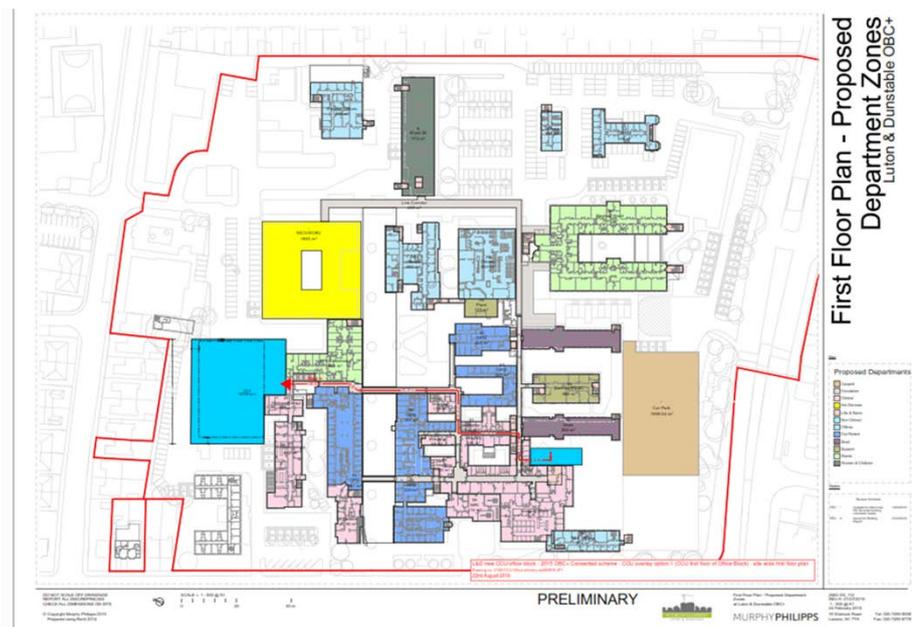




October 2019

## Capital funding of £99.5m approved to progress merger and redevelopment



Site map showing the new Acute Services Block (yellow) and Critical Care Block/offices (blue)

Last month, the Department of Health announced it had approved the £99.5m capital funding needed to redevelop the L&D hospital site and facilitate the merger with Bedford Hospital.

### Merger

Our Integration Board met for the first time again in mid-September and have agreed that we are looking towards 1 April 2020 as a sensible timescale for our two organisations to come together. We will be known as Bedfordshire Hospitals NHS Foundation Trust.

We are hoping to have a Shadow Board in place by October, and the business case and implementation plans will be submitted to NHSI at the end of November.

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.

## Inside this issue

- Capital funding of £99.5m approved to progress merger and redevelopment
- Straight To Test
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- NICU expands its Parents Accommodation
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# Capital funding of £99.5m approved to progress merger and redevelopment

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We have established work streams to co-ordinate each element of the work and a communication and engagement plan is being established. We are committed to ensuring that the collaboration between the two hospitals is clinically led and we will be facilitating the work to allow a dialogue to start between the clinical teams on the two sites. We are confident that this will identify significant opportunities to organise our services in a way which will increase our resilience, efficiency and patient outcomes.

However, there will be no immediate changes to services as our first priority will be a safe transition on 1 April. The commitments we made in 2017 regarding our core services remain in place. Inpatient Paediatrics, 24 hour A&E and consultant-led Obstetrics will continue on both sites. One of our first priorities will be to bring our corporate services together into single teams, albeit with a presence on both sites.

## Hospital redevelopment

We will be spending around £125m in total on our hospital redevelopment over the next four years. It won't resolve all our site issues but will make a major contribution to some of the more urgent areas.

An acute services block to house all Maternity services, NICU and Theatres will be built, which we are hoping will be up and running in by 2023. Critical Care will now be sited in a new block, which will also contain office accommodation, located behind the Surgical Block and we hope this will be completed in 2021.

Inevitably there will be a certain amount of disruption to staff and patients on the site over the next few years while we progress the build and continue to deliver hospital services, but we hope to keep this to a minimum.

We will share more detailed plans with you in the next issue.

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## New Straight to Test (STT) pathway for lower GI and Gastroenterology 2WW referrals

We are implementing a new Straight to Test (STT) pathway for lower GI and Gastroenterology two week wait (2ww) referrals from the 1st of November 2019. This pathway, which is already in place in other Trusts, will enable the L&D to meet the 28 day faster diagnosis standard for suspected cancer.

Within the current pathway, 2ww patients are booked into a consultant led clinic within 14 days of referral and then tests are booked if required. The new pathway will ensure patients have their diagnostic

test within 14 days of referral. Some key benefits are:

- Reduce time to diagnosis / treatment by up to 14 days.
- Minimise waste i.e. unnecessary outpatient appointments.
- Reduction in DNAs (proven in other Trusts).
- Improve patient outcomes and experience.

There will be updated services available on ERS from 1st November 2019 to streamline patients aged 40 – 80 into a

STT telephone triage consultation. This consultation will be with the STT nurse who will assess whether patient is fit for a test and will book a date and time with the patient over the phone. Patients not within this age bracket will be booked as per the current process.

Can GPs please ensure that blood tests are completed and results are attached to the referral.

If you would like to know more about this pathway, please email [ldh-tr.colorectalqueries@nhs.net](mailto:ldh-tr.colorectalqueries@nhs.net)

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## Luton & South Beds Pulmonary Fibrosis Support Group

The Pulmonary Fibrosis Trust in collaboration with the Luton & Dunstable University Hospital's respiratory team continue to provide a bi-monthly support group for all patients with Pulmonary Fibrosis.

The principle role of the support group is to provide information and support for patients, carers, friends and family affected by Pulmonary Fibrosis. These sessions are open to all and have respiratory specialist nurses and charity organisations in attendance and are there to answer any questions and help patients with the conditions to network with each other for support.

The dates for the forthcoming sessions are listed below and all will take place between 3pm-5pm at the Peter Newton Pavilion, Skimpot Road, Dunstable, LU5 4AJ.

- Tuesday 1st October 2019
- Tuesday 3rd December 2019
- Tuesday 4th February 2020
- Tuesday 7th April 2020

For more information please contact: Peter Bryce 07710424746, or email [peter.bryce@pfftrust.org](mailto:peter.bryce@pfftrust.org)  
Helpline: 03000 030 555.

To download the support group poster please visit [www.ldh.nhs.uk/gps-professionals/consultants-and-services/respiratory-medicine](http://www.ldh.nhs.uk/gps-professionals/consultants-and-services/respiratory-medicine)

# New SPECT CT and interventional fluoroscopy room in Imaging

The Imaging Department has recently been upgraded with the installation of a new Interventional Fluoroscopy Screening room and a SPECT (Single photon emission computed tomography) CT.

The interventional fluoroscopy room differs from a non interventional fluoroscopy room in that the equipment moves around the patient in an arc allowing a great deal of accuracy when carrying out procedures which include nephrostomies and drainages. In addition the department has its first barium screening radiographer, Katherine Deaney, who undertakes her own radiographer led screening lists.

SPECT CT is a more specialised modality where two different types of scan are taken and combined. This gives more precise information about how different parts of the body function and more clearly identify problems such as tumours or abnormalities seen on other scans.



*Staff in the new Interventional Fluoroscopy Room*

The patient is given an injection of a radiopharmaceutical that is detected by a nuclear medicine gamma camera which rotates in a 360 degree arc around the patient, allowing for reconstruction of an image in three dimensions.

Combining the two scans provides much greater accuracy in identifying where the abnormality is. This is particularly important in more complex and unusual cases including endocrinology, oncology and cardiology.

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## NerveCentre Programme

In October 2019, the Trust embarked on an exciting programme of six clinical system module developments designed to improve patient safety and make caring for patients more efficient.

The modules include:

- e-observations
- e-take list
- e-Handover
- e-Hospital at Night
- e-bed management
- Clinical noting

This programme will enable us to better recognise and rescue deteriorating patients, support safer handover and clinical noting, improve clinical communications and improve patient and work flows.

As this is a large scale transformational programme the rollout will be conducted module by module. The first two modules – e-observations and e-bed management - went live on the 7th October.

The seamless implementation will ensure patients and GPs experience little or no changes to existing electronic communications with the Trust and will benefit greatly from improved patient safety, outcome and flow. These new system modules will give clinical staff greater and swifter access to the clinical information they need at the point of care via mobile devices to help them reshape patient care on their wards. This will realise greater and swifter outcomes for their patients and colleagues.

This programme is part of a wider transformational change that is being delivered with support from NHS Digital to deliver better outcomes for staff and patients as well as improving efficiencies in the delivery of e-healthcare. This programme is mid-stream and we will be providing more updates to GPs as the programme progresses.

# Redevelopment Update

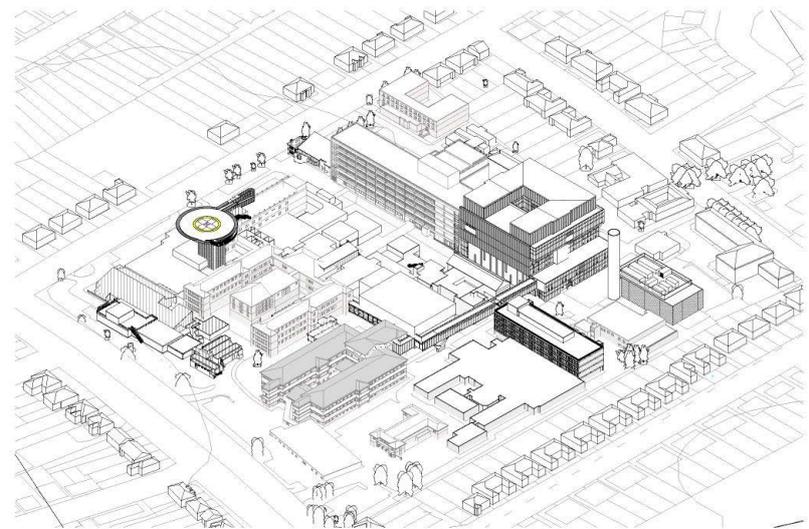
We are very excited that we have been awarded central capital funding for the development of a new acute services block, delivering much needed improvements to our existing facilities and enabling us to develop services to deliver better quality of patient care.

The new block will deliver a new Maternity Unit and Neonatal Unit, providing increased capacity to support local demand as well as supporting the care and repatriation of all babies and mothers who require specialist level 3 neonatal care. Additional operating Theatres will be built on the top floor of the block along with a new arrivals area; this will supplement the new lower Theatres opening in October 2019.

A new dedicated Critical Care Unit, bringing together the Intensive Care Unit and High Dependency Unit, will also be built. Currently these units are separated and amalgamation will enable significant service efficiency and better levels of patient care.

We are also undertaking significant work on our site infrastructure, with work currently underway to deliver improvements in electrical infrastructure for improved resilience. We are also seeking planning permission for a new energy centre which will deliver vast improvements in our energy use as well as improvements in standby electrical power.

We will keep you updated on how the site redevelopment progresses in future editions and will soon be updating the Trust website to provide more regular updates.



Proposed Aerial View  
L & D Energy Centre

DO NOT SCALE (FOR APPROVED)  
BIDDING AND CONTRACTING  
CHECK ALL DIMENSIONS ON SITE

© Charwell Mistry Page 2/10  
Project: L&D Energy Centre  
Date: 14/01/2019



S0 - Work in Progress

Approved Level View  
L & D Energy Centre  
Site and Surroundings Information Trust

MURPHYPHILLIPS

0203 254 1144  
0203 254 1145  
0203 254 1146  
0203 254 1147  
0203 254 1148  
0203 254 1149  
0203 254 1150  
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0203 254 1160

## NICU expands its Parents Accommodation

The L&D's Level 3 NICU now has a second house ready for use by parents who live further away and want to stay close to their babies being cared for on the unit.

Located on Dunstable Road, opposite the hospital, the house has been completely renovated over the last six months thanks to the extraordinary generosity of local traders, suppliers and volunteers who carried out £90,000 worth of refurbishment works for free. Many of those who donated their time have themselves had children who were on NICU.

The unit will now be able to offer up to eight families a place to stay at one time across both properties. Bianca-Lee John, Community Fundraiser, said "Thanks to the generosity of this community we will be opening the doors of the new house to parents in early October. This project has been such an inspiring journey and we now look forward to being able to offer support to more than 420 families a year in total which is phenomenal."

For more information on the NICU Big Build project visit the L&D website [www.ldh.nhs.uk](http://www.ldh.nhs.uk)

## Launch of Transfer of Care Around Medicines (TCAM) service

The Trust recently launched its Transfer of Care Around Medicines (TCAM) service. This project is part of the Global Digital Exemplar (GDE) programme, aiming to deliver improved patient outcomes and make the hospital more efficient.

Working with the Luton and Dunstable University Hospital's Pharmacy team and local community pharmacies, we have now introduced a solution that will digitally, and securely, transfer a patient's latest prescription to a pharmacy of their choice after their stay in hospital.

The service is currently focused on patients at a higher risk of readmission to ensure continuity of care is provided by the pharmacist after discharge. This in turn will greatly reduce the risk of medication errors and is also proven to reduce the length of stay in hospital for these patients.

# Ophthalmology Referral Guidance for GPs

The Ophthalmology Department has many sub-specialties and it is important to select the most appropriate sub-specialty based on a patient's presenting symptoms. Any incorrect referrals will be triaged via our Consultant team and redirected to the correct sub-specialty. It is especially important to inform the patient of

the expected waiting times from the point of referral in order to manage their expectations in the best way possible. If you are unsure of which specialty to refer to please use our ESR Advice & Guidance service.

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## Paediatric Assessment Unit

The team on the Paediatric Assessment Unit based on the Woodlands Unit at the Luton and Dunstable Hospital would like to remind you about following the Pathways that have been designed to help refer patients into us:

To discuss an urgent referral to The Paediatric Assessment Unit please ensure that you:

- ▶ Call the PAU team via Consultant Connect - this is the best method of referral. You can also discuss where best to refer a patient with a Consultant if needed.
- ▶ Bleep the Paediatric Registrar on 733-(if you do not have access to Consultant Connect)

Please can we ask you to be patient when calling through as the doctors may be busy with acute patients. We would like to reassure you that the doctors will speak with you as soon as they are able and understand that you may also be experiencing time pressures. It is important for patient safety that patients are not sent with GP letters to the Paediatric Accident and Emergency department, unless they require emergency treatment or specialist input i.e. surgical. This is in order to avoid any confusion and ensure a smooth and safe journey through the hospital for the patient and their family.

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## Endoscopy Referral Guidance for GPs

In order to improve the Endoscopy patient experience, can GPs kindly advise their patients not to call the endoscopy booking office and instead advise them to wait for their appointment to arrive in the post.

Once a GP referral is made on ICE the pre-booking process begins with the consultant reviewing the referral before an appointment is allocated.

Once validated by the Consultant the appointment will be sent by the booking office in the post. If the patient has not received notification of an appointment within 3 weeks of referral they can call the endoscopy booking office on 01582-497273 for assistance. It would not be helpful for patients to call before this 3 week period as the pre-booking process may not have been completed.

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## Orthotic Referral Pathway

Please be advised that Orthotics referral can be made directly via ICE. There is a general Referral form and a compression hosiery form. Please ensure the correct form is submitted. Both forms can be downloaded by visiting [www.ldh.nhs.uk/gps-professionals/consultants-and-services/limb-fitting-and-orthotics](http://www.ldh.nhs.uk/gps-professionals/consultants-and-services/limb-fitting-and-orthotics)

We do also have a secure email if you wish to send relevant documents/Clinical letters that would be beneficial to the clinicians to have access to at [Limb.centre@nhs.net](mailto:Limb.centre@nhs.net)

The pathway to access referral form on ICE is as follows:  
Requesting → New Request → Select Patient  
→ Select 'Service provider' tab  
→ Select 'Other' from left hand menu.

Please complete all relevant fields with as much information as possible, along with your recommendations. This approach will reduce delays in processing the referrals.

Any questions please contact the limb fitting department on 01582 497198

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## Pacemaker patients who need an MRI

At the L&D's MRI department, improvement is an on-going priority and we have been working with our Cardiac Centre to develop new pacemaker patient guidelines to enable them to have an MRI safely. The new guidelines enable a swifter and more local patient pathway for pacemaker patients to receive their MRI's. The only restrictions are the patients must have a compatible pacemaker device to enable the MRI.



*From left to right: Newton Reid Cardiac - Physiologist Technologist; Mr Arthur Herbert - Patient with Pacemaker; Dario Prudencio - MRI Modality Manager.*

We are not able to scan patients with an ICD/AICD device. If you are looking to request an MRI for a patient with a compatible cardiac pacemaker, please contact the L&D's MRI department for guidance before referring.

# Consultant Starters & Leavers up to October 2019

## STARTERS

Title	First Name	Last Name	Department	Start Date
Mrs.	Rasha	Al-Joboree	Obstetrics Medical	17/06/2019
Dr	Muhammad	Asaria	A & E Medical	02/09/2019
Dr	Muhammad	Bhattacharyya	Gastroenterology Medical	02/09/2019
Dr	Sarika	Deshpande	Diabetes	03/06/2019
Ms.	Alexandra	Knight	Breast Surgery Medical	02/09/2019
Dr	Hoon Ying	Lau	Theatres Medical	02/09/2019
Dr	Aparna	Pai	Imaging Medical	05/09/2019
	Anoop	Patel	Theatres Medical	02/09/2019
Dr	Rohil	Shetty	Imaging Medical	09/09/2019
Mr.	Michal	Sut	Urology Medical	19/09/2019

## LEAVERS

Title	First Name	Last Name	Department	Leave Date
Dr	Andrew	Dias	ENT Medical	20/06/2019
Miss	Marlin	Mubarak	General Gynae	04/08/2019
Mr.	Andrew	Waldock	Ophthalmology Medical	07/08/2019

## L&D Imaging Waiting Times Sept 2019

Modality	App wait (weeks)	Report wait
MRI	3-4 weeks	>3-4 weeks
MRI Paeds/Ga	4/5 weeks	>3-4 weeks
CT (Gen)	6 weeks	>3-4 weeks
CT (Brain)	2 weeks	>3-4 weeks
CT (Colon)	2.5 weeks	4 weeks
US(Gen)	6 weeks	No wait
US (MSK))	6 weeks	No wait
US (MSK Inj)	14 weeks	No wait
US (Gynae)	6 weeks	No wait
US (Paed Hips)	5 weeks	No wait
US Neck	6 weeks	No wait
NM (Bone Ortho)	6 weeks	>3-4 weeks
NM (Bone Oncol)	2 weeks	>3-4 weeks
DMSA	6 weeks	>3-4 weeks
Mag 3	6 weeks	>3-4 weeks
Cardiac	4 weeks	<1 week
Gen Screen	2 weeks	<1 week
Paed Screen	2 weeks	<1 week
HSG	3 weeks	<1 week
Arthrogram	6 weeks	<1 week
Small Bowel	3 weeks	3 weeks
Sialogram	3 weeks	2 weeks
Plain Film Xray	8 weeks	3-4 weeks
Daxa	4/5 weeks	No wait

## L&D Imaging Waiting Times June 2019

The waiting times (right) are for routine appointments. Urgent appointments are available in each of the modalities.

Urgent results reporting shall be given priority with reports provided to GPs as soon as possible.



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

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/)

### 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