

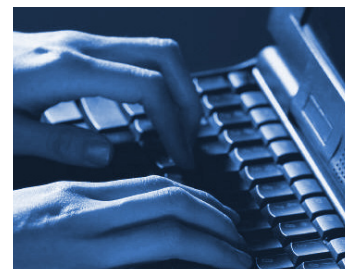
GP Newsletter



Welcome to March's edition

Roll out of Letters in ICE

The roll out of electronic outpatient letters produced in ICE continues. The table below provides a summary of inpatient and outpatients areas which are now using ICE to notify GPs of patient attendances at UHL as well as specialities planned for implementation.

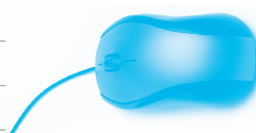


ICE ROLL OUT SUMMARY

| Specialty | Areas | | Specialty | Areas | | Specialty | Areas | |
|-------------------------------|-----------|-----------|-----------------------------------|-------------|-------------|----------------------------------|-----------|-------------|
| | IP | OP | | IP | OP | | IP | OP |
| Paediatrics | | | Gynaecology | | | Accident & Emergency | Delivered | N/A |
| Cardiothoracic Surgery | Delivered | Delivered | Gynaecology Oncology | Delivered | | Clinical Decisions Unit | Delivered | N/A |
| Clinical Haematology | Delivered | Delivered | Neonatal Unit | In Progress | In Progress | Dermatology | | In Progress |
| Clinical Immunology & Allergy | Delivered | Delivered | Urogynaecology Spec. Nurses | Delivered | Delivered | Diabetology | Delivered | N/A |
| Dermatology | Delivered | Delivered | Maternity | In Progress | N/A | ENT | Delivered | Planned |
| Gastroenterology | Delivered | Delivered | Obstetrics | Planned | Planned | Eye Casualty | N/A | Planned |
| General Surgery | Delivered | Delivered | Colposcopy Spec. Nurses | N/A | In Progress | Gastroenterology | Delivered | N/A |
| Infectious Disease | Delivered | Delivered | Foetal Medicine | N/A | Planned | General Surgery | | |
| Medical Oncology | Delivered | Delivered | Nutrition & Dietetics | Delivered | Delivered | Hepatobiliary & Pancreatic | Delivered | N/A |
| Medicine | Delivered | Delivered | Integrated Medicine | Delivered | | Specialist Nurse | Delivered | N/A |
| Metabolic Disease | Delivered | Delivered | Oncology & Haematology | | | Geriatric Medicine | Planned | N/A |
| Nephrology | Delivered | Delivered | Sickle Cell | N/A | Delivered | Homecare Pharmacy | N/A | Delivered |
| Neurology | Delivered | Delivered | Clinical Oncology | Delivered | N/A | Infectious Diseases | Delivered | N/A |
| Oncology | Delivered | Delivered | Medical Oncology | Delivered | N/A | Maxillofacial | Delivered | N/A |
| Ophthalmology | Delivered | | CNS Specialist Nurses | Delivered | Delivered | Neurology | Delivered | Planned |
| Physiotherapy | Delivered | Delivered | Palliative Care Spec. Nurses | Delivered | Delivered | Ophthalmology | Delivered | In Progress |
| Respiratory Medicine | Delivered | Delivered | Infection Prevention | Delivered | | Orthopaedics | Delivered | N/A |
| Rheumatology | Delivered | Delivered | Chemical Pathology/Lipids | N/A | In Progress | Orthotics | | In Progress |
| Specialist Nurses | Delivered | Delivered | Bone Marrow Transplantation | Delivered | Delivered | Plastic Surgery | Delivered | N/A |
| Surgery | Delivered | Delivered | Cardiac Surgery | | | Respiratory | Delivered | N/A |
| Trauma & Orthopaedics | Delivered | Delivered | Cardiology | Delivered | Planned | TB Specialist Nurses | Delivered | Delivered |
| Urology | Delivered | Delivered | Congenital Hearts | Planned | Planned | Thoracic Medicine | Delivered | In Progress |
| Pain Management | Delivered | Delivered | Cardiac Rehab | Delivered | Delivered | Thoracic Specialist Nurse | Delivered | Delivered |
| Anaesthetics | Delivered | | Heart Failure | Delivered | Delivered | Thoracic Surgery | Delivered | N/A |
| Sleep | Delivered | Delivered | Cath Labs | In Progress | In Progress | Trauma | Delivered | N/A |
| | | | | | | Urology | Delivered | N/A |
| | | | | | | Urology Specialist Nurses | Delivered | Delivered |
| | | | | | | Vascular Surgery | Delivered | N/A |

- Delivered
- In Progress
- Planned

- IP Inpatient
- OP Outpatient
- N/A Not applicable



Update on the UHL Emergency Care Pathway Programme

On 18th February, UHL commenced a programme of changes to systems and processes within the Emergency Department and Assessment Units. The key changes to date have been:

- ED has a dedicated assessment team to provide an initial assessment for all patients arriving by ambulance or on foot within 30 minutes of their arrival.
- To support the achievement of the 15 minute ambulance arrival targets, minor injuries patients now bypass an initial assessment where the wait for the 'see and treat team' is less than 30 minutes.
- Processes are in place to ensure patients are referred out of ED where the initial assessment identifies there are clear needs, plans and processes in place to support patients having a decision for discharge or admission within 180 minutes of arrival.
- Systems and processes have been developed to stream patients to the most appropriate assessment unit and provide a clinical handover of patients.
- Initial review processes have been developed to safely enable GP admissions to bypass ED where capacity allows.
- Fixed ward and board rounds and rolling review processes support timely discharge or decisions for onward transfer.
- The integration of the Emergency Frailty Unit with Acute Medicine has enabled the same high service to be delivered across a greater patient cohort.
- The development of condition specific ambulatory care services for DVT and TIA.
- The bed bureau clinic has been enhanced to offer a broader acute medicine clinic for ambulant patients.

As with all major change programmes the implementation process has identified aspects for further refinement and continuous improvement, as well as training and awareness needs of staff to ensure the new systems and processes are consistently applied and the targets set are routinely achieved. The support for this is in place through to June 2013 to ensure the new pathway embeds and that the planned benefits are achieved.

Alongside this ongoing work, Phase 2 is about to commence. This phase will again comprise two work streams:

1. Ward Processes:

including a move towards 7 day consultant delivered ward rounds supported by a high performing MDT on all Acute Division wards. Ward configuration has been reviewed to support patients being seen in the right place. A specialty in-reach service has been developed to support the pull of patients to the right setting for their clinical needs and to reduce the impact of co-morbidities such as diabetes on length of stay.

2. Patient Flow and Capacity Management:

has included a review of the use of information to plan for demand fluctuations and to manage capacity. Existing discharge lounges have been developed to support the efficient usage of bed capacity and there has been a review of escalation plans across the Acute Division, to ensure timely and appropriate actions are taken when demand and capacity issues are identified.

The UHL Emergency Care Pathway programme aims to support the Trust to create an optimum medical model of care. This includes a portfolio of services that are clinically safe, of a high quality for patients which are economically viable and support the wider local health economy. In doing this, patient flow will be improved and patients will consistently receive high quality, safe care in the most appropriate setting.



For further information please email: ecp@uhl-tr.nhs.uk



Vascular Mortality and Morbidity Rates

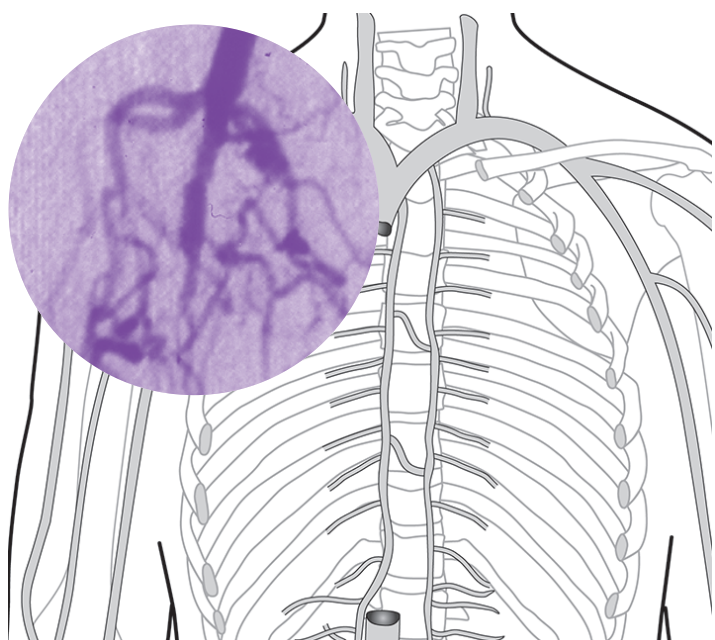
Vascular data for 2012 shows that Leicester has more than met the 14 day NICE threshold for performing carotid endarterectomy after suffering a TIA/ minor stroke (median delay in Leicester from index symptom to surgery = 8 days).

Also, there has been no increase in the procedural risk with the move towards offering treatment in the hyperacute period. Leicester remains a UK leader in this area of practice.

Secondly, UHL performed over 100 elective aortic aneurysm repairs in 2012 (85% endovascular) with zero mortality. This maintains Leicester's position as being one of the UK's large volume aneurysm centres with very low procedural risks.

Over the last 5 years, the elective mortality rate has been 1%.

Finally, the vascular service has maintained its commitment to minimising the risks of infections like MRSA and C Diff which can be devastating for our patients.



Mr MJ Bown, Mr R Davies, Mr MJ McCarthy,
Prof NJM London, Mr A Nasim,
Prof AR Naylor, Prof RD Sayers

Voluntary and Alternative Transport Methods

East Midlands Ambulance Service (EMAS) provides emergency ambulance responses to 999 and urgent admissions to hospitals.

Timeframes for emergency responses:

| | |
|--------------------|-------------------|
| Red 1 and 2 | 8 minutes |
| Green 1 | 20 minutes |
| Green 2 | 30 minutes |

The timeframes for urgent admissions are 2 and 4 hours depending on the patient's condition.

The decision to move Patient Transport Services (PTS) to private providers means that EMAS does not provide transport for routine transport, discharges from hospital or transport where clinical support is not required. This has left a few grey areas e.g. transport to DVT daycase clinics, patients for hospital discharge who have a tracheostomy in situ, movement of patients from upstairs to downstairs. None of these areas are covered by either the Emergency Ambulance contract or the PTS Contract. As an interim measure, EMAS will provide transport for patients who fall into these gaps.

- If any of these patients has an alternative means of getting into hospital and it is safe to do so, they should be encouraged to make their own way into hospital.
- For those patients who cannot be transported by the private PTS provider but do not need a full paramedic ambulance, EMAS utilise voluntary and alternative transport methods (VAS).
- When booking a patient who does not need a full paramedic ambulance it would be helpful if you could make the call taker aware that the "patient is suitable for VAS". In this way we can keep our paramedic ambulances available for patients who need them.

Dr Steven Dykes

Deputy Medical Director
East Midlands Ambulance Service NHS Trust
Mobile: 07772 418098

Re-Location of the Pain Management Service at Leicester Royal Infirmary to Leicester General Hospital

Due to structural changes at the Leicester Royal Infirmary (LRI) site, the Pain Management Outpatient Clinics which are currently held in the Osborne Building are being relocated to the Leicester General Hospital (LGH) site.

The outpatient service will operate from outpatient department 4 which is situated off the main corridor at LGH. The acupuncture service will operate from Ward 1 at the LGH. The effective date for this change is 2nd April 2013.

Please rest assured that your patients will continue to receive the same level of excellent care from their consultant and the Pain Management Service as they do now but in a different location.



Pain Management Services

Anne Brooks: Operational Manager
Dr Margaret Bone: Consultant / Lead Clinician

For further information regarding this move, please contact:
Anne Brooks, Operational Manager

0116 258 8262

DR ROBIN GRAHAM-BROWN Retires March 2013

Dr Robin Graham-Brown BSc, MB, FRCP, FRCPCD trained in London and was first appointed as Consultant Dermatologist in Leicester in 1983.

Since his appointment, he has become one of the most well-respected and well-known dermatologists in the UK.

Soon after his appointment Robin set up a specialist paediatric dermatology service which has evolved into a multi-consultant multidisciplinary team for conditions such as severe eczema and rare genetic diseases. He also set up one of the first Pigmented Lesion Clinics in the country: an open access clinic for patients with suspected melanoma, the most serious type of skin cancer. His research into these conditions led to the publication of over 200 medical papers and a national and international reputation. This led to him being appointed an Honorary Senior Lecturer post at the University of Leicester and he was appointed Editor of the British Journal of Dermatology from 2000 - 2004. He was elected President of the British Association of Dermatologists in 2005 - 2006. Robin developed a wider

interest in medical management and accepted the invitation to become Chairman of the Department of the Health Working Party on Dermatology Closer to Home in 2006. He was also appointed Deputy Medical Director of UHL followed by Director of Services for Older People and Clinical Director of the Clinical Services Directorate.

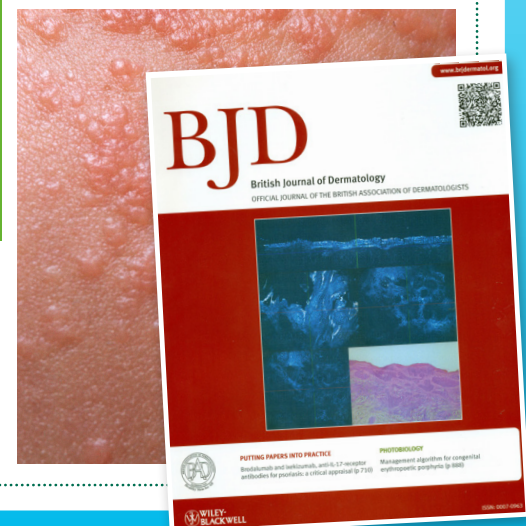
Many people will also be unaware of Robin's long term charitable commitments both to charities supporting people with skin disease and skin research and latterly his local work on the Board of Trustees for LOROS.

Robin has been a passionate clinician, an influential teacher and a supremely knowledgeable clinical colleague who is now regularly embarrassed by patients asking him not to retire.



We wish him all the very best for a long and happy retirement.

Graham Johnston
Head of Dermatology



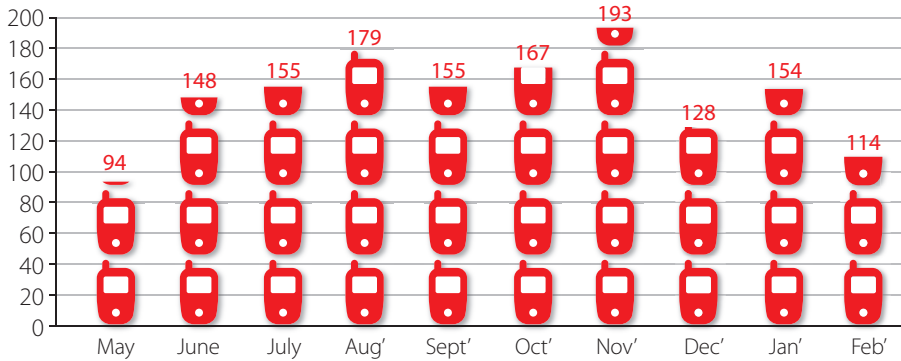


GP hotline

Highlight Report March 2013

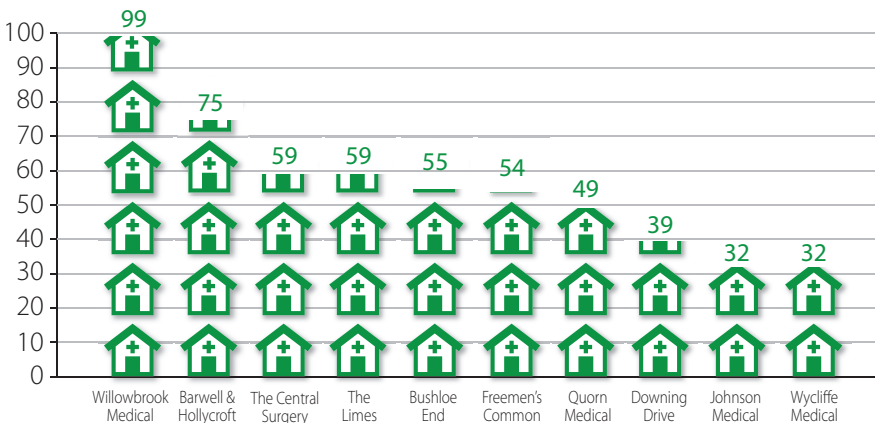
Since the GP Hotline was launched in May 2012, it has received the following number of calls:

Total number of calls



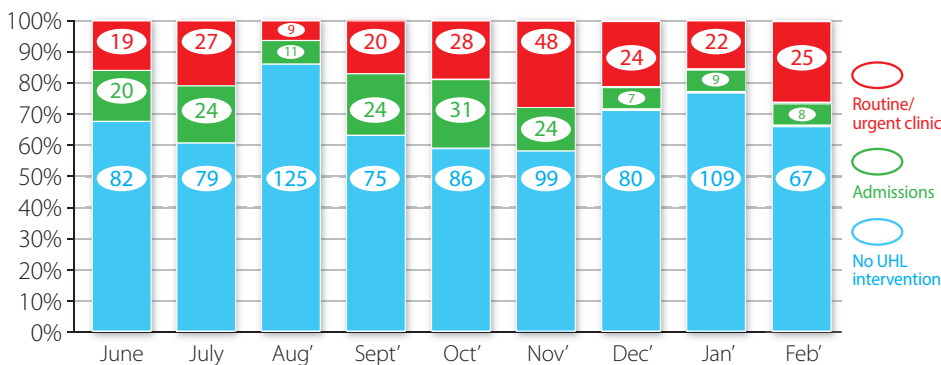
It has proven particular popular with the following practices who have made the most contacts to the Hotline since it launched.

Top 10 practices



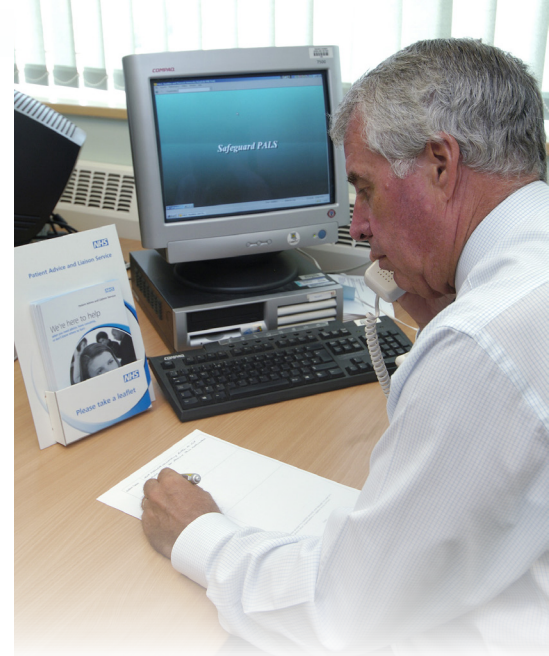
Most queries are from GPs who would like to speak to a consultant about a patient query. Over a nine month period, following a GPs discussion with a consultant, the average percentage of patients were dealt with in the following ways: **68% received no UHL intervention**; **13% required an admission**; **19% 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. The proposal is being reviewed by Drs Umesh Roy, YB Shah and Richard Palin.



GP hotline Online

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/online-gp-hotline-request/>

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 Board, 26th February, Ben Teasdale, Clinical Lead for Emergency Department

West Leicestershire CCG Clinical Co-ordination Meeting, 5th March, Ben Teasdale, Clinical Lead for Emergency Department



Forthcoming Education Events:

Tuesday 2nd April

Digestive Diseases Centre Seminar

Gastro Registrar's Office Level 4, Windsor Building, Leicester Royal Infirmary.

Dr Allister Grant is the internal speaker and Dr James Stewart will present the audit.

To book a place contact:

Marion Lawlor,
0116 204 7864

marion.lawlor@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

The Joint Injection Course

held in March was well received by GPs. 100% of attendees who completed a feedback form found the course useful. Overall, the course was rated 3.6 for the presentations and 3.7 for the practical sessions on a scale of 1-4 with 4 being the highest.

We have had lots of enquiries to run another event. A provisional date of Saturday 28th September has been planned and further details will follow shortly.

Some of the sessions will also be available to download as podcasts.



Consultant to Consultant Referral Protocol

The consultant to consultant referral protocol was reviewed and revised in September 2012 and signed off in December by Professor Azhar Farooqi, Dr David Briggs, Dr Nick Pulman, Dr Kevin Harris and Mr Andrew Furlong. To view a copy of the protocol, please visit: <http://www.leicestershospitals.nhs.uk/professionals/gp-referrals/>

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

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

Consultant update Starters

| | |
|----------------------|----------------------------------------------|
| Dr Gary Lau | Theatres, Anaesthesia, Pain and Sleep (TAPS) |
| Dr Ruth Radcliffe | Childrens Services |
| Dr Catherine Moreman | Histology |
| Dr Nikola Ostojic | Histology |
| Dr Joanna Behrsin | Neonatal Intensive Care |

Leavers

Honorary Consultants

Dr Velur Balasubramaniam Paediatric Cardiology

Podcasts



This month's podcast sees Local GP Dr Leslie Borrill chatting with Dr Mike Ferguson, Consultant in Adult Critical Care about organ donation.

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

<http://www.leicestershospitals.nhs.uk/professionals/gp-video-based-education/organ-donation/>



Please contact Jade Atkin with suggestions for future podcasts.

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/>



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

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