

# GP Links

## Bi-monthly newsletter

May 2015

Follow us on:   

### How to refer to cardiology services at UCLH and Barts

With the move of specialist cardiac services from the Heart Hospital to the Barts Heart Centre, here are the referral pathways for cardiology services remaining at University College Hospital and the pathways for cardiac services now at Barts.

#### Services at University College Hospital

Urgent heart failure referrals	E: UCLH.heartfailure@nhs.net
All other cardiology referrals	E: UCLH.cardiology@nhs.net Choose and Book
General cardiology enquiries	E: UCLH.cardiology@nhs.net T: 07852 220 600
Diagnostic testing	E: UCLH.cardiology@nhs.net F: 020 3447 9278
Cardiology services	University College London Hospitals NHS Foundation Trust Third Floor Central 250 Euston Road London NW1 2PG
Rapid access chest pain clinic	T: 020 3456 6000 F: 020 3456 6247 Referral form available online: <a href="https://www.uclh.nhs.uk/HP/Howtorefer/Pages/referralforms.aspx">https://www.uclh.nhs.uk/HP/Howtorefer/Pages/referralforms.aspx</a>
Ambulatory BP monitoring service (Mon-Fri 9am-5pm)	UCLH.cardiology@nhs.net Choose and Book
Cardiovascular health and rehabilitation	This service takes referrals from UCLH cardiology and the Barts Heart Centre Hatter Institute 67 Chenies Mews London WC1E 6HX T: 020 3447 9951 F: 020 3447 9039 E: cvhealth@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

[uclh.appointments@uclh.nhs.uk](mailto:uclh.appointments@uclh.nhs.uk)

#### GP web app

Call UCLH services direct from your smart phone or tablet:  
**[www.uclh.nhs.uk/mobile](http://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 vitally 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 9083

Fax: 020 3447 9401

[gpqueries@uclh.nhs.uk](mailto:gpqueries@uclh.nhs.uk)

**[www.uclh.nhs.uk/GPs](http://www.uclh.nhs.uk/GPs)**

# An update on waiting times

**In 2014 we struggled to meet the standards for the length of time patients wait for treatment after referral to our hospitals. But we are now nearly back on track.**

The challenges were due to the growth in demand for our services, and difficulties in increasing bed and theatre capacity to keep up with demand. As a result we missed the three headline targets for most of 2014.

We also had a number of patients waiting for more than a year for treatment. We have carried out a clinical review of all these cases and established that no-one's condition deteriorated as a result of the long wait, but we recognise that this level of service was unacceptable.

By the end of November 2014, we did meet the standard that 92% of patients had been waiting for less than 18 weeks. In February 2015, we moved back into compliance with the standard that 95% of patients treated in outpatients wait less than 18 weeks.

We are still clearing backlogs of patients waiting for treatment as an inpatient in our gastrointestinal, neurosurgery and paediatric dentistry services, and so we expect to meet the inpatient standard (90% of patients treated in 18 weeks) in the early summer.

In paediatric dentistry, we may continue to have relatively

## Cancer waiting times

In cancer, we are currently not achieving the 62-day referral to treatment target. Performance against this standard has been below target levels throughout 2014/15 and we wanted to set out reasons for this, what we are doing about it and how it might impact on your patients.

The factors driving the underperformance are complex and not all directly within our control. We have capacity pressures in some diagnostics (MRI, and CT colonography) and also in some surgical areas (robotic prostatectomy). We have also found examples of weak processes leading to delays in organising the next step along the pathway for patients.

These are well within our control: we have already improved our tracking of cancer pathways and we have plans in place to increase our capacity in diagnostics and surgery.

As a specialist cancer centre receiving a high volume of tertiary referrals, the biggest single cause of delays has been tertiary referrals received late or after 62 days have already passed. These are much harder to fix, although we are working with colleagues through London Cancer to streamline pathways and set agreed standards.

We also have breaches caused by patients not attending or cancelling their appointments. To address this, we have implemented a new policy which sets clear expectations about how we will follow up with patients and their GPs when patients are not engaging in treatment.

After two consecutive DNAs without good reason, we will discharge patients back to their GP, as we cannot keep them on our waiting list safely if they are not allowing us to treat them. We will welcome these patients back at the same point

long waits for tooth extraction. There has been a very significant growth in the number of children requiring extractions and some providers have restricted their services or have very long waits, meaning that we are currently overwhelmed by referrals. We are working with commissioners on more appropriate services in the community to reduce the number of extractions that we are carrying out.

Meanwhile, in services facing longer waiting times, we are aiming to see patients for their first appointment sooner and have reduced the timescale in which clinic slots are available on Choose and Book (polling length) to 6-8 weeks.

We apologise for not communicating this in advance, as we know that it has led to GPs not being able to book patients. We would like to assure you however that we are developing plans to shorten the waits for all patients, whether they are referred through Choose and Book or by letter.

We have learned many things across the year, and now have far more robust information systems and operational processes to help us maintain our shorter waits. Thank you for your patience while we tackled all these issues.

in their pathway via a re-referral when they feel ready to resume their cancer treatment.

We would appreciate your support in emphasising the importance of attendance to any patient referred on a two-week suspected cancer referral, as well as the expectations that we will be organising appointments and tests in tight time-frames, given the potential urgency of their condition.

On our prostate cancer pathway, we allow some patients time to consider treatment options, and this has led to a number of breaches. We are taking a more proactive approach to helping patients make decisions, while being clear that we are not rushing patients into a decision or doing this to avoid a breach of the target.

We have introduced a new root cause analysis process, designed with colleagues in commissioning, for all breaches. This helps identify factors that caused delays and has fed into our actions. As part of this, the clinical team are asked to review whether there was any clinical harm caused by delays. To date we have not identified any. Please do get in touch with us if you feel that this is not the case for your patients. Every month we look at these reviews with our commissioners as a confirmation that we have picked up all the learning we can.

We are very proud of our cancer services, and confident that we are offering excellent, high quality care to our patients. We are doing a lot to tighten up the processes of managing the cancer waiting list and hope to see improvement against this target over the next quarter.

**Contact: Nina Griffith, head of performance, [nina.griffith@uclh.nhs.uk](mailto:nina.griffith@uclh.nhs.uk), 020 3447 5446.**

## You said... we did...

Every issue the GP Liaison team is undertaking to put together some examples of requests from GPs and what action was taken to resolve them.

Here are some examples of queries over the past two months.

You said	We did
A GP said they had not received a discharge summary for a clinic appointment and needed the information promptly.	The patient's details were taken and the discharge summary was pulled from our internal system and sent to practice via an NHS.net account. This was resolved on the same day.
A GP phoned on behalf of a patient's husband who was concerned that he had not been notified of his wife's two-week wait appointment. He wanted to know appointment date/time and if a biopsy would be taken during the first appointment.	The GP Liaison team got in touch with the service manager who phoned the patient and explained the process that would take place for the forthcoming appointments. This was resolved within one working day.
A GP phoned with concerns that patients who were presenting with a scan form were being turned away without an appointment.	This was passed to the Imaging Divisional Manager who asked his team to contact the GP and explain the process for booking appointments. The Imaging manager has developed an information leaflet to advise patients about process.
A GP contacted the liaison team to set up access for the GP portal system after the online setup form would not work.	This was passed to the ICT team who were able to set up a user account. The GP Liaison team also undertook training and were given access rights to be able to set up GPs themselves.

Contact: Adebusuyi Adeyemi, Integrated Care Programme Manager, 07961 105 774, [adebusuyi.adeyemi@uclh.nhs.uk](mailto:adebusuyi.adeyemi@uclh.nhs.uk)

## GP survey 2014

Every year we try to find out from referring GPs what we do well and where we can improve.

Thank you for responding as it helps us identify what is important to you.

The survey revealed that:

- > GPs' overall positive perception of UCLH is 69%, compared to 75% in 2013 and 74% in 2012
- > Maintaining regular dialogue with GPs and visiting practices were areas which would improve collaborative work with you.

- > You were asked what single thing we could do to improve services – quicker communications between primary and secondary care and better GP liaison were recurrent themes
- > 93% would choose UCLH for their own care

From the results of the survey, we learnt that we should:

- > Discuss the option of a shorter, more frequent questionnaire
- > Review our web pages to make

information (particularly referral information) quicker to find and easier to access

- > Raise awareness of the GP query hotline (020 3447 9083) to help answer non-clinical queries quickly and more efficiently.

We have also created a space on the GP news section of the UCLH website for comments which will help inform our local hospital strategy. This space can be found here: [www.uclh.nhs.uk/GPforum](http://www.uclh.nhs.uk/GPforum)

## Improving sleep services

Ahead of plans to relocate UCLH sleep services into a new hospital facility on Huntley Street in 2018, work is underway to design a new and improved clinical pathway for sleep services.

A working group of clinicians has been set up to develop the proposals, which include bringing all sleep services together within a single unit and streamlining the pathway by introducing a 'straight-to-test' sleep study model.

Currently, within the majority of our sleep services, patients are seen for their first consultation before being placed on a waiting list for a sleep study. It is hoped that this new pathway will improve the patient experience at first consultation and reduce overall waiting times within the service.

The sleep service at the Royal National Throat, Nose and Ear Hospital has launched a pilot of the new pathway, with new patients being triaged straight to a diagnostic sleep study, prior to a first consultation.

The pilot went live this month and will involve a total of 50 patients from a range of practices. To aid the pilot, vital information is needed to enable consultants to identify the most appropriate type of sleep study for each patient.

A new referral form is available at [www.uclh.nhs.uk/referralforms](http://www.uclh.nhs.uk/referralforms). The information gathered through this pilot will be used to inform the ongoing improvement works to all sleep services within UCLH.

Contact: Kate Petts, [kate.petts@uclh.nhs.uk](mailto:kate.petts@uclh.nhs.uk), 020 3456 5217.

## Case studies book

Meanwhile, a group of sleep experts at UCLH and beyond have recently published a book based on case studies from their experience of treating patients.

The illustrated book, just published by Oxford University Press, includes clinical descriptions, photographs, diagrams and line drawings.

The 'Oxford Case Histories in Sleep Medicine' is listed on the Oxford University Press catalogue: [ukcatalogue.oup.com/product/9780199683956.do](http://ukcatalogue.oup.com/product/9780199683956.do)

Continued from front page

## Specialist cardiac services now at Barts

Heart Attack Centre	Via London Ambulance Service
Grown Up Congenital Heart disease (GUCH)	Rita Inweregbu E: rita.inweregbu@barts.health.nhs.uk T: 020 3765 8605
Inherited cardiovascular disease	Justin Babyjoy E: Justin.Babyjoy@barts.health.nhs.uk T: 020 3765 8646
Interventional and structural cardiology	Named Clinician/Service Barts Heart Centre St Bartholomew's Hospital West Smithfield London EC1A 7BE www.bartshealth.nhs.uk/bartsheartcentre www.bartshealth.nhs.uk/bhccontactus
Cardiac surgery	
Cardiac rhythm management	
Cardiac imaging	

## Refurbishment of the Heart Hospital

**The Heart Hospital is being refurbished and will reopen at the beginning of the summer to provide thoracic surgery and urology services.**

Thoracic surgery, which has always been based at the Heart Hospital, will continue to be provided from the site, after moving out to The London Clinic for a period of eight weeks (6 May to 28 June 2015). The urology service move will happen in phases and complete in September 2015. Referral pathways for thoracic surgery and urology are not changing.

Given the change in the services being provided from the Heart Hospital, we have consulted staff and patients and will change the name of the hospital. Following the refurbishment, it will be called University College Hospital at Westmoreland Street.

**Contact: Zoe Ward, communications manager, communications@uclh.nhs.uk. 020 3447 2332.**

## Cancer services update

**The service transfers related to the London Cancer proposals which will see UCLH as a specialist hub for haematology-oncology, head and neck, oesophago-gastric, bladder and prostate cancers will take place at the end of 2015.**

We are working to increase capacity in preparation for the transfer by reorganising services within University College Hospital, including moving urology services to our site at Westmoreland Street (the former Heart Hospital). Brain cancer will transfer in autumn 2016. Staff are working together with commissioners to ensure the provision of safe, effective care for cancer patients, and keeping GPs and patients informed is a key priority.

**Contact: Jonathan Gardner, Cancer Programme Director, jonathan.gardner@uclh.nhs.uk**

## Coming to University College Hospital

**Construction work to improve the Emergency Department is changing access to University College Hospital.**

From 11 May 2015, there has been no pedestrian or vehicle access from the back of the hospital on Beaumont Place. This should last around four weeks, to allow essential construction work.

Alternative arrangements are as follows:

- > Pedestrians are being directed to walk around Elizabeth Garrett Anderson wing via Gower Street or up Tottenham Court Road and use the main entrance to University College Hospital on Euston Road.

## GP education

**The next in the series of evening seminars for GPs are:**

- > 4 June -- HIV and sexual health in migrants
- > 9 June -- Dermatology

For details, go to [www.uclh.nhs.uk/GPseminars](http://www.uclh.nhs.uk/GPseminars)

## Fun run

**The Institute of Sport, Exercise and Health (ISEH) 5K and 10K run returns for a third year within the iconic surroundings of London's Regents Park.**

- > Date: Sunday 28 June 2015
- > Location: The Hub, Regent's Park, London, NW1 4RU
- > Start Time: 9.30am (registration open from 7.30 am)

The run is a great way to get active, something which UCLH is passionate about.

With a choice of either a 5K or 10K accurately measured flat route, the run is suitable for all ages and fitness levels. Both runs feature electronic chip timing.

You don't have to run, you can walk or jog on your own or with friends, family and colleagues and enjoy the park's amazing scenery. Sign up today and let's all get active. [www.uclh.nhs.uk/funrun2015](http://www.uclh.nhs.uk/funrun2015)

**Contact: ISEH, development@iseh.co.uk, 020 3447 2800.**

- > Vehicles. As there is no designated vehicle drop off, vehicles can use the layby on Euston Road, marked Ambulance Bay. Patient transport will also use this layby.
- > The Elizabeth Garrett Anderson entrance and car parking at Maple House are not affected.

Thank you for your continuing patience as the improvement works to the Emergency Department are made to enhance care and treatment for our patients. We will update you with progress and a reopening date as soon as possible.

**Contact: PALS, pals@uclh.nhs.uk, 020 3447 3042.**