



# L&D Community



**Luton and Dunstable  
University Hospital**  
NHS Foundation Trust

November 2018

## L&D launches improved Emergency Department discharge summary

A new GP Client Services Programme (GPCS) has been established to take forward the recommendations which came out of the two recent qualitative GP surveys. One of the major issues raised by GPs was the poor quality of the Emergency Department (ED) discharge summaries. The ED team acknowledged the shortcoming of this essential element and were determined to improve the quality of their discharge summaries to GPs.

As a result, ED discharge summaries have been completely overhauled so that they provide GPs with the information they need in order to continue the patient's care out of hospital. This redesign also ensures that the Trust meets the new national discharge summary standards set by the Professional Records Standards Body (PRSB) and to meet the requirements of the 2017/19 acute contract.

The new ED discharge summary was launched in mid October 2018 and in line with implementation, a new peer review process has been created. This will ensure all ED summaries are randomly audited as well as additional training and education included within the induction process for junior doctors entering the A&E dept. To view the new ED discharge summary please visit our GP website via [www.ldh.nhs.uk/wp-content/uploads/2018/10/New-LD-Emergency-Dept-Discharge-Summary.pdf](http://www.ldh.nhs.uk/wp-content/uploads/2018/10/New-LD-Emergency-Dept-Discharge-Summary.pdf)

The ED team acknowledge that more work is still needed to improve discharge summaries to enable the fully electronic transmission of summaries to GPs and ultimately to enable all patients to leave ED with a completed discharge summary in their hand.

The ED team welcome feedback from GPs about the new summaries - please email: [ldh.gpsupport@nhs.net](mailto:ldh.gpsupport@nhs.net)

Welcome to L&D Community, the newsletter for GPs, Primary Care Practitioners, Practice Managers and Practice Administrators who use hospital and community services from the Luton and Dunstable University Hospital.

Inside you will find out about new clinical and administrative developments, service updates, such as new Consultants, changes to existing services, referral processes, useful contacts, clinic details, waiting times and E-referral updates. These are all designed to make the L&D referral process simpler and quicker saving you time and effort.

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# Increasing Breast Screening uptake with Social Media

On 9th October 2018 the Beds & Herts Screening Service held its first combined Away Day with the Breast Surgical team from four hospitals - East & North Herts, West Herts, Bedford and the Luton and Dunstable. The day was organised as a result of the 2017 Breast Screening Quality Assurance Assessment which highlighted the need for closer working arrangements and co-operation. During the assessment process in 2017 the services had worked well together and the event in October 2018 is the first of an ongoing schedule of annual events.

One of the presentations looked at how social media could help increase the uptake in the screening programme in Beds & Herts. The uptake for 2017/18 of 71.23% is one of the lowest in the East of England and the service is always looking at ways of increasing activity. The use of social media is an innovative strategy for the breast screening programme, and aims to capitalise on the enthusiasm and experience of women who want to help publicise the benefits of screening. Facebook allows the evaluation of posts via the number of shares and views and the service will continue to provide fresh but relevant posts during the



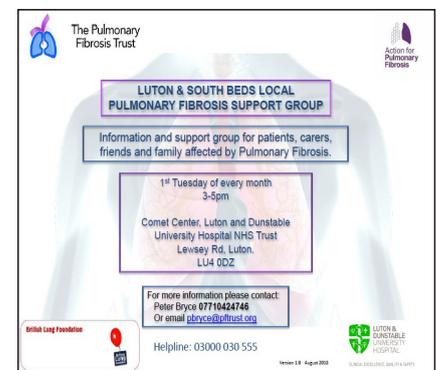
*Breast surgeons and radiologists from four trusts join the Beds & Herts Breast Screening team at the first combined clinical governance meeting.*

year. GP practices can support this initiative by adding our Facebook page to the top of their websites [www.facebook.com/LandHospital](http://www.facebook.com/LandHospital)

## L&D Launches New Idiopathic Pulmonary Fibrosis (ILD) Patient Support Group

The Luton & Dunstable University Hospital Respiratory team have been looking at ways to further support patients with a diagnosis of Idiopathic Pulmonary Fibrosis. This is a group of patients who have a poor prognosis and have had very little support in the past. Since launching the ILD service we have been looking at ways in which we can meet their needs locally. Part

of this has been to set up a hospital based ILD support group. This will meet every first Tuesday of the month, beginning on 4th December, in the L&D's Comet Centre. Patients, carers and friends are welcome to attend and we would be grateful if GP surgeries could download the poster from the GP section of the website and display it in your surgeries.



*ILD Support Group poster*

## GP input into Trust clinical and service development projects

The L&D is undergoing a great deal of change with major developments underway such as the STP, L&D site redevelopment, and the proposed merger with Bedford Hospital, to name just a few. In addition to these large scale developments the Trust routinely undertakes smaller speciality specific clinical or service developments. In order for us to meet the growing and changing needs of our patients and GP clients we are always looking to involve motivated and forward thinking GPs to help us ensure we meet these changing needs by involving them in the design of new and existing services and clinical pathways. Recent examples of projects where GP input has been invaluable are the design of the L&D's new Inpatient and ED discharge

letters, GP Client Service Programme, and the new L&D's Laboratory Information Management System (LIMS). With this aim in mind if you are a GP who would like to work with the L&D as a GP service user representative on forthcoming service/clinical developments affecting the wider health economy we would love to hear from you. In most cases GPs' input/feedback is sought during the initial design and then recommendation stages of new or existing service or clinical pathways. You can tailor the amount of time you can commit and how you wish to be involved. To express your interest in forthcoming projects please email our Head of GP Client Services via [amran.qurban@ldh.nhs.uk](mailto:amran.qurban@ldh.nhs.uk).

# Delirium update

Delirium (also known as; acute confusional state) is a neuropsychiatric syndrome of sudden onset. Prevalence has been reported between 20%-30% on acute medical wards and up to 50% in post-surgery cases.

Earlier this year we set up a Joint Delirium Strategy Group involving the local CCGs and our psychiatric liaison team. The focus was to review and improve the diagnosis, recognition and management of delirium in the acute setting. We have developed new delirium management guidelines and hope to introduce an eLearning module for our medical staff early next year. Awareness posters and a prompt lanyard card have been designed and distributed to all clinical staff to improve the recognition of delirium and determine the potential cause, offering efficient assessment and management for our patients.

We hope this will improve the quality of care and outcome for our patients by prompting early recognition and treatment for this common symptom.

Our discharge team are also looking at pathways back into the community to support those patients where delirium is on-going and may require further support and supervision during their recovery.

For further details please contact Yvonne Weldon, Specialist Nurse, or Justna Miah, Integrated Discharge Team Manager, on 01582 497417.

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## Site Redevelopment

### **New Pre-Assessment Hub**

The new pre-assessment hub opened on the ground floor of the Surgical Block in the middle of September, using space freed up by moving services to the new outpatient clinic facility at Arndale House. This new hub has provided a dedicated unit to deliver a newly redesigned surgical pre-assessment service (as outlined in the previous newsletter), providing a more streamlined service from one central location versus the multiple locations used previously. Initial feedback from both patients and staff has been very positive with access and patient experience much improved.

### **New Surgical Discharge Lounge and Clean Joint Ward**

There have also been two projects running in the surgical ward block. The first is a new discharge lounge for patients from the surgical wards which completed in October 2018. This has provided a bright and comfortable environment for suitable patients to sit in either while they wait for transport to take them home or to allow the final elements of their discharge from hospital to be completed.

By November 2018 a new ward dedicated to the care of patients post orthopaedic joint surgery will be operational. This will ensure that we are delivering the best quality of care to this cohort of patients during their recovery. This was a recommendation from the national Getting it Right First Time programme, which is seeking to improve the quality of care within the NHS by reducing variations in service delivery.

### **New Elective Operating Theatres**

By early 2019 it is expected that we will have completed works on building two new Theatres as part of the lower Theatre complex. The additional capacity that these Theatres will provide is essential to meeting the growing demand for elective surgery and to enable a reduction in patient waiting times for surgery.

## NHS E-Referral Advice and Guidance – Non Urgent update

The Trust has been receiving increased numbers of advice and guidance requests. The turnaround time of 80% responded within 2 days has been met. It is worth noting that some of the clinicians have stated they are receiving admin queries rather than clinical queries. Just to remind GPs that the Advice and Guidance available on the NHS e-referral system is available in order for a secondary care clinician to have a conversation regarding one of their patients.

There are three key reasons why a primary care clinician would use Advice and Guidance:

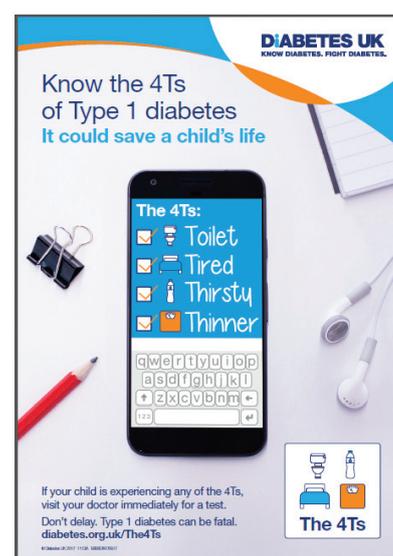
- To ask for advice on a patient's treatment plan and/or ongoing management of a patient.
- Asking for clarification (or advice) regarding a patient's test results.
- Seeking advice on the appropriateness of a referral for their patient or whether there is a more appropriate care pathway.

There are planned audits within the high volume specialties and learning from these will be shared with GP practices.

# November 2018 is Diabetes awareness month

November is Diabetes Awareness Month and we would like to draw your attention to the 4Ts (Toilet, Tired, Thirsty, Thinner) campaign. If you have a child in your surgery with the symptoms identified, please think diabetes - regardless of the age of the child. It's a simple to test, with a random blood sugar. No need to wait for a fasting blood test in children. If the blood sugar is out of range, please refer to the L&D Hospital paediatric unit immediately, for further assessment. We have over 180 children locally with type 1 diabetes, and the earlier we diagnose and treat them the better the outcome.

The 4T's poster can be downloaded by visiting [www.diabetes.org.uk/get\\_involved/campaigning/4-ts-campaign](http://www.diabetes.org.uk/get_involved/campaigning/4-ts-campaign) so please display the poster in your surgery and ensure your colleagues and patients are aware of the symptoms.



*Diabetes 4 Ts poster*

## Paediatric Rescue Medication and Basic Life Support Workshop for parents & carers

Families and carers of our paediatric patients attended the rescue medication and basic life support workshop on 9th October 2018. This new free two hour evening workshop held in our children's outpatients' dept is designed to equip parents and carers of infants and children with the skills to enhance rescue medications care and carry out basic life support procedures. The session was extremely well received by those who attended and was a resounding success. These sessions also gained national recognition at this year's National Open UK Conference and were cited in the National Annual Epilepsy report.

The aim of these workshops is predominantly to equip parents and carers with the skills and confidence to deliver rescue medications, gain an insight into how to deal with seizures and feel supported by the local epilepsy team. We plan to run more

sessions for parents and carers in March and September 2019 and details will be circulated to GPs nearer the time.



*Attendees at the L&D's October 18 rescue medications and basic life support workshop.*

## Public Health issues within Maternity

The Maternity Department followed the National trend of 'Stoptober', emphasising to women the importance of stopping smoking during pregnancy to reduce the risk of stillbirth, premature birth, underweight babies and cot death. The waiting areas were filled with information to raise awareness of the risks of smoking during pregnancy and potential harm this can cause to their newborn baby. CO screening is routine at booking, in accordance with NICE guidance and this enables Midwives to assess and fully explain to women their level of 'risk' for her pregnancy and encourage participation with local cessation services.

Pregnancy related vaccinations - whooping cough and flu are now available in the Antenatal clinic. Women can conveniently have their vaccinations whilst attending appointments and scans.

Another public health concern during pregnancy is obesity. Managing weight gain, exercise advice and potential risks are a key aspect of a new Midwifery lead clinic due to start shortly. This will be run in addition to local weight management services already available.

Please take advantage of all opportunities to refer our pregnant women to the services they need. If you require further information please email Jayne Pigott, Public Health Midwife, at [healthpregnancy@nhs.net](mailto:healthpregnancy@nhs.net)

# Paper Switch Off (PSO) Exclusion list:-

If you have any urgent referrals these should be sent via NHS e-referral. Rather than send the documentation to the patient you can advise them you are converting the UBRN into an appointment booking in order for the hospital to see the letter. If the Consultant agrees with the urgency the hospital will bring the appointment forward.

Same day / A&E referrals are not part of PSO.

The guidance is as following: the NHS e-RS system (e-RS) does not currently support GPs to make referrals to same-day outpatient appointments. This is likely to immediately exempt

(from application of SC6.2A) some services such as termination of pregnancy services, obstetric services, (for example, early pregnancy services), and diagnostic or assessment services, (for example, referrals to deep vein thrombosis (DVT) clinics, amongst others).

2ww and Urgent referrals are NOT excluded these must be sent via e-RS. It is recommended urgent referrals are sent via e-RS. These will be graded by the Consultants and brought forward if necessary. For concerns, as with any clinical concerns contact with the relevant clinician or the use of advice and guidance is recommended.

Exclusion listing	Additional Information
All Ward Attenders	
All Walk-ins	
All Nurse Led Clinics, eg pre-assessment	
Ambulatory Clinics – All Specialties	
Audiology	The criteria for Audiology is over 55 age related hearing loss. Any other conditions need to be referred to ENT.
Bariatric 1st Appointment Clinics	
Cardiology Tests	GP can direct refer for Echo on ICE. 24/48 hour ECG no open access to GP practices.
Cardiology Therapist led	
Community Diabetes Service	On occasions referrals from this service will be redirected to a Consultant led clinic. Practices will be contacted and advised when the referral should be sent via e-RS.
Dietetics	Service does not accept direct GP referrals
Physiotherapy	
Podiatry	
ENT – Acute Clinic	
Gynaecology Early Pregnancy Assessment Clinics (EPC)	FSA (Fertility Semen Analysis) via ICE BG5 (Termination of Pregnancy – TOP)
Gynaecology Ward Attenders	ALL
Medical Oncology	ALL
Midwives	ALL
Neurophysiology	Referrals can be made via ICE
Obstetrics 1st Appointment Clinics	ALL
Ophthalmology Acute Clinic	
Orthopaedics – Fracture Clinic	
Orthotics	
Paediatric Assessment Unit (PAU)	
Respiratory Physiology	
TIA Medicine TIA / Stroke	Urgent service via fax 01582 497359

# L&D delighted to welcome two new Executive Directors to the Board

**Liz Lees** is our new Chief Nurse and currently working across Bedford Hospital and the L&D while both Trusts continue to make preparations for a merger. She brings to the Trust her vast experience in both operational and clinical roles in the NHS, most recently at the Lister and QEII. Her insights of the challenges of bringing together clinical teams, taking the best of both and achieving the right balance, means that Liz is well placed to help shape the future here at the L&D as a larger, single Trust.



*Liz Lees, Chief Nurse*

**Catherine Thorne** has taken up her post as Director of Quality & Safety Governance. Catherine has Board responsibility for developing our current quality governance and risk management functions to improve our organisation learning, as well as supporting CQC compliance.



*Catherine Thorne, Director of Quality & Safety Governance*

## Consultants Starters and Leavers November 2018

### STARTERS

Title	First Name	Last Name	Start date	Position Title	Department
Dr	Sarumathi	Dhanapal	03/09/2018	Consultant Paediatric Medical	Paediatrics
Dr	Nofil	Mulla	17/09/2018	Consultant Theatres Medical	Anaesthetics
Mr	Carly	Ng Man Sun	117/09/2018	Consultant SCBU/NICU	NICU

### LEAVERS

No Consultant leavers since September 2018

## November 2018 Imaging waiting times

Modality	App wait	Report wait
MRI	5 weeks	4-5 weeks
MRI Paeds/Ga	7 weeks	4-5 weeks
CT (Gen)	5.5weeks	4-5 weeks
CT (Brain)	3 weeks	4-5 weeks
CT (Colon)	3.5weeks	6 week
US(Gen)	6 weeks	No wait
US (MSK)	6 weeks	No wait
US (MSK Inj)	13weeks	No wait
US (Gynae)	6 weeks	No wait
US (Paed Hips)	6 weeks	No wait
US Neck	6 weeks	No wait
NM (Bone Ortho)	2 weeks	1 week
NM (Bone Oncol)	2 weeks	1 week
DMSA	3 weeks	1 week
Mag 3	2 weeks	1 week
Cardiac	4 weeks	1 week
Gen Screen	6-7weeks	1 week
Paed Screen	6-7weeks	1 week
HSG	2 weeks	1 week
Arthrogram	4 weeks	No Wait
Small Bowel	3 weeks	6 week
Sialogram	6 weeks	6 week
Plain Film Xray	4.5weeks	3 week
Daxa	3 weeks	No Wait

The above are waiting lists for routine appointments. Urgent appointments are available in each of the modalities above. Currently waiting times for GP reports for MRI, MRI Paeds/ Ga, CT (Gen), CT (Brain) and CT (Colon) are currently 4-5 weeks. All other modalities will be reported to GPs in less than 10 days. Urgent results reporting shall be given priority with reports provided to GPs asap.

### Phone Numbers

Priority GP Phone Line: 01582 492851  
 The L&D's main switchboard: 01582 491166  
 Direct Line for Out-Patients Booking Dept: 01582 561385 Fax: 01582 718177

If you have any queries related to the services we provide contact:

Amran Qurban  
 Head of GP Client Services  
**01582 718086**  
[amran.qurban@ldh.nhs.uk](mailto:amran.qurban@ldh.nhs.uk)  
[www.ldh.nhs.uk/gps-professionals/](http://www.ldh.nhs.uk/gps-professionals/)