Welcome to our GP newsletter

To let us know what you’d like to see here next time, email communications@worcsacute.nhs.uk

Printed copies of GP Connect are also on their way to your practice. Please let us know if you prefer the hard or electronic copy, or if your practice would like more printed copies next time.

Emergency pressures in Worcestershire

A&E services in Worcestershire, in common with many areas of the country, have experienced unprecedented levels of demand this winter and both our A&E departments have been under extreme pressure.

When demand is at its highest, patients are assessed on trolleys in the corridor in A&E to avoid them being assessed in an ambulance outside the department. Where we can, we avoid this but should trolleys be required our staffing levels are sufficient to cover the A&E corridor.

In order to improve the flow of patients through our hospitals we are working with our healthcare partners across the county on a number of initiatives - including opening extra wards, extra assessment areas and GP capacity in A&E and triaging patients through alternative routes to A&E. These initiatives are helping to ease some of the pressures.

GP Connect
Worcestershire hospital news
Winter 2014/15

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Spotlight on: learning disability acute liaison nurses

We are specialist learning disability nurses supporting your patients through their acute care experience, five days a week. We help people with a learning disability better understand their health needs and treatment.

We link with staff on acute hospital wards and other healthcare providers to ensure a seamless service for patients through admission, treatment and discharge.

Planned admissions and appointments

If you have a patient with a learning disability coming in for screening, testing or a planned admission, please contact us directly so that we can ensure reasonable adjustments are made to support your patient.

On all referrals to the acute trust, please ensure the documentation clearly states the patient has a learning disability. This will ensure that staff are aware and contact our team as soon as possible.

Unplanned admissions

We use your GP register to ensure your patients have an alert on our Oasis hospital management system. We receive a text message as soon as someone with a learning disability is admitted to our hospitals to ensure a prompt service. We currently have over 1,800 names identified with an Oasis alert.

My hospital ‘About Me’ booklet

If you are referring a patient to our hospitals ask if they have completed an ‘About Me’ booklet.

The booklet provides clear and concise information in an easy to understand format regarding their health and support needs.

Patients should bring this booklet to all hospital appointments and admissions.

Using the information in this booklet, we can then liaise with the patient, their relatives or carers and ward staff to make sure all individual health requirements are met.

Download a copy of the ‘About Me’ booklet at www.worcsacute.nhs.uk/assets/aboutme.

We receive 40 – 50 referrals a month

Ask your patients and their relatives or carers to complete an ‘About Me’ hospital booklet at their next annual review.

Jane Bullock
Acute Liaison Nurse

Kay Dalloway
Acute Liaison Nurse

www.worcsacute.nhs.uk @worcsacutenhs /worcestershireacutehospitalsnhstrust
Learning disability champions

To help improve the care patients with a learning disability receive while in hospital, we have begun training key ward and department staff to become learning disability champions.

Patients with learning disabilities often need extra support and attention from hospital staff, anything from needing more time spent explaining what is happening to them to needing a liaison nurse or relative in the room with them when having a procedure.

Learning disability champions promote best practice around the care and treatment of patients with learning disabilities and act as an advocate for patients as well as their carers and relatives.

Most common reasons for admission for patients with a learning disability

- Constipation/ bowel blockage
- Epilepsy
- Urinary tract infection
- Chest infection/ pneumonia/ aspiration

These health concerns are preventable. Early detection and treatment are crucial to avoid unnecessary hospital admissions.

Contact us

Kay Dalloway
Acute Liaison Nurse
07918 748 469
kdalloway@nhs.net
Alexandra Hospital, Redditch and Primary Care
Contact me about training and awareness in your GP practice.

Jane Bullock
Acute Liaison Nurse
07767 442 222
jane.bullock@hacw.nhs.uk
Worcestershire Royal Hospital
Oncology Centre open to patients

For patients, their families and their carers, who previously had to travel to Coventry, Cheltenham or Wolverhampton for radiotherapy treatment, cancer services will be more accessible than ever, saving an estimated one million miles of travel every year.

Developed in partnership with University Hospitals Coventry and Warwickshire NHS Trust, the centre, based at Worcestershire Royal Hospital, will enable 95 per cent of radiotherapy to be delivered within Worcestershire.

The green light has also been given to exciting plans which will see a chemotherapy suite, clinic areas, and an acute oncology emergency assessment bay – which are currently situated within the main Worcestershire Royal Hospital - move into the first floor of the building.

It is expected that the move will increase the number of county patients who are able to receive their chemotherapy treatment within the county from 75% to 95%, and enable 85% of county patients requiring concurrent radiotherapy and chemotherapy to receive it locally.

The £25m centre opened its doors on Monday 26 January 2015

Adel Makar, lead cancer clinician at the Trust, said “This is fantastic news as it will bring cancer services together into one state of the art facility. This will bring the cancer teams together and will undoubtedly improve patient pathways and patient experience. It will also create additional capacity to cater for the growing demand for these services.”

The first patients to be seen at the county’s brand new, state-of-the-art Oncology Centre have praised the building and its staff.

One of the first patients, Maureen Campbell, who attended a clinic appointment, said she was put at ease as soon as she arrived.

The building itself has a lovely feel – it’s light and spacious and has a very relaxing and welcoming feel.

I was greeted by a very friendly member of staff and the consultant I saw was great, giving me straightforward answers and clearly explaining next steps. I felt very comfortable throughout.
Work progresses on Meadow Birth Centre

Work to create a brand new midwife-led birth centre at Worcestershire Royal Hospital is well under way.

Builders began work to turn the former antenatal ward and maternity triage area into the four birth room Meadow Birth Centre in December 2014, and the first babies are expected to be delivered on March 30th.

Meadow Birth Centre, run by experienced midwives, supported by maternity support staff, will offer a safe place to give birth for ‘low risk’ women from across Worcestershire who have had no complications or medical problems during their pregnancy.

The four birthing room centre, each with an en-suite, will offer a calm and comfortable environment where birth is treated as a ‘normal’ process.

It will be near to the current delivery suite, but not a part of it. It will look and feel homely – not like a hospital – helping women and their families to feel comfortable and relaxed.

More information on the Meadow Birth Centre is available at www.worcsacute.nhs.uk/meadowbirthcentre

Help us raise funds for our new birth centre, email fundraising@worcsacute.nhs.uk, or call 01905 760551. Donate at www.justgiving.com/meadowbirthcentre

The evidence base for midwife-led birth centres

Midwife-led birth centres are evidence based to be the best place for low risk women to birth in. The Birthplace Study (2011) evidenced that:

- for low risk women having a subsequent birth who are medically and obstetrically low risk, home is the safest place for them to labour and give birth, supported by a community midwife;
- and for first time mothers who are medically and obstetrically low risk, the birth centre is the safest place for them to labour and give birth, supported by a midwife.

For high risk women, the delivery suite is the safest place. It is also important to recognise that risks change as pregnancies progress and midwives and obstetricians are involved with continual risk assessment to ensure the woman receives the most appropriate care in the most appropriate place according to associated risks and the woman's needs.

Regardless of place of birth, we are aiming to enhance birth environments in all settings to ensure all women are supported to give birth appropriately.

We will be looking for your help to promote this evidence amongst women whilst we aim to provide the optimal birthing environment for all women.
The go-ahead has been given to start work on Worcestershire’s dedicated breast care unit, following years of fundraising.

The Trust, along with national breast cancer support charity, The Haven, has also announced plans for a Haven centre on the site.

The new centre will enable people with breast cancer to benefit from free one-to-one emotional support and complementary therapies to help relieve the side-effects of treatment.

The Worcestershire Haven will be the fifth in the country and the first to be located on a hospital site.

The new breast unit is due to open this autumn. It will provide treatment for men and women with breast cancer in private and welcoming surroundings including a private garden. It will reduce the number of locations patients currently have to attend and help relieve stress for patients.

After raising £1.3million, Worcestershire Breast Unit campaign now only needs £480,000 to pay for furniture, fittings and garden work. Building work on the unit is scheduled to begin imminently.

Find out more at www.everybodyknowssomebody.co.uk

The Worcestershire Breast Unit will offer:

- Rapid efficient assessment and care
- Treatment in welcoming and private surroundings
- Facilities that will maximise the skills of our specialist teams
- Fewer return visits; good news delivered swiftly
- Space for complementary therapies and support group meetings
- Counselling rooms for reflection and discussion
- New clinical equipment, including an ultrasound machine for sole use by the breast unit and high-resolution imaging screens
- Flexible space for use by support groups as well as other patient activities
- Prosthesis fitting room

Having the combination of core clinical breast cancer care services and complementary therapies in the one location is a unique model of care in the UK and has the potential for replication across the country.

Pamela Healy OBE, Chief Executive of The Haven
We take referrals from all specialties when a metastatic cancer of unknown origin or cancer of unknown primary is identified on a patient’s CT scan.

Dr Clive Irwin has recently joined the trust as our oncology lead for cancer of the unknown primary.

Our multi-disciplinary team (MDT) work across the county at the Alexandra Hospital in Redditch, Kidderminster Hospital and Treatment Centre, the Princess of Wales Community Hospital in Bromsgrove and Worcestershire Royal Hospital.

Our team work closely with colleagues in acute oncology and palliative care to ensure patients are given the best, most appropriate care as soon as possible.

Clinical Nurse Specialist, Michelle Judge can give advice on appropriate investigations, referrals and support for patient and families. She acts as a key worker for patients and can referral on to an appropriate speciality if a primary cancer is identified.

We are currently developing referral guidelines to assist you in referring to our service.

More information: contact Michelle Judge, Clinical Nurse Specialist on 01905 760896 or at michelle.judge@worcsacute.nhs.uk

For urgent advice contact Michelle Judge or Dr Clive Irwin through the hospital switchboard, 01905 763333 or bleep acute oncology on 398.
Compass clinical trial

The COMPASS clinical trial is a research study of about 20,000 participants worldwide, testing the effectiveness of rivaroxaban, a blood thinning medication, in preventing heart attack, stroke, and related deaths in patients with diseased blood vessels.

Fourier clinical study

The FOURIER study is testing a new medication, which reduces LDL cholesterol by about 50% in people who can’t reduce their cholesterol sufficiently using a statin alone. The aim of the study is to find out whether this will prevent further events such as heart attacks and strokes.

If your patients could benefit from this study please contact Angela Doughty, Cardiology Research Coordinator on 01905 733844.

Do your patients have problems involving blood vessels in their heart, brain or legs?

Patient participation is voluntary and their medical care will not be compromised should they decide not to participate.

If your patients are interested in being part of this important clinical research study or would like more information, please contact Dr Jasper Trevelyan, Consultant Cardiologist or Angela Doughty, Cardiology Research Coordinator on 01905 733844.

Renal clinics in Evesham and Redditch

In order to improve renal inpatient care and offer outpatient renal clinics closer to patients’ homes, we have a new renal consultant post at the Alexandra Hospital in Redditch.

Renal clinics are now held at the Alexandra Hospital and at Evesham Community Hospital.

Our colleague Dr Helen Eddington, Renal Consultant from University Hospitals Birmingham continues to also provide a renal clinic at the Alexandra Hospital.

Dr Vijay Thanaraj has been appointed as a locum renal consultant until July 2015. We are planning to appoint a permanent consultant post in the future.

Make a referral

For Redditch referrals contact the renal secretary on 01527 503030 ext 44618 or fax 01527 512075.

For Evesham or Worcester referrals contact the renal secretaries on 01905 733239.

More information

Dr Stephen Spencer
stephen.spencer@worcsacute.nhs.uk

Dr Martin Ferring
martin.ferring@worcsacute.nhs.uk

Recruiting patients who have suffered from a heart attack, ischemic stroke or have confirmed symptoms of peripheral arterial disease
The vascular team at Worcestershire Royal Hospital is keen to receive early referrals for patients with leg ulcers who may be suitable for the EVRA (early venous reflux ablation) ulcer trial.

EVRA is a randomised clinical trial to compare early versus delayed endovenous treatment of superficial venous reflux in patients with chronic venous ulceration. The trial is recruiting until January 2016.

Comparing early vs delayed endovenous treatment of superficial venous reflux in patients with chronic venous ulceration

We are being funded for our involvement in the multi-centred research study. We are one of 19 sites in the UK taking part in the EVRA (early venous reflux ablation) ulcer trial.

Other sites involved include London, Cambridge, Cheltenham and Birmingham.

More information: contact Sarah Holloway, Vascular Research Nurse at sarah.holloway@worcsacute.nhs.uk

Eligibility

Inclusion criteria:
Current leg ulceration of greater than six weeks, but less than six months duration.
Able to give informed consent to participate in the study after reading the patient information documentation.
Patient age > 18 years.
Ankle Brachial Pressure Index (ABPI) ≥ 0.8.
Superficial venous disease on colour duplex assessment deemed to be significant enough to warrant ablation by the treating clinician (either primary or recurrent venous reflux).

Exclusions:
Presence of deep venous occlusive disease or other conditions precluding superficial venous intervention (at the discretion of local research team).
Patients who are unable to tolerate any multilayer compression bandaging will be excluded. However, concordance with compression therapy can be variable for patients at different times. Patients who are generally compliant with compression, but unable to tolerate the bandages for short periods will still be eligible to inclusion. A period of non-compliance with compression bandages will not be considered a protocol violation, but a normal variation within the spectrum of ‘standard therapy’.
Inability of the patient to receive prompt endovenous intervention by recruiting centre.
Pregnancy (female participants of reproductive age will be eligible for inclusion in the study, subject to a negative pregnancy test prior to randomisation).
Leg ulcer of non-venous aetiology (as assessed by responsible clinician).
If patient is deemed to require skin grafting they cannot be included.

174 patients have now been recruited nationally

174 patients have now been recruited nationally
Bariatric services

The Worcestershire bariatric service continues to expand following its inception in 2012. We are one of six accredited bariatric surgical units in the West Midlands. In addition to our countywide service we accept referrals from Herefordshire and beyond.

Our service has recently been strengthened by the addition of a third consultant bariatric surgeon, Mr John Robinson. Mr Robinson works across the Alexandra Hospital in Redditch and Worcestershire Royal Hospital, bringing valuable experience to our bariatric service.

The bariatric MDT

Our multidisciplinary service includes Consultant Physicians, Dr David Jenkins and Dr Paul Newrick and three Consultant Bariatric Surgeons, Mr Martin Wadley, Mr Anthony Perry and Mr John Robinson. A bariatric dietitian and clinical nurse specialist complement the medical team with Consultant Psychologist, Dr Martin Wilmott providing psychological expertise.

Referral guidance

Patients should initially be referred into our Tier 3 medical weight management service managed by Dr Jenkins and Dr Newrick. Up to one in four patients within the Tier 3 service will wish to be considered for weight loss surgery. Referrals are directed to the Tier 4 surgical service following MDT discussion.

We currently follow the updated NICE guidance (Nov 2014) in considering patients for surgery.

There is no fixed minimum BMI level but patients must be receiving or will receive intensive weight management within the Tier 3 service.

Surgical outcomes and patient experience

We offer patients a full range of surgical procedures including gastric bypass and sleeve gastrectomy. We are seeing excellent weight loss and Type 2 diabetes resolution with gastric bypass patients with 75% of our patients seeing complete resolution after surgery. Gastric banding is now less common in view of increasing long term problems and more complex follow requirements. We have more recently developed a revisional surgery program for patients who have had problems and complications following previous gastric band surgery.

Our dietitian and nurse specialist run a patient support group for both pre- and post-operative patients. Patients have found this particularly helpful with preparing for surgery and managing expectations after treatment.

British Obesity and Metabolic Surgery Society (BOMSS) meeting

The team recently attended this national meeting and was delighted to meet Redditch GP, Dr Rachel Pryke. Dr Pryke delivered a well-received lecture on ‘Bariatric Education in Primary Care’ to an audience of 300 UK bariatric surgeons, dietitians and nurse specialists.

BOMSS along with the Royal College of General Practitioners has produced a number of guidelines for GPs and we plan to meet further with Dr Pryke and colleagues to discuss follow up protocols and shared care arrangements.
Maternity staff and mums are already benefiting from the new K2 electronic maternity systems at the Alexandra and Worcestershire Royal hospitals.

The electronic K2 Guardian and Athena systems have now replaced handwritten inpatient notes for women during their pregnancy and labour. Maternity staff are now able to directly capture vital patient information straight onto electronic devices at women’s bedsides. This information is then instantly available to other colleagues in the hospital, enhancing communication between departments and helping to improve the care and services offered to patients. The systems also store and display a recording of the baby’s heart beat during labour and help reduce the risk of human error in patient notes.

Everything ran so smoothly, there was no waiting around for systems or screens to load.

Sarah Gash, new mum

The system was implemented by ICT project manager, Dave Griffiths.

Dave said “The new system has already achieved a great deal and the next steps of the project will continue to enhance maternity services offered to women across Worcestershire. We are now looking to roll out the system across our antenatal and postnatal services.”

The next phase of the project will encompass community midwifery later in the year and electronic discharge summaries (EDS) to GP Practices are expected to commence in the near future.

Worcestershire Acute Hospitals NHS Trust was supported in funding the K2 system by NHS England’s Safer Hospitals, Safer Wards integrated digital care technology fund.

More information: contact Dave Griffiths, ICT Project Manager on 01905 763333 ext 38317 or dave.griffiths@worcsacute.nhs.uk

Urgent referrals for suspected lung cancer

If you are referring patients to our 2 week wait service, please make sure you are using the correct referral form.

A new referral form was created in January 2014. All forms must be accompanied by a referral letter and faxed to the Cancer Referral Centre on 01562 754312 or 01562 513021.

These forms should only be used for suspected cancer and in conjunction with the NICE Referral Guidelines for Suspected Cancer, June 2005.

Find the latest referral form at: www.worcsacute.nhs.uk/healthprofessionals/refer-a-patient
Pathology services

Join our user interaction group
To help us provide you with the best possible service we hold quarterly user interaction group meetings. These meetings are well attended by our CCG and GP colleagues from across Worcestershire.

During these meetings we cover:
- Pre-analytical issues
- IT
- Pathology transport
- Update on national and local guidelines
- Demand management
- Clinical advice on pathology results
- Development of new tests
- Clinical Audits
- Out-of-hours service
- Use of POCT in the community
- Clinical pathology accreditation
- Finance issues

If you would like to attend these meetings contact Jessica Schroeder, Principal Biochemist at jessica.schroeder@worcsacute.nhs.uk.

Orange bags for urgent lab requests
If you need the results for a biochemistry or haematology sample before your surgery closes, you must place the sample and requests in an orange urgent sample transport bag.

Urgent samples not sent in orange bags are not easily identified and fast tracked within the laboratory. Further delay is often caused trying to locate these samples.

New guidance for Acute Kidney Injury (AKI)
NHS England has issued a level 3 patient safety alert aimed at reducing the avoidable harm that occurs when recognition of AKI is delayed.

There is a specific recommendation for pathology to implement the use of AKI alerts into our Laboratory Information Management Systems to highlight when significant changes in serum creatinine are detected.

There is a nationally agreed algorithm for generating alerts based on serum creatinine changes with time. We are in the process of developing this algorithm.

However, in July 2014 we introduced a pilot study under the guidance of our Trust renal consultants.

We currently enter a comment alerting to the possibility of AKI when the serum creatinine is increased by over 50% from the previous creatinine, measured within the last 12 months.

Further guidance and information on AKI alerts in primary care will be discussed at the User Interaction Group and in future newsletters.
Lactose intolerance

We no longer offer analysis of faecal reducing substances in primary care.

For the investigation of lactose intolerance it is recommended:

**Formula-fed or mixed feeding**: Trial of lactose-free milk for two weeks. If symptoms do not improve after two weeks on lactose-free diet consider alternative diagnosis.

**Exclusively breast-fed**: Lactose intolerance is rare in breastfed infants. Consider alternative diagnosis-CMPA (Note: exclusion of lactose from the maternal diet is unnecessary as lactose is present in breast milk, independent of diet).

If in any doubt refer to consultant paediatrician.

Email wah-tr.dutyBMS@nhs.net for biochemistry add-on requests and general enquiries.

Blood bank

All group and screen samples require NHS numbers as the unique identifier.

Urine culture in men and women with catheters

Do not treat asymptomatic bacteriuria in those with indwelling catheters, as bacteriuria is very common and antibiotics increase side effects and antibiotic resistance.

Treatment does not reduce mortality or prevent symptomatic episodes, but increases side effects and antibiotic resistance.

Only send urine for culture in catheterised - if features of systemic infection. However, always:

- exclude other sources of infection;
- check that the catheter drains correctly and is not blocked;
- consider need for continued catheterisation;
- if the catheter has been in place for more than seven days, consider changing it before/when starting antibiotic treatment;
- do not give antibiotic prophylaxis for catheter changes unless history of symptomatic UTIs due to catheter change.

Thank you for all those that responded to our GP user survey

We appreciate all your comments. We will feed back with an action plan at the next GP User Interaction meeting on Tuesday 24 February.
Gastro-oesophageal awareness

We are running a local oesophago-gastric cancer awareness campaign at the Alexandra Hospital, following on from the national awareness week.

From 23 to 26 February, our gastro-intestinal teams will be raising awareness of the signs and symptoms of oesophago-gastric cancers and encouraging people to consult their GP if they are concerned.

Please prepare yourself for a possible increase in patients seeking advice about these cancers. Our gastroenterologists and endoscopy departments are geared up ready for any increased workload.

Shirley Hughes, Upper Gastrointestinal Palliative Care Nurse said “Our aim is to improve our survival rates. Our campaign will be highlighting some of the symptoms, outlining some risk factors, how we investigate the problems, explaining some of the treatments, and outlining the support patients can expect following a positive diagnosis.“

We want to work in unison with our primary care colleagues to provide our patients with the best care we can through early diagnosis and early treatment to improve the survival rates for these patients.

Every year in England around 7000 patients are diagnosed with oesophageal cancer.

Around 5400 are diagnosed with stomach cancer.

Unfortunately around 9800 die as a result. It is felt that 950 of these deaths could be avoided if they were diagnosed earlier.
Taster diabetes patient education session

Our diabetes team is pleased to offer a new taster education session for patients.

We understand it can be difficult to encourage patients to commit to a six week course (five days for Dose Adjustment for Normal Eating). Patients with diabetes can now attend one 2½ hour patient education session.

First Steps provides participants with a programme handbook and the opportunity to book a place on the full six week X-PERT Diabetes programme, if they wish.

Participants will find out

- About type 1 and type 2 diabetes and insulin action;
- Health results and blood tests, their meaning and target ranges;
- The amount of carbohydrate has a much greater impact on blood glucose than the type;
- Energy balance and long-term lifestyle change to manage weight;
- Common myths and misconceptions regarding food and diabetes;
- What is involved in a diabetes annual review and why;
- The need to take responsibility for diabetes self-management and accept that self-care choices have the greatest impact on health and well-being.

Please refer on the usual X-PERT Diabetes referral form.

Patients will be offered the choice of booking directly onto the six week X-PERT Diabetes course or attending a First Steps taster session.

The diabetes team is also developing an education pathway for type 2 diabetes. This will include Diabetes UK information packs for all patients on diagnosis of type 2 diabetes and alternative education options, including e-learning.

Diabetes courses

New for 2015

X-PERT DIABETES
First Steps: a programme taster
Ideal if your patients are unsure if the six week X-PERT Diabetes programme is for them.

X-PERT Diabetes
2.5 hours a week for 6 weeks
Type 2 on diet or medication

“I have found the 6 week course very informative and enjoyed it very much. Everything was explained in detail and made easy to understand”

X-PERT Insulin
2.5 hours a week for 6 weeks
Type 1 or 2 on insulin

“I am so amazed by how little I knew before this course and doubly amazed by how much I know now! It has changed my regime completely. Thank you so much for the positive impact this course has had on my condition”

Dose Adjustment for Normal Eating (DAFNE)
5 day course (over five weeks, or one week intensive)
Type 1 on a basal bolus insulin regimen

“this course is honestly life changing. All diabetics should do this course”

Referral forms, course dates and downloadable patient information sheets can be found at www.worcsacute.nhs.uk/diabetes
### Our performance

**Quarter 3 - October to December 2014**

<table>
<thead>
<tr>
<th><strong>Category</strong></th>
<th><strong>Details</strong></th>
<th><strong>Target</strong></th>
<th><strong>Achievement</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>A&amp;E Attendances</strong></td>
<td>90.3% of A&amp;E attendances seen within four hours</td>
<td>target: 95%</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>83.7% of 18 week referrals seen in time</td>
<td>18 target: 90%</td>
<td>✗</td>
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<tr>
<td><strong>Acute Wards &amp; A&amp;E</strong></td>
<td>Acute wards and A&amp;E score: 77; Maternity score: 84.4</td>
<td>target: 71</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Stroke Patients</strong></td>
<td>81.2% admitted directly to a stroke unit</td>
<td>target: 70%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>85.6% spent 90% of their time on a stroke unit</td>
<td>target: 80%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>69.7% of TIA investigated and treated within 24 hours of contacting the NHS</td>
<td>target: 60%</td>
<td>✓</td>
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<tr>
<td><strong>Cancer Patients</strong></td>
<td>97.3% started treatment within 31 days of decision</td>
<td>target: 96%</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>90.9% of patients with suspected cancer were seen by a specialist within two weeks of seeing their GP</td>
<td>target: 93%</td>
<td>✗</td>
</tr>
<tr>
<td></td>
<td>83.7% of patients started their first cancer treatment within 62 days of urgent GP referral</td>
<td>target: 85%</td>
<td>✗</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td>0 cases of MRSA have been reported</td>
<td>limit: 0</td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>9 cases of C.diff have been reported on trajectory</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Falls</strong></td>
<td>6 falls resulting in serious harm have been reported</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>continued reduction</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td><strong>Pressure Ulcers</strong></td>
<td>24 avoidable pressure ulcers have been reported</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td></td>
<td>8 avoidable grade 3 or 4 pressure ulcers have been reported on trajectory</td>
<td></td>
<td>✓</td>
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