

GP Links

Bi-monthly newsletter

July - September 2017

Follow us on:   

Camden Integrated Musculoskeletal Service

Following the launch of the Camden Integrated Musculoskeletal Service (CIMS) on 1st April 2017, we have been working to develop a new process that will meet the needs of patients and GPs.

UCLH is the lead provider of CIMS in a partnership including Royal Free London NHS Foundation Trust, Connect Health, Haverstock Healthcare, and Central and North West London NHS Foundation Trust.

To ensure we're getting it right, we are running a pilot with four local GP practices (James Wigg, Caversham Group, West Hampstead and Hampstead Group) over the summer. We will review lessons learned in October before a full roll-out across Camden later in the year.

A key innovation of the new service will be referral to a single point of access via an electronic form. Referrals will then be triaged, including where appropriate, review by a newly-created multi-disciplinary team with representation from our all partner organisations and consultant specialists.

The new system aims to ensure that patients are referred to the right team at the right time, stopping patients being referred back and forth from primary to secondary care across different musculoskeletal specialties.

Contact: camdenmsk@uclh.nhs.uk

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

uch.appointments@uclh.nhs.uk

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

Severe asthma service transferring to Barts

The severe asthma service will transfer to Barts Health at the end of August this year.

The decision was taken after the service clinical lead took early retirement and this raised questions about the sustainability and resilience of the service.

Barts is commissioned by NHS England as a hub for the North Central and East London sector and patients with severe asthma can be seen there for treatment with omalizumab and mepolizumab. Barts also employs more than one consultant to deliver the service and this, added to the fact that the two trusts are geographically quite close, led to the decision to transfer in a bid to make the service more resilient.

Patients were given a choice to transfer to Barts directly or to contact their GP for referral to another hub. All patients have now expressed a preference and the majority will transfer to Barts. We will be writing to every patient whose care is transferred, copying in their GP.

There are a number of patients who do not meet the criteria for biologic treatment of severe asthma and they will remain under the care of the respiratory team at UCLH.

Contact: Maureen Browne, divisional manager, medical specialties, maureen.browne@uclh.nhs.uk, 020 3447 5188.

GP practices invited to participate in qFIT study

Earlier diagnosis of colorectal cancer is a key programme within UCLH Cancer Collaborative (part of the national Cancer Vanguard).

We are running the largest sector-wide pilot to date to evaluate whether a cheap Quantitative Faecal Immunochemical Test (qFIT) could be a reliable 'rule-out' test for colorectal cancer in primary care for patients with suspicious lower abdominal symptoms. www.uclh.nhs.uk/cancercollabqFIT

The pilot was launched in April 2017 and aims to carry out a minimum of 2,000 tests by March 2018. Currently six NHS trusts and 32 GP practices across north central and east London and west Essex are participating in the study. We would like to invite new GP practices to take part in this innovative study from October 2017.

If your practice decides to participate, you may be asked to hand out a qFIT pack to eligible patients as part of their two-week wait pathway. Completing the qFIT test does not change your patient's pathway in this pilot. The patient will be asked to take a single sample at their next bowel movement at home and send this to a dedicated lab via the post. Faecal haemoglobin concentration is measured in the sample and compared with the outcome of their colonoscopy. We hope that participating GPs will be the first to benefit if the test is proven to be successful and introduced in primary care.

As part of the pilot, we are also carrying out a GP acceptability study. We have asked researchers at the Research Department of Behavioural Health and Science at UCL to evaluate GP experience throughout the project and explore GPs' views on how they see this test being implemented in primary care. Your feedback will help us to understand better the facilitators and barriers of introducing qFIT as a GP triage tool for high-risk symptomatic patients.

We would like to invite you to take part in the second stage of this evaluation by completing a survey at www.uclh.nhs.uk/cancercollabqFITsurvey. The survey will only take five minutes and your answers will be anonymised. Even if you do not participate in the pilot, we would still like to know your views on this test. We hope that with your help we can shape the way in which this test is implemented in the NHS.

Contact: Dr Helga E Laszlo, senior project manager, Colorectal Cancer Programme, UCLH Cancer Collaborative, helga.laszlo@nhs.net, 020 3447 2789.

Eligibility checks pilot at first maternity or clinical neurophysiology appointment

We are now asking all patients attending their first appointment in two pilot clinics to provide two forms of identification.

The pilot clinics are the first time a patient meets a midwife in the maternity department, and the first appointment in clinical neurophysiology for non-emergency patients.

These new processes will enable us to assess whether patients are eligible for free NHS treatment, in line with Department of Health regulations. This is part of a national three-month pilot programme led by the Department of Health and NHS Improvement.

We will not turn any patients away or delay their treatment if they cannot provide identification.

This process will not apply to urgent care, including surgery or A&E. No patient visiting UCLH will have urgent care delayed.

We will be asking patients to bring two forms of identification, one to provide their identity and one to prove their residential address. This request will be made in appointment letters, and will include full details, including a list of documents that can be used as evidence.

There is no change to the GP referral pathway. We would like to ask you to highlight this pilot to patients when you refer them to the two specialties involved, and to signpost them to their appointment letter or the UCLH website for more information.

www.uclh.nhs.uk/overseasvisitors

Contact: Carole Ash, business manager, carole.ash@uclh.nhs.uk, 020 3447 9653.

GP survey 2016: the results and actions

UCLH has undertaken its annual GP survey, which this year consisted of three questions answered by 111 GPs. Thank you for taking the time to give us feedback.

We asked you to rate the communication between UCLH clinicians and your GP practice in relation to general clinical care, drug regimens, test results, service changes, recent news and events, on a scale from 1 to 5, with 1 being very poor and 5 being excellent. The average score was 2.9.

We also asked you how likely you were to recommend us to friends and family if they needed similar care or treatment, and two out of three GPs said they were likely to do so.

Finally, we asked you to name the areas which most needed improvement. The top five areas were:

- > Timeliness of letters
- > Referrals following DNAs
- > Contacting departments
- > Quality of discharge summaries
- > Diagnostics results reporting

The Integrated Care team has developed an action plan to address these areas requiring improvement. This will feed into a wider action plan in line with the six new requirements set out in the NHS Standard Contract 2016/2017 to improve how hospitals work with general practice.

Timeliness of letters

A new project will improve the quality and turnaround times for clinical letters to patients, GPs, GPs and other referrers. This will be a safe, efficient and seamless system which will be rolled out across UCLH. Patients and GPs should see the benefits of this work over the course of the next financial year.

Referrals following DNAs

We are working on three projects that will help improve patient and staff experience:

- Appointment letters – improving the accuracy and

quality of letters

- Text reminders – increasing the use of reminders across UCLH
- Call reminders – introducing this more widely across UCLH

Contacting departments

We aim to improve the often poor experience both patients and staff have when trying to contact specific areas of our hospitals. A new project is focused on developing a robust process that is adopted across UCLH, to ensure that departments are easier to contact.

Quality of discharge summaries

A new proposal approved in Dec 2016 will support the elimination of batch printing in ED. In addition, UCLH has worked with Islington CCG to switch off the dual process of sending documents electronically and via paper meaning there is now a single process for staff to follow. We hope this will significantly reduce the issue of practices receiving multiple copies. We will also work with GP colleagues to review the content against best practice guidance and make recommendations for any changes to discharge summaries.

Diagnostics results reporting

UCLH recognises that the turnaround time for Imaging is far from ideal. From summer 2017 our aim is to open MRI scanners for an additional hour every evening and all six scanners will work at weekends (currently only three do so). This additional capacity should help further reduce the wait. The department has also made the case for an additional five consultant radiologists for 2017/18.

Contact: Samantha Philpott-Jones, Matron, Integrated Care, samantha.philpott-jones@uclh.nhs.uk, 020 3447 5453.

Medical director for the medicine board

Dr Charles House has been appointed medical director for the medicine board following a selection process attracting a very strong field of applicants.

Charles initially took up the post of interim medical director in March 2016.

Announcing Charles's appointment, chief executive Marcel Levi, said: "His achievements in the past period are remarkable, which was an important factor in his selection for this appointment.

"I am sure you will all join me in congratulating Charles on this well-deserved appointment.

"I am looking forward to our collaboration and continuing the excellent contribution of Charles to our aims, opportunities and challenges at UCLH."

Charles said: "It's a great honour to be appointed to this job. There are huge challenges ahead as we all seek to provide great care for patients at UCLH.

"We have wonderful staff here and I'm looking forward to supporting our teams at UCLH and working alongside colleagues in Camden, in North Central London and beyond to look after our NHS."

Charles has been a consultant in radiology at UCLH since 2005 and was divisional clinical director for Imaging before taking on the role of associate medical director in 2014.

He will combine his duties as medical director with an ongoing clinical commitment as a member of the radiology team.

Vague symptoms – could they be cancer?

Not all symptoms that patients present to GPs are straightforward. For patients with vague but concerning symptoms such as abdominal pain, weight loss or painless jaundice, it can be difficult to refer them to the most appropriate tests quickly.

To cater for these patients, and to further support earlier diagnosis, the UCLH Cancer Collaborative is piloting three multidisciplinary diagnostic centres (MDCs) across the region at UCLH, Barking, Havering and Redbridge University Hospitals NHS Trust, and North Middlesex University Hospital NHS Trust.

We have produced two short videos on our website explaining what a multidisciplinary diagnostic centre is and the types of 'vague symptoms' that may be appropriate for referral to the MDC.

The GP referral forms and patient information leaflets are also available to download.

View our MDC webpage for more information: www.uclh.nhs.uk/cancercollabMDC

Contact: Felicity Carson, senior project manager, earlier diagnosis, UCLH Cancer Collaborative, f.carson@nhs.net, 020 3447 2786.

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.

Upcoming seminars in 2017

- > Wednesday 6th September 2017 -- Sport, Exercise and Health
- > Thursday 19th October 2017 -- TBA
- > Thursday 30 Nov 2017 -- Frailty
- > Wednesday 6th December 2017 -- COPD

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.

www.uclh.nhs.uk/GPseminars

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