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GP Round Up – Please Forward

Introduction by Lindsey Barker Acting Medical Director

Welcome to the January edition of GP Round Up. This month I am pleased to update you on the work of our occupational therapists who have been working alongside doctors in the emergency department to reduce avoidable acute admissions to hospital. The therapists are also invaluable to aid timely discharge of elderly patients from the wards. In this edition I have also included an update on our outreach diabetic clinics and education programmes for diabetic patients, as well as Consultants who have recently joined the Trust.



This GP Round Up email newsletter is sent out to Practice Managers in the local area - please can you forward it on to the GPs in your surgery.

Helping Older People to Stay at Home

Since April 2014 a team of 5 Occupational Therapists (OTs) have been working across our Emergency Department and Acute Medical Unit to avoid unnecessary acute admissions to hospital. The team provide cover from 9am – 9pm, 7 days a week and have been able to avoid an average of 180 unnecessary acute admissions to hospital each month.

The OTs assess patients and provide advice, equipment and support to try and enable patients to return home. They work closely with a variety of community-based admission avoidance services to coordinate appropriate support for patients when acute hospital care is not required. This includes Rapid Response Teams, Intermediate Care Services and Community Hospitals.

A typical patient will be elderly and will have had a fall with an injury such as a fractured wrist – they don't need to come into hospital but may be unsafe to return home without support. The Occupational Therapists assess the patient, provide

advice and mobility aids, and coordinate the support required to enable this patient to return home. Short term care and therapy can be arranged through the Rapid Response Teams. The Berkshire Community Equipment Store can deliver equipment such as a commode, in less than 4 hours. Working with Forest Care we can issue emergency pendant alarms, which increase the confidence of the patient, and their carers, for them to remain at home.

The person may be shaken and upset after their fall, therefore the Red Cross PAtH (Prevention of Admission to Hospital) scheme can take the person home promptly in their wheelchair-accessible vehicle, settle them back at home ensuring they are safe and comfortable. The service follows the person up the next day with a phone call. The person may be referred onto the Falls Clinic for a multi disciplinary assessment of the causes of the fall.

Moyra Pugh Professional Lead OT

Tibialis Posterior Tendon Dysfunction

Tibialis Posterior Tendon Dysfunction (TPTD) occurs most commonly in women over 40 years of age but the elderly and children are also at risk. TPTD can be either a sudden or progressive loss of strength of the tibialis posterior tendon and the most common pre disposing factors are diabetes mellitus, hypertension, congenital flat foot, obesity, rheumatoid arthritis and trauma.

We have developed a TPTD information sheet (*available as a separate attachment*) for GPs because the condition can be difficult to diagnose and does progress if left unmanaged. Patients with early stage TPTD should be referred for conservative management to Nick Gallogly Orthotist; patients with severe symptoms can be referred to Mr Ian Nugent Orthopaedic Consultant.

Introducing the Integrated Discharge Team

Since June 2014 a new Integrated Discharge Team (IDT) from Berkshire Healthcare Foundation Trust has been working with our Service Navigation Team (SNT), therapists and community services to actively “pull” patients from the wards.

For the winter period, the IDT, SNT and therapy services are working 7 days a week to maintain patient flow throughout the weekend. The work is mostly with elderly patients who require ongoing care or rehabilitation to return home.

The integrated discharge team consists of 3 Therapists who are familiar with community and Acute Trust work and can therefore act as a bridge between the Acute Trust and the community, ensuring a smooth handover and a seamless transition of care. They collect the list of patients referred for care each morning from the hub and the community capacity available then go out on the wards to actively match needs and capacity.

Patients may need to be more flexible – they used to be able to select which community hospital or resource they used but now they may need to go to any community hospital which has space for their onward rehabilitation. Patients requiring once a day care packages or low level support may go home instead with the Red Cross or Age UK Home for hospital schemes. IDT also has been providing training to RBHFT and BHFT staff to update them about changes happening in both sides.

Since the IDT started the community capacity has been used to the maximum. It is all about using all the resources available to the best advantage and enabling patients to return home as soon as possible.

Moyra Pugh Professional Lead OT

Phlebotomy for children 5 years and over

Main Phlebotomy Clinic

Children over 5 years old are able to have a blood test in the main Phlebotomy Clinic if this is more convenient for parents. This is a daily drop in service from 07.15 am to 4:15 p.m. and is situated on level 2 in South Block, RBH.

Children’s Clinic

The Children’s Clinic phlebotomy service is aimed at under 5’s but any child with special needs or a particular phobia about blood tests is welcome to use the service

regardless of age. Children are seen by **appointment only** in the Children’s Clinic, level 1, South Wing (opposite the restaurant). The service is available on Mondays 08:30am-12:30pm (except Bank Holidays). The Children’s Clinic and Kempton ward do not offer a drop in service for blood tests. Please ask parents to telephone 0118 322 8142 to book an appointment and ensure that a completed blood form is given to the family to bring to the appointment with them.

Adult education for Type 1 diabetes patients

It is a well known fact that near normalization of blood glucose for patients with type 1 diabetes mellitus (T1DM) can prevent long term micro-vascular long-term complications. Achieving this level of control is difficult to achieve however. In Berkshire West there are 1,200 people with HbA1c >58mmol/l. Carbohydrate counting is seen as the basis to achieve glycaemic control for patients who adjust their levels with bolus insulin doses and we have 2 education programs which help people with T1DM achieve these targets. **CarbAware** and **DAFNE** are both education courses are for people on multiple daily injections.

CarbAware initiated by Dr Ian Gallen

This course is to improve glucose control. It is a short structured 3 hour group teaching delivered by a DAFNE trained dietician. The curriculum covers different aspects of diabetes: food recommendations, self-monitoring of BG techniques, insulin profiles, and appropriate management of hypo- and hyperglycaemia in general and in relation to stress, infections, menstrual periods, alcohol intake, and exercise. Emphasis is put on empowering patients to make rational day-to-day insulin dosage adjustment. People with T1DM are taught principles of a healthful diabetes diet, how to estimate the carbohydrate content of foods, and how to calculate insulin-CHO-ratios and insulin sensitivity factors using recognised formulas. Patients are shown how to use the bolus calculator function on a function enabled blood glucose testing meter (Aviva Expert, Roche) and provided with this meter. Carbohydrate counting education is by both theory and practical exercises. Patients are asked to do a minimum of 4 blood glucose tests per day to ideally do a blood glucose test before every meal.

The courses started February 2014; we provided 50 courses during 2014 for 210 people and plan for capacity of 400 in 2015. The average HbA1c reduction is 11mmol/mol. Self assessed confidence in all

aspects of carbohydrate assessment increased following the course, as did intention to increase monitoring. There is a very high level of satisfaction with the content, method and timing of the course. There was an initial high non-attendance rate >50%, but this has now fallen to <20%. The courses are usually on Friday morning or afternoon at Melrose House, but can be held in your practice if demand is high enough (2 groups of 6-8 people). Booking is via choose and book, or via e mail to virtual.diabetes@royalberkshire.nhs.uk

DAFNE

This course is to improve glucose control, manage hypoglycaemia, work, travel and exercise. The course is essential for anyone planning to use an insulin pump. It is a 35 hour course, held 4 times per year. As with CarbAware, the course also covers different aspects of diabetes: food recommendations, self-monitoring of BG techniques, insulin profiles, and appropriate management of hypo- and hyperglycaemia in general and in relation to stress, infections, menstrual periods, alcohol intake, and exercise, but in greater detail. The capacity for this course is limited. People need to attend all 5 days of the course. To see if your patient is a candidate for DAFNE, please contact Naseem.Sohpal@royalberkshire.nhs.uk.

New diabetes outreach clinic at Bracknell

A new diabetes outreach clinic run by Dr Diptendra Ghosh is held at Bracknell Healthspace every third Wednesday afternoon from January 2015. Other outreach diabetes clinics on Wednesday afternoons are at the Boathouse Surgery (week 1), Milman Road Surgery (week 2)

and Woodley Centre Surgery (week 4). Dr Ian Gallen continues to run outreach diabetes clinics on Wednesday afternoons at Boathouse Surgery (week 1), Milman Road Surgery (week 2) and Woodley Centre Surgery (week 3).

RACOP clinic has moved

The Rapid Assessment Clinic for Older People has moved location from Woodley Ward RBH to:

**Inpatient Therapies Department
Level 1, Battle Block
RBH
0118 322 6547 (answer machine)**

Updated OT referral form for Dingley

Please see separate attachment with our new Paediatric Occupational Therapy referral form updated in January 2015.

Welcome to New Consultants

This month we have updated the **Consultant Directory** and you can download it as a separate attachment.

In recent months we have welcomed several new Consultants to the Trust including:

- **Kate Evans and Nishant Patodi to Gastroenterology**
- **Andrea Lomp to Community Paediatrics**
- **Shane O’Hanlon to Elderly Care**
- **Irvail Satheesh Prabhu to the Oral Maxillo Facial Surgery Department.**

You can read more about two of our new colleagues in the following section:

Satheesh Prabhu graduated in

both medicine and dental surgery. He has worked in various surgical specialties including vascular surgery, orthopaedics and plastic surgery. He



completed his specialist training in the North West Deanery. This involved training in various teaching and university hospitals. He has done two JCST (Joint Committee on Surgical Training, advisory body to four royal colleges) and General Medical Council approved interface fellowships. He completed his Trauma and Reconstructive Fellowship in Queen Elizabeth Hospital, Birmingham and did his advanced training in head and neck cancer and reconstruction from Central Manchester University Hospitals and Christie Hospital, Manchester.

Satheeth says: "We now have a well established Oral and salivary gland cancer Service in Royal Berkshire Hospital. I run clinics on every Monday and alternate

Tuesdays. There was a service gap till Sept 2013 with all patients having to travel to Oxford to see a Oral Cancer Specialist, we now have a clinic in Reading which has reduced the inconvenience to patients. I also have an interest in Facial Palsy and Reanimation. Please let me know if there is an opportunity to improve awareness among health care professionals in your surgery about Oral Cancer and its management."

Shane O'Hanlon is a Consultant in Elderly Care. He provides comprehensive assessment of older people admitted under the surgical teams and helps to optimise older people who are being assessed for surgical fitness. He reviews patients post-operatively who need extra support with discharge planning. He is also a member of CoCOC (Comprehensive Care for Older People with Cancer), a multidisciplinary team that provides tailored assessment for people over the age of 70 who have cancer.

The CoCOC team can be contacted on 0118 3228450.

GP pages on Trust website

The Trust website <http://www.royalberkshire.nhs.uk/> has a new layout and resources for GPs are all in one place under the blue "GP" tab <http://www.royalberkshire.nhs.uk/gps.htm> at the top of the main page. The following links may be found in the GP section:

- Directory of outpatient services <http://www.royalberkshire.nhs.uk/directory-of-services.htm>
- GP secure online resources <http://www.royalberkshire.nhs.uk/gp-secure-online-resources.htm>

- Clinical and referral guidelines <http://www.royalberkshire.nhs.uk/gp-referral-information.htm>
- Consultant directory <http://www.royalberkshire.nhs.uk/consultant-directory.htm>
- GP query form <http://www.royalberkshire.nhs.uk/gp-query-form.htm>
- GP Newsletter <http://www.royalberkshire.nhs.uk/gp-newsletter.htm>
- Choose & Book <http://www.royalberkshire.nhs.uk/choose-and-book.htm>
- Continuing professional development for GPs <http://www.royalberkshire.nhs.uk/continuing-professional-development.htm>
- Patient information leaflets <http://www.royalberkshire.nhs.uk/patient-information-leaflets/>
- Infection control information <http://www.royalberkshire.nhs.uk/infection-control-information.htm>

How to Raise a Query or Concern

We welcome feedback from GPs and Practice Managers, so please let us know if you experience any problems with our services. You can get in touch via email to gphelp@royalberkshire.nhs.uk or by using our simple web form that can be found on the Trust website: <http://www.royalberkshire.nhs.uk/gp-query-form.htm>. Alternatively you can email our GP Liaison Manager: caroline.hillman@royalberkshire.nhs.uk. or telephone 0118 322 5313.

If you wish to send us patient identifiable information with your concern please email to: gpliaison.rbft@nhs.net.

Our Patient Advice and Liaison Team (PALS) focus on providing support and on the spot help to patients, relatives and carers and can be contacted via talktous@royalberkshire.nhs.uk The PALS Team also investigate serious patient complaints.