

GP Newsletter



Welcome to December's edition of GP latest news.....

This newsletter is designed to keep primary care up to speed on recent developments within Leicester's Hospitals.

Our preparations for the holiday period

Right place, Right time

You may remember in last month's edition we told you about changes to the ED which were aimed at delivering the below standards:

- Patients will be referred from ED to a receiving specialty within 15 minutes of their treatment being completed in ED
- All patients will be sent to the receiving specialty within 30 minutes of the initial request for a bed.

As a result many of the issues in ED seem to have improved. Our focus will now be on our assessment units and wards to make sure we improve the patient experience across our hospitals, as we have so far in ED.

We have set up a daily meeting to address any issues as they arise, particularly focusing on any delays that have occurred.

For the second week in a row our four hour performance has been excellent. During the last 12 days in November we achieved:

Next Steps

Over the next week we will continue to work on a number of things:



- 0 breaches in minors – a record
- Average bed request to departure times are significantly less than in any other period
- 67 breaches – our lowest level since August 2009
- Two thirds of the 67 breaches were in resus and more likely to be due to clinical reasons
- For the week ending the 27th November ED & UCC performance was 99% - we were in the Top 10 acute hospitals for performance.

There has not been any increase in the number of patients being admitted following their ED attendance and there has not been any fewer people attending ED.

We are pleased to say the changes are beginning to have a positive impact on patient experience.

- Completion of the tracking of ED trolleys
- Installation of (Emergency department information system) EDIS on assessment units
- Continuing to support the resolution of internal delays to promote early discharge
- Providing senior management support on board rounds
- Continuing health and safety walkabouts
- Beginning to look at longer term solutions for our discharge lounges, which are now at capacity
- Introducing electronic requesting for tests and investigations where this is currently not available
- Ensuring TTO's are written up the day before discharge
- Working with community partners to minimise delays.

Offer your feedback on this month's edition of the newsletter to our Head of Services for GPs at marina.muirhead@uhl-tr.nhs.uk



Bed Bureau

Our staffing levels over the holiday period will be operating at the standard Christmas holiday rate and this will take effect between Saturday 24th December and Tuesday 2nd January

CLINIC TIMES AND AVAILABILITY:

DVT at the LRI

Normal hours Friday 23rd 08.30 to 18.00

Saturday 24th 08.00 to 12.00 noon

Closed Christmas day and Boxing Day

Monday 26th and Tuesday 27th reduced clinic hours 08.00 to 16.00

Normal working hours 28th 29th and 30th

Saturday 31st 08.00 to 12.00 noon

Closed Sunday 1st Jan and Tuesday 2nd Jan

Normal clinic hours 3rd Jan

Breast Clinic at GGH Monday to Friday

Normal hours Friday 23rd

Closed Monday 26th and 27th December

Wednesday 28th usual screening clinic applies (not for BB referrals)

Normal clinic's Thursday and Friday 29th and 30th December

Open for normal clinic times Tuesday 2nd January

Sue Harris

Bed Bureau Manager

Additional bed capacity

We are planning to open an additional 46 beds over the winter these will be phased in throughout the period as the beds and staff are available.



In addition we are working closely with all our partner agencies to see how we can speed up the processes regarding discharge so that we can ensure quicker, safe discharges



Bed Bureau urgent OPA

Normal hours Friday 23rd

Closed Monday 26th and 27th December

Normal clinic's Wednesday, Thursday and Friday 28th 29th and 30th December

Open for normal clinic times Tuesday 2nd January

It is worth noting that although the clinics are open they may be reduced or cancelled. The bed bureau will telephone and invite patients to the nearest site.

County SPA

Normal working hours and Normal staffing levels

City SPA

Normal working hours with week end staffing levels

You can access our admission avoidance contact numbers by clicking here:

<http://www.leicestershospitals.nhs.uk/professionals/potential-admission-avoidance-services/>

Radiology

For GP information there is GP radiology hotline manned until 17.00pm (Monday to Friday) which can be reached by calling 0116 2583689.

After 17.00pm the best resource available to GPs is the duty ST doctor in Emergency Radiology at the LRI which can be reached by calling 0116 258 6969.



System one (S1) read only access arrives in the ED

Clinicians at LRI ED are now able to access clinical records held on S1.



This facility was launched on 22nd Nov and is the result of an agreement between UHL and both local PCTs.

GP QOFs will NOT be affected as ED clinicians will not be able to enter any information onto S1.

WHEN WILL S1 RECORDS BE ACCESSED?

Our agreed access policy states that ED consultants may only access a patient's information held on the system whenever, according to their best judgment, this is likely to help overcome significant information gaps.

Thereby ensuring that the patient receives safe, high quality, timely and cost-effective care related to the illness that brought them to the department.

Examples of information that may potentially be useful in this regard include:

- Warnings regarding violent behaviour etc
- Safeguarding information
- Blood borne virus infectivity status
- End-of-life decisions and any advanced directives in place
- Current medications and exact dose
- Allergies
- Past medical and surgical history - particularly if disputed or in doubt
- Baseline information regarding cognitive status (e.g. to distinguish between dementia and delirium)
- Specialist referrals and appointments currently awaited
- Names of specialist clinicians involved in ongoing care
- Involvement of social services and other agencies'
- Next-of-kin details
- Baseline pathology results (e.g. to distinguish between acute and chronic kidney disease)
 - Height, weight and other baseline data.

WHAT ARE THE ACCESS CONSENT ARRANGEMENTS?

ED clinicians will generally access the S1 record only with the patient's consent. Consent may be overridden in patients lacking mental capacity but clinicians are required to give a clear explanation of their decision to access the S1 record without consent. The system will provide a clear audit trail of all such overrides.

NB: ED consultants will not be able to view any details of a patient's S1 record marked 'private' by their GP.

HOW WILL A GP KNOW THAT A PATIENT'S S1 RECORD HAS BEEN ACCESSED IN ED?

Accessing S1 from LRI ED creates:

- A new 'task' for the GP within the system. The task will state that the patient has attended LRI ED (shown as 'Leicester City OOH PCC'), together with details of the time and date.
- A new entry in the 'New Journal' view (again shown as 'Leicester City OOH PCC').



In its initial stages of implementation the access to S1 for the better treatment of patients is working fantastically well and is helping to prevent admissions.

Martin Wiese

Consultant Emergency Physician -
Clinical Lead for S1 in LRI ED



Please email: martin.wiese@uhl-tr.nhs.uk if you have any questions about S1 use in the ED

Pathology reporting we are switching off paper on 26th January 2012

The Pathology department have been transmitting results electronically to GP practices for over eight years, this is very much an established practice which is very reliable, and following feedback from a number of GP practices served by our Pathology department, there is an overwhelming desire to switch off the



printing and delivery of paper reports from Pathology

Paper reports will be suppressed on Thursday 26th January 2012 for Chemical Pathology, Haematology, Immunology and Microbiology however; Cellular Pathology reports would still be printed.



Paper pathology results

We are aware that some practices may wish to continue with the receiving of paper pathology results – this will continue to be available.

If this is something you wish to continue please contact:

Paul Smalley,
Pathology IT Manager on
0116 258 6707 or
paul.smalley@uhl-tr.nhs.uk

Ward 8 at LRI, due to re open

Following the fire on Ward 8 back in May of this year the ward has been closed for major refurbishment work.

WARD 8 IS DUE TO RE OPEN ON 28TH

DECEMBER, making floor 3 of the Balmoral building

at the LRI site an emergency surgery floor, this will involve moving our surgical assessment unit (SAU) to level 3 and placing it opposite ward 7 which is our specialist surgery emergency admission ward.

We are working closely with our clinical support colleagues to deliver near patient testing and a near patient pharmacy on the newly formed emergency surgery floor at the LRI which will deliver improvements for the patients.



Creating this integrated acute surgical assessment service at the LRI will allow us to take full advantage of the efficiencies that this will bring and continue to improve the experience patients receive.

Orthopaedics service

Elective Orthopaedic Operating is consolidating onto one site at the General Hospital; this means that

**THE SERVICE WILL BE VACATING
WARD 29 AT THE GLENFIELD TO**

WARD 14 AT THE GENERAL. It will officially close on the 24th December 2011 and reopen on the 9th January at its new home. The team is very excited about the move as the majority of their will still remain at Glenfield though for the foreseeable future.



Orthopaedics will be based at
Ward 14 LGH from 9 January 2012

Useful links

GP EDUCATION

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

FULL CONSULTANT CONTACT DIRECTORY

Can be found by clicking here:

<http://www.leicestershospitals.nhs.uk/patients/find-a-consultant/>

Consultant update Joiners

Gayle McDonald	Consultant Imaging
Vikas Shah	Consultant Imaging
Srinivas Bandi Rachaiah	Consultant Children's Services
James Falconer Smith	Consultant Pathology

Leavers

Jayaprakash Gosalakkal	Consultant Children's Services
Lili Robinson Consultant	Imaging
Richard Windle	Consultant GI Med / Surgery
Kevin Molloy	Consultant Specialist Surgery