patients using the automated systems **a practice nurse plans to collect and greet their patients** in the waiting room.

It's quick and easy to register on the NHS Change Day website <http://www.changemodel.nhs.uk/pg/groups/33183/NHS+Change+Day/?community=NHS+Change+Day>. Here you can make an individual pledge or join an existing one.

For more information contact Laura Stannard,  
0116 258 8715 or email  
[Laura.Stannard@uhl-tr.nhs.uk](mailto:Laura.Stannard@uhl-tr.nhs.uk)



## Brush Heads in Vials of Cervical Cytology Samples

We have had numerous incidents where the brush head from the sampling device used to take cervical cytology samples has been included in the vial.

If these are not removed prior to processing the samples, it can damage the processing machine so we would like to remind all Sample Takers to be extra vigilant when using the Thin Prep technique.

Other laboratories that use the Surepath method have different vials where the brush head is included.

This may have caused confusion for Sample Takers who have moved from different areas and are unaware of the technique used within our Network.

Thank you for your help with improving our service to you

Cytology Department  
Leicester Royal Infirmary  
0116 258 6595



## HIV testing prompt to exclude HIV sero-conversion illness

HIV infection is becoming more common in Leicester, with a prevalence of 3.32/1000 according to the 2012 Health Protection Agency (HPA) figures.

NICE guidance published in 2011 recommend that in areas with a prevalence of more than 2/1000 all health practitioners should offer and recommend an HIV test to anyone who has a blood test (regardless of the reason).

HIV sero-conversion illness commonly presents as a flu-like illness with a rash which can mimic glandular fever. Patients at this stage of HIV infection are highly infectious to sexual partners and it is important to exclude this diagnosis.

From the 1st February 2013 we are therefore adding the prompt

below to the negative results of all glandular fever screens done on adults (>18 years) in Leicester, to suggest an HIV test is done if this diagnosis has not already been excluded.

### The prompt will read:

GF test negative.  
suggest HIV test to exclude sero-conversion illness  
[http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1317137200016](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317137200016)  
<http://www.nice.org.uk/nicemedia/live/13417/53591/53591.pdf>

**If you have any questions about this recommendation please contact:**

Dr Adrian Palfreeman, Consultant and Head of Service for GU and Sexual Health: [adrian.palfreeman@uhl-tr.nhs.uk](mailto:adrian.palfreeman@uhl-tr.nhs.uk)

Dr Linda Barton, Consultant Haematologist:  
[linda.barton@uhl-tr.nhs.uk](mailto:linda.barton@uhl-tr.nhs.uk)

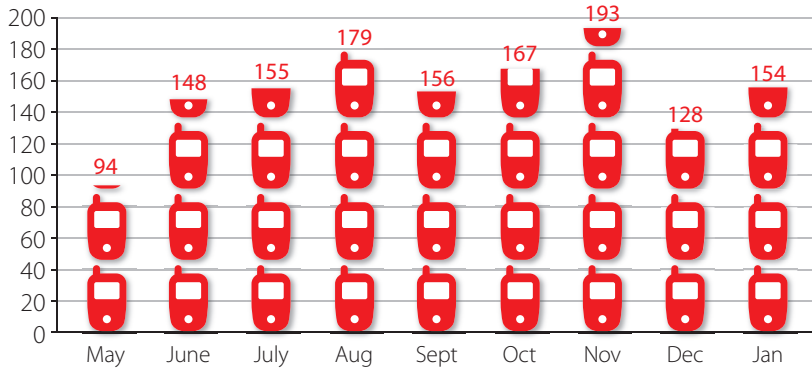


# GP hotline

## Highlight Report January 2013

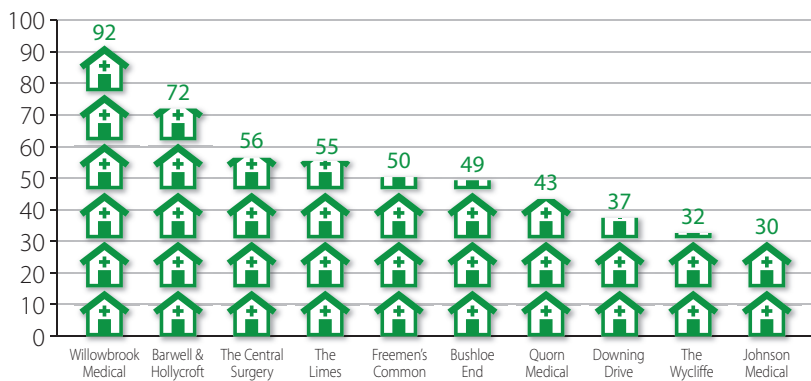
Since the GP Hotline was launched in May 2012, it has received the following number of calls:

### Total number of calls



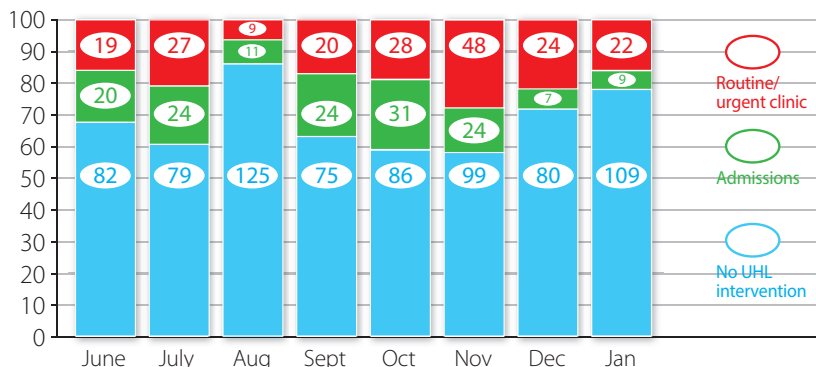
It has proven particularly popular with the following practices who have made the most contacts to the Hotline over the nine month period.

### Top 10 practices



Most queries are from GPs who would like to speak to a consultant about a patient query. Over a nine month period, following a GP's discussion with a consultant, the average percentage of patients were dealt with in the following ways: 68% received no UHL intervention; 14% required an admission; 18% had a routine/urgent clinic appointment

### 'I need to speak to' outcome



**Funding for the GP Hotline pilot runs until March 2013. A business case has been submitted to the CCG Leads to ascertain support from GPs for the programme to continue.**

## GP hotline On Line

You can email requests to the GP Hotline through our website. Your request will be actioned in real time between the hours of 9am - 6pm Monday to Friday.

The online form can be found by clicking here:

<http://www.leicestershospitals.nhs.uk/professionals/gp-hotline-online-request-for-help/>

Alternatively, you can ring the GP Hotline on 0116 258 48 58 and press option 2.

## GP Events Attended by UHL Consultants

**East Leicester and Rutland CCG PLT: Pain Management**  
10th January

**Chronic pain management services**

Dr Beverly Collett, Consultant in Pain Management and  
Dr Margaret Bone, Consultant Anaesthetist in Pain Management

**Leicester City CCG: Board Development Session**  
12th February

**UHL's Strategic Direction**

Dr Kevin Harris, Medical Director

**Leicester City CCG: Executive Committee**  
5th February

**Acute care pathway changes**

Dr Ben Teasdale, Clinical Lead and Dr Catherine Free, Consultant Respiratory Physician

**East Leicester and Rutland CCG PLT: Skin & Bones**  
21st February

**Orthopaedic Right Care pathways / Common hand conditions**

Mr Aamer Ullah, Orthopaedic Consultant

**Osteoporosis and the use of DEXA Scanning**

Dr Ash Samanta, Consultant Rheumatologist

**Let's diagnose Skin Cancer**

Dr Graham Johnston, Consultant Dermatologist

## Forthcoming Education Events:

**Tuesday 5th March**

### Digestive Diseases Centre Seminar

Gastro Registrar's Office  
Level 4, Windsor Building,  
Leicester Royal Infirmary.  
Professor John deCaestecker  
is the internal speaker and  
Dr Peter Wurm will present  
the audit

To book a place contact:  
Marion Lawlor,  
0116 204 7864  
marion.lawlor@uhl-tr.nhs.uk

**Thursday 7th March**

### Back Pain Seminar: Optimising the Diagnosis and Management of Patients with Back Pain

Mercure Hotel  
Granby Street, Leicester  
This seminar is free to register  
and CPD approved.

To book a place go to:  
www.leicester.  
backpainseminar.co.uk  
password:BackPainL

**Saturday 16th March**

### Joint Injection Course

Leicester General Hospital  
To book a place contact:  
Nicola Coleman  
0116 258 6949  
nicola.coleman@uhl-tr.nhs.uk

**Thursday 25th April 2013**

### The 9th Leicester Dermatology Conference

European Suite,  
Leicester Tigers,  
Aylestone Road, Leicester

To book a place contact:  
Christina Waistell  
christina.waistell@uhl-tr.nhs.uk

**Tuesday 2nd July**

### Developments in Contraception, Sexual and Reproductive Health: An Update for Primary Care Practitioners

Education Centre,  
Leicester General Hospital  
To book a place contact:  
Susan Nour  
0116 258 4244 / 4197  
susan.nour@uhl-tr.nhs.uk

## Consultant update Starters

Mr Menno Van Waddingen	Imaging
Dr Sanjeev Pattni	Gastroenterology
Mr Robert Davies	Vascular Surgery
Dr Shankar Sadagopan	Paediatric Cardiology

### Honorary Consultants

Mr Abraham Cherian	Childrens Medical
Dr Adrian Cheng	Imaging
Dr Katharine Bond	Sexual Health
Dr Sally-Ann Nortcliffe	Theatres, Anaesthesia, Pain and Sleep (TAPS)
Dr Velur Balasubramaniam	Paediatric Cardiology

### Leavers

Dr Kim Bibby	Ophthalmology
Dr Susan Coley	Theatres, Anaesthesia, Pain and Sleep (TAPS)

### Honorary Consultants

Dr Sajeeva De Silva	Cardiology
Dr Margaret Phillips	Neurology
Dr Pius Tansinda	Nephrology



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

**Jade Atkin**

0116 258 8598 / 07432 623 350  
jade.atkin@uhl-tr.nhs.uk



**For further information  
about our GP Educational  
Events programme,  
please visit:**

<http://www.leicestershospitals.nhs.uk/professionals/gp-education/>

## Podcasts



This month's podcast sees Local GP Dr Leslie Borrill chatting with Dr Ffion Davies, Consultant in Emergency Medicine and Dr Alastair Sandilands, Consultant in Cardiology, about Sudden Cardiac Death.

To watch the podcast and download (print / save) your CPD reflection form and certificate, please click here:



<http://www.leicestershospitals.nhs.uk/professionals/gp-video-based-education/sudden-cardiac-death/>

## 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:

<http://www.leicestershospitals.nhs.uk/professionals/>

