

GP Links

Quarterly newsletter

August 2018

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What our patients say about us

UCLH has continued to achieve excellent results in the National Inpatient Survey, with patients rating their overall care as 8.3 out of 10 – the top score amongst our London peers for the second consecutive year.

Almost 500 people who were inpatients in July 2017 completed the questionnaire. Their answers were analysed by the Care Quality Commission and the results were published in June.

Overall patient experience of UCLH is great, we have maintained our good performance in a number of areas and seen particular improvements in questions around bringing medication from home.

Taking into consideration the earlier Picker results and ongoing feedback from patients and staff, UCLH will continue to make improvements in the following areas for 2018/19: help with meals, planned admission dates changed by hospital, waiting a long time to get a bed on a ward and improvements to discharge including patients knowing what would happen after leaving hospital.

Patients were invited to complete the 2018 inpatient survey last month.

New Children's Emergency Department opens

The Emergency Department at University College Hospital now has a wing specifically for children and young people and its entrance is via the Elizabeth Garrett Anderson Wing on Grafton Way.

With its own entrance and waiting area, there is more space and a better environment for the babies, children and young people who visit our Emergency Department.

Minor works and decorations are scheduled to take place over the next few months to improve the space further.

Becky Jarman, lead nurse, said: "The new Children's Emergency Department is a great step forward. Now children and young people have their own entrance and waiting area, away from the hustle and bustle of the main Emergency Department.

"I hope this will help make what can be a stressful experience slightly less difficult for our youngest patients."

Phone numbers reminder:

UCLH's dedicated GP switchboard number is **020 3447 9000**.

University College Hospital Referral Contact Centre:

Tel: 020 3447 9393

Fax: 020 3447 9354

uclh.appointments@nhs.net

GP web app

Call UCLH services direct from your smart phone or tablet: www.uclh.nhs.uk/mobile

Written referrals for University College Hospital

For written referrals please address your letter to:

University College Hospital (Name of consultant/specialty) Referrals Contact Centre

Ground Floor North
250 Euston Road
London NW1 2PG

Please remember to include patient contact details in ALL written referrals to the hospital.

This is important under our booking system as we need to be able to contact the patient.

If you have queries about any of the articles in GP Links, contact Communications Unit

2nd Floor Central
250 Euston Road
London NW1 2PG

Tel: 020 3447 7542

UCLH.gpqueries@nhs.net

www.uclh.nhs.uk/GPs

The highest point

Our newest clinical facility reached the highest point of its construction on the eve of the NHS's 70th anniversary. UCLH plans to open the new building on Huntley Street next year, bringing together the services currently provided at the Royal National Throat Nose and Ear Hospital (RNTNEH) and Eastman Dental Hospital (EDH), both on Gray's Inn Road.

Over the lifetime of the NHS, the two hospitals have been involved in many firsts. For example, clinicians at the RNTNEH pioneered the use of cochlear implants in the UK enabling profoundly deaf people to hear and the EDH set up the first clinic for people born with teeth missing.

The new facility will be called the Royal National ENT and Eastman Dental Hospitals, continuing the life of the existing hospitals in their new home.

Meanwhile, UCLH has completed a deal to sell the EDH site to UCL and, as part of the agreement, we will acquire majority ownership of Queen Square House.

The funds from the sale are essential for the development of the new facility on Huntley Street, and the extra space in Queen Square House will create much needed capacity in a constrained location.

UCL plans to use the EDH site as a new home for the UCL Institute of Neurology (ION) and the UK Dementia Research Institute (DRI).

HTD travel clinic appointments

The Hospital for Tropical Diseases has appointed two new consultants. Dr Nicky Longley has been appointed the new clinical lead for travel medicine, alongside her academic appointment at the London School of Hygiene and Tropical Medicine (LSHTM).

Dr Longley has a strong clinical and academic background in HIV and infectious diseases, and holds a specialist interest in the immune-suppressed traveller and visiting friends and relatives (VFR).

The second appointment is Dr Stephen Walker as a consultant dermatologist with a special interest in cutaneous infection and skin disorders in returning travellers. Following specialist training he obtained a PhD in leprosy and gained practical dermatological experience in Asia, Africa and South America. He continues to teach and conduct research both at the LSHTM and overseas. At the HTD and UCLH, he runs adult clinics in general dermatology, skin infections, HIV dermatology and skin disorders in returning travellers.

The HTD travel clinic welcomes GP referrals of adults and children with complex medical and travel needs, including but not exclusively; the immunosuppressed traveller, allergies, those with multiple medical conditions, polypharmacy, pregnancy, babies younger than five months, long-term travel, NGO/aid workers and visiting friends and relatives.

Potential genetic link in sudden infant death syndrome

Rare genetic mutations associated with impairment of the breathing muscles are more common in children who have died from sudden infant death syndrome, according to a new study led by researchers from the National Hospital for Neurology and Neurosurgery (NHNN).

The study, published in *The Lancet*, suggests a possible genetic element of the disorder, which is also known as cot death.

"Our study is the first to link a genetic cause of weaker breathing muscles with sudden infant death syndrome, and suggests that genes controlling breathing muscle function could be important in this condition.

"However, more research will be needed to confirm and fully understand this link," said the study's senior author Professor Michael Hanna, a consultant neurologist at the NHNN and director of the UCL Institute of Neurology.

These mutations are very rare, and typically found in fewer than five people in every 100,000. However, the study found mutations of this kind in four of the 278 children who had died of sudden infant death syndrome, compared to none of the 729 healthy controls.

"We think the genetic mutations we found may have contributed to why some of these infants died but are likely to have interacted with other risk factors and would not necessarily be the sole cause of death," said Dr Emma Matthews, another author of the study from the NHNN.

Sudden infant death syndrome is the unexpected death of a seemingly healthy child. It is the leading cause of post-neonatal death in high income countries, but deaths are rare, and an individual baby's risk is low. Typically, it affects children aged between 2-4 months, and accounts for 300 deaths each year in the UK.

The cause of the disorder is unknown, but babies being unable to regulate their breathing is thought to be an important component.

Revolutionising healthcare with AI and data science

UCLH, one of the leading hospitals in the NHS, is embarking on a programme of work with The Alan Turing Institute to harness the power of data science and artificial intelligence to support clinical decision making to make services safer, quicker and more efficient.

The partnership has been brokered by the NIHR University College London Hospitals Biomedical Research Centre (NIHR UCLH BRC), a £114m translational research centre that transforms scientific breakthroughs into life-saving treatments for patients.

Collecting and analysing data in the NHS is not new, says Professor Bryan Williams, UCLH director of research.

“The NHS routinely collects data that is analysed to develop research,

track performance and measure outcomes but we could do so much more with the information we collect. Imagine a world where we could use this data to develop algorithms to rule out diseases, suggest treatment plans or predict behaviour... that is more than possible with the wealth of data we have available and the expertise at The Alan Turing Institute. The partnership has the potential to tackle some of the big issues that the NHS has never been able to solve.”

The NIHR UCLH BRC is driving the transformative partnership with a strategy that is focused on accelerating advancements aimed at improving care and enhancing patient experience. The NIHR UCLH BRC will provide pivotal infrastructure, such as data

warehouses and storage, and expertise in data science and advanced analytics through the researchers it supports.

Another objective of the partnership is to understand and improve the flow of staff and patients through the hospital. Researchers at the NIHR UCLH BRC and The Alan Turing Institute will apply artificial intelligence and machine learning techniques to large existing data sets on how people move through the departments of the hospital. Their analyses will track down bottlenecks, hurdles and downtime in how the hospital operates, which can then be tackled to improve efficiency and help patients get seen faster and more effectively.

90-tonne cancer-fighting cyclotron arrives in London

Cancer-fighting equipment that will transform the lives of hundreds of NHS cancer patients every year arrived in London in June.

The size of a family car and weighing the same as seven London buses, the cyclotron is the beating heart of the proton beam therapy centre at UCLH.

Proton beam therapy (PBT) is a form of radiotherapy that destroys cancer cells with pinpoint accuracy with less damage to surrounding tissue. This is particularly important for children and young people, and when cancers are in certain parts of the body.

PBT can protect fertility, IQ or growth and reduce the risks of developing a radiation-induced new cancer in the future, or the need for life-long hormone replacement.

The NHS has one of the most successful programmes to enable people to access proton beam therapy overseas, with over 1,200 patients treated since 2008. Together with the Department of Health, NHS England is funding the development of two world-class centres, one in Manchester and the other here at UCLH in London, for NHS patients to be treated in the UK.

Creating the beam of protons is a feat of physics and engineering. The cyclotron is cooled to -269°C and spins ionised hydrogen at two-thirds the speed of light. This creates the beam of protons that is then guided via massive magnets to the treatment room, where a three-storey machine delivers the treatment to the patient with millimetre accuracy.

Having travelled 400 miles from Germany via the Netherlands to UCLH, the machine was lowered into its especially constructed vault – a key milestone in the construction of the 11-storey facility at UCLH.

Following a staff vote, the cyclotron has been named Lise, honouring Lise Meitner’s pioneering work in radioactivity and nuclear physics, including her role in the discovery of nuclear fission in the 1930s.

The PBT centre at the Christie NHS Foundation Trust, Manchester, is due to start treating patients later this year, with the UCLH centre opening in 2020.

UCLH's strategy refreshed

The UCLH board recently approved a revised strategy for the organisation which sets out that:

- > We will invest to provide world-leading specialist care to patients with complex conditions linked to our research expertise.
- > We will explicitly increase our focus on improving the health of those who live locally in our role as a district general hospital.
- > We will aim to become a research hospital, working closely with UCL (University College London) and other academic partners, so research is embedded across all our services
- > We will improve our operational processes, supported by new technology and electronic health records, separating acute and elective care where possible.

The full strategy can be found here:

<https://www.uclh.nhs.uk/strategy2018>

Changing how blood pressure is measured will save lives

Traditional methods of testing for high blood pressure are no longer adequate and risk missing vital health signs, which can lead to premature death, a “game-changing” study co-led by UCLH’s director of research has found.

The research, the largest ever cohort study of its kind, assessed 63,000 doctors’ patients, who had their blood pressure tested using traditional “in clinic” methods, such as automated or hand-operated devices.

Separately, the same patients were also measured using a pocket-sized ambulatory blood pressure monitoring (ABPM) device, which records blood pressure regularly across a 24-hour period. This device is worn at home and takes measurements every 20 to 30 mins.

High blood pressure is the leading preventable cause of premature death globally and affects approximately 25 per cent of all adults. The study, which was co-led by Professor Bryan Williams, found that measuring blood pressure using an ABPM device was 50 per cent more accurate than the traditional way blood pressure is measured in the clinic, and therefore a significantly more accurate way of predicting a patient’s risk of death.

Using an ABPM to measure the blood pressure at home, during day-to-day activities and during sleep, also means known variations in patients’ blood pressure caused by using “in clinic” methods, can be more accurately diagnosed. Namely “masked hypertension”, where blood pressure presents as normal in the clinic, but is elevated out of office, and “white-coat hypertension”, where blood pressure is elevated in the clinic, but normal outside the office.

Professor Williams, who is also chair of medicine at UCL, said: “For decades doctors have known that blood pressure measured ‘in clinic’ could be masked or elevated, simply because the patient was in a medical setting, and this could lead to the wrong or a missed diagnosis.

“This research is a clear game-changer, as for the first time, it definitively shows that blood pressure measured regularly during a 24-hour period predicts the risk of heart disease, stroke and death much better than blood pressure measured in a doctor’s surgery or clinic.

“Quite simply, measuring blood pressure over 24 hours is what doctors and medics should be using to make clinical decisions about treatment.

“With a much more accurate assessment of a patient’s blood pressure, doctors will be able to provide the most effective treatments at the earliest opportunity, which will save many more lives.

“With one billion people around the world having high blood pressure, this study, the largest ever of its kind, should lead to changes in clinical practice across the world, with the use of ABPM becoming much more common place.”

The study was a collaboration between researchers in Spain and Professor Williams at UCL and is published in the New England Journal of Medicine.

Professor Williams’ research is supported by the National Institute for Health Research UCLH Biomedical Research Centre.

GP events

UCLH runs a programme of GP education seminars designed to keep primary care teams updated with all our services and specialties.

The seminars are also a good opportunity for dialogue between our dedicated consultants, specialist nurses and primary care teams. Seminars are free to attend, are open to all GPs and count as 1.5 hours towards CPD points. A certificate will be given to each GP or health professional attending at the end of the seminar. They are held at the UCH Education Centre, First Floor West, 250 Euston Road, London NW1 2PG, between 6pm and 9pm.

Upcoming seminars in 2018:

- > Wed 26 September - tbc
- > Thu 18 October - Frailty/Geriatrics
- > Thu 22 November - Skin Cancer
- > Thu 18 December - Suicide/Self Harm

www.uclh.nhs.uk/GPseminars

If you would like to suggest topics for future seminars please email uclh.GPEducation@nhs.net