Focus on colorectal services

Colorectal telephone assessment service

The Colorectal Team at Guy's and St Thomas' is trialling a new service, which involves a redesign of the way two-week wait (2ww) colorectal referrals from GPs are managed. The Colorectal Telephone Assessment Service is being implemented in an attempt to modernise and streamline the referral system for patients with colorectal symptoms.

The pilot is part of a national 'Straight to Test' initiative taking part at Guy's and St Thomas' and Barts Health/Whipps Cross. This new service will enable patients to be seen in the most appropriate place in a more timely fashion, creating time to be spent with them once a diagnosis has been made. We anticipate that within time we will be able to offer to all those patients who have not been referred via the 2ww referrals, a first contact with the hospital within four weeks and eventually two weeks. The new service will also help us meet the Department of Health target that all patients should be treated within 18 weeks of referral by their GP.

All Colorectal 2ww referrals can now be made via Choose and Book. It is of paramount importance that GPs include the following information in the 2ww colorectal referral:

- Is the patient unsuitable for a telephone assessment (ie hard of hearing, does not speak English, learning difficulties, very frail and elderly, has specifically requested a face-to-face appointment, doesn't have a telephone)?
- Results of all recent relevant blood tests including: Full Blood Count, ferritin, iron studies, Estimated Glomerular Filtration Rate (eGFR) and creatinine
- Results of abdominal and rectal (PR) examination done in surgery
- Past medical history and list of all current prescription medication
Although this is part of our assessment, it would be very helpful to know in advance GPs’ own assessment of the following:

- In your opinion is the patient fit enough for bowel preparation at home?
- Patient’s social situation - ie do they live alone, do they have local support?
- Patient’s state of mobility

Following GP referral, the patient will be telephoned from the appointed telephone clinic, an assessment made on the phone, and investigations initiated. The results of these will then be reviewed and the most appropriate plan made for the patient. The referrer and the patient are involved and consulted throughout the whole process.

For a summary of the pilot click here.

To find out more please email Ms Harriet Watson (Consultant Nurse) at harriet.watson@gstt.nhs.uk

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**Pelvic Floor Unit - telephone triage and referral pathway**

The Pelvic Floor Unit aims to improve the symptoms, coping strategies and quality of life of patients with pelvic floor dysfunction. The service provides care for faecal incontinence and constipation/evacuatory disorders. We also see patients with slow transit constipation and evacuatory disorders.

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Since the unit was established in 2004 by Mr Andrew Williams (Unit Director and Colorectal Surgeon) and Fiona Hibberts (Consultant Nurse) we have seen an increasing number of tertiary referrals for patients with complex pelvic floor dysfunction. For this reason, in March 2013 a Telephone Triage Service was set up to streamline the patient pathway, offer an integrated service, reduce waiting times and provide a cost-effective service.

We currently run three telephone clinics per week, with 201 patients reviewed in the first six months this year. Patients agree to the time and date of the phone assessment and are called by a nurse specialist. An integrated continence questionnaire allows patient assessment of both bladder/bowel/vaginal and “red flag” symptoms, determining the investigation and the management pathway of the patient.

Patients are then referred for functional investigations including ano-rectal physiology, endo-anal/pelvic ultrasound, transit study or defecating proctogram. Any patient with “red flag” symptoms will be booked for Colonoscopy/Gastroscopy and seen by a colorectal consultant in line with two-week wait guidelines.

Following this initial assessment and investigations, all patients are reviewed at the weekly multi-disciplinary meeting attended by colorectal surgeons, clinical nurse specialists, clinical scientists, obstetricians and physiotherapists. We have recently forged closer links with our uro-gynae and urology colleagues and have set up combined clinics and a multi-disciplinary team to discuss complex patients.

For further information on the Pelvic Floor Unit please visit our website or contact Monica Lyons (Unit Manager) at monica.lyons@gstt.nhs.uk and Carlene Igbedioh (Integrated Continence Advanced Nurse Practitioner -Triage Nurse) at carlene.igbedioh@gstt.nhs.uk.

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**Direct Access, Rectal Bleed Clinic**

The colorectal team at Guy’s and St Thomas’ runs a ‘One-stop bottom shop’ clinic, providing assessment, flexible sigmoidoscopy and treatment of anal conditions in one appointment.

The colorectal team at Guy’s and St Thomas’ runs a ‘One-stop bottom shop’ clinic, providing assessment, flexible sigmoidoscopy and treatment of anal conditions in one appointment.
Haemorrhoids and fissures can be treated at the clinic, advice regarding bowel health and benign anal conditions can also be provided.

Direct referral to surgery and pre-assessment (on the day) can also be arranged as required, to provide a seamless service for you and your patients.

If other colonic pathology is diagnosed, referral onward will be made directly. If biopsies are taken, these will be reviewed in the virtual clinic and the results communicated to the patient and yourself, with recommendations for onward care and management.

**Referral guidance for this clinic:**

- Bright red rectal bleeding, with or without anal pain
- Under 40-years-old.

**How to refer**

- Email to: Fiona.hibberts@gstt.nhs.uk

  Please ensure “Rectal Bleed Referral” is marked into the subject heading of the email.

- Letter to:

  Fiona Hibberts, Consultant Nurse
  GI Surgery
  St Thomas’ Hospital
  Westminster Bridge Road
  London
  SE1 7EH

If you would like to find out more about our colorectal clinics, their referrals pathways or arrange an educational visit to your practice, please phone: 020 7188 6475

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**Colorectal Family History Clinic**

*The family history clinic offers advice, assessment and screening for patients. The clinic is overseen by the Genetic Unit at Guy’s Hospital.*

The family history clinic offers advice, assessment and screening for patients. The clinic is overseen by the Genetic Unit at Guy’s Hospital.

After taking a family history with the patient, an assessment of the risk is made and appropriate guidance is followed. For example, colonoscopy screening is organised on the same day as patient pre-assessment.

**Referral guidance for this clinic:**

- Patient asymptomatic
- Any concern about colorectal family history of cancer.

**How to Refer**

- Email to Fiona.hibberts@gstt.nhs.uk

  Please ensure that “Colorectal Family History Referral” is marked into the subject heading of the email.

- Letter to:

  Fiona Hibberts, Consultant Nurse
  GI Surgery
National Cancer Survivorship Initiative (NCSI) for colorectal cancer

In 2010 NCSI asked the colorectal team at Guy’s and St Thomas’, as a leading service in colorectal cancer, to explore new ways to follow up our colorectal cancer patients. The work carried out over a period of two years resulted in the establishment of four primary elements.

1. End of Treatment Clinics. This service entails reviewing our patients in clinic six months post-treatment (whether surgery or post oncology) allowing the patient time to discuss immediate concerns and re-evaluate the long-term effects of living with cancer.

2. Remote Monitoring - We have worked closely with the IT department to build a system to risk stratify our patients and, if deemed suitable, they can be added to our remote monitoring programme. This is a mutual decision between the patient and us. It reduces outpatient visits which frees up time and space for our more complex patients. This initiative was recently praised and awarded in a Trustwide competition.

3. Health Needs Assessment (HNAs) are done in conjunction with an End of Treatment Clinic to discuss in an informal and open setting any issues highlighted by the patient such as financial difficulties, psychosexual problems, anxieties around recurrence. We have access to an array of expertise in many specialities and can usually ensure a speedy referral.

4. Education days - We are currently running three days a year which are open to patients and carers and cover a wide range of subjects. It gives people an opportunity to meet and share experiences as well as the professionals sharing best practice. We are in discussions with other groups such us upper GI to combine the days in order to maximise the learning experience.

For further information regarding our Colorectal Cancer Service, please contact Claire McGilly (Clinical Nurse Specialist) at claire.mcgilly@gstt.nhs.uk

Service updates

Transforming Outcomes and Health Economics Through Imaging (TOHETI)

Could we improve the way imaging is used in a patient’s journey? This was the question the TOHETI team set out to ask last year, working with GPs across Southwark and Lambeth, and imaging staff at Guy’s and St Thomas’.

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Building on feedback collected from local GPs on how imaging could be used more effectively, we will be asking for your input over the coming months to help reshape and improve services we provide.

The TOHETI programme believes that, by allowing more direct access for GPs to imaging services, patients will be diagnosed and treated faster in some cases. This has clear benefits for patient outcome and experience. We will also look at how imaging can be used to detect ineffective response to treatments, and to help target treatments more accurately.

Keeping patient experience at the core, TOHETI is also all about empowering change across primary and secondary care, and we want these changes to be owned and led by those on the frontline.
Direct access to vascular ultrasound service

In response to requests from local GPs, we are now able to offer a direct referral service for vascular ultrasound scans.

Our Ultrasonic Angiology Department was established more than 20 years ago and provides a full vascular ultrasound scanning service for a range of vascular conditions. The scan types available include carotid, vertebral, peripheral arterial, venous and renal disorders for adults and children. Specialised services include one-stop clinics, intra-operative transcranial Doppler monitoring, completion imaging after surgery, ultrasound guidance and sickle cell screening. There are purpose built departments on both the Guy's and St Thomas' sites for ultrasound assessment of cardiovascular disease and a satellite lab on the St Thomas' site for one-stop clinic patients.

The primary scan types are listed below, however, if you would like to request any other vascular scan, please enter the details in the free-text area of the form and we will confirm if this is possible. Currently all requests should be sent by Fax to the Department, reporting will be either by return fax, secure email or where available via the report Communicator system.

SCAN TYPES

EXTRACRANIAL & INTRACRANIAL CEREBRAL DOPPLER

Includes Carotid Duplex, Vertebral Duplex and Transcranial Doppler (ZUDCAB, UVERT, UTCRA)

LOWER LIMB ARTERIAL DOPPLER

Includes Lower Limb Arterial Duplex and Ankle Brachial Pressure Indices (ZULLAB, UABPI)

UPPER LIMB

Upper Limb Arterial Duplex (UULAB)
Upper Limb Venous Duplex (UULVR, UULVL)

To download the referral form click here.

Clinically focused screening echocardiography

Basic echocardiograms are increasingly part of a comprehensive echo service. We view these as an extension of the clinical examination and they help make clinical decisions without waiting for a full standard echocardiogram.

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We think that adding them to our service will reveal unexpected heart disease, mainly valve disease and LV systolic heart failure. We recently analysed our open access echocardiograms. We noticed that:

- Not all GPs used the service. The referral rate ranged from 0.07 to 12 cases per million population each year.
Not all patients with valve disease had murmurs documented and not all with LV systolic dysfunction had high BNP levels.

Echoing all patients with murmur, cardiac symptom, AF, or a cardiac history doubled the yield of valve disease and increased the yield of LV systolic dysfunction by 50%.

We would like to offer a screening echo service in addition to the current open access service:

- We could do this in your practice if a darkened room is available.

- The idea is to save you work. After the initial referral we could organise care for all patients with structural disease in our specialist valve and heart failure clinics and inform you of the diagnosis and management plan.

It would be indicated for any patients at high risk of structural disease in whom you might not necessarily want an open access study (uncertain murmur, possible cardiac symptom, AF, cardiac history, people aged over 75 if you feel that the 13% prevalence of valve disease warrants screening)

If you would like to discuss this further please contact: John Chambers (Head of Noninvasive Cardiology) at john.chambers@gstt.nhs.uk or Nora Fabich (Community Sonographer) at nora.fabich@gstt.nhs.uk.

Choose and Book for general podiatry clinics

Choose and Book (CAB) for general podiatry clinics across Southwark and Lambeth is now available to all GPs alongside our current referral route which remains fully operational for those who do not use CAB.

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Initially this will mean a select number of slots in general podiatry clinics are going to be made available; these are all 40minute new patient slots. The number of slots available is based on the historical activity we have identified from GPs already using CAB.

Bookings for our general podiatry clinics are being piloted first to ensure that the referrals we receive are appropriate and to get an idea of volume being received via CAB. Our plan is to make CAB available for our musculoskeletal podiatry services from September.

Nail surgery and advanced therapies as assessment appointments are required prior to booking into these and therefore we have no plans as yet to include this aspect of the service on CAB. Further work will be undertaken to determine domiciliary visit booking via CAB as we become more familiar with the system operation.

Any further information or comments can be directed to Angela McCrae (Head of Specialist Regional Rehabilitation Services) at Angela.mccrae@gstt.nhs.uk.

The Zero Pressure campaign across Lambeth and Southwark

Lambeth and Southwark CCGs have commissioned the Guy's and St Thomas' Tissue Viability Team to provide an outreach service with the aim of reducing the number and the severity of pressure ulcers in the community.

Lambeth and Southwark CCGs have commissioned the Guy's and St Thomas' Tissue Viability Team to provide an outreach service with the aim of reducing the number and the severity of pressure ulcers in the community.

This campaign has introduced the Safety Cross to Nursing Homes and we are delighted to report that five of the seven homes we have been working in partnership with have achieved 100 days without any residents having a
In the second phase of the campaign we are offering patient information leaflets and posters, and a free one-hour training session for carers, patients and relatives about risks and simple preventative measures.

We can supply GP surgeries with ‘Prevention is better than cure’ leaflets for those at risk and a poster with the telephone number for those who wish to access the free training.

It is only by working together to increase awareness in our community that we can reduce the impact of pressure ulcers on patients and healthcare providers.

If you wish us to bring a resource pack to your surgery or speak to your team, please contact Sara Nelson (Clinical Project Manager - Tissue Viability Service) at sara.nelson@gstt.nhs.uk or on 07979 240018.

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**A specialist obesity service for children**

*Lambeth Specialist Healthy Weight project is a multi-disciplinary obesity service for children who either live in Lambeth or are registered with a Lambeth GP. We treat children aged 4-12 if there are significant concerns related to their obesity - these children may also have complex health concerns.*

Lambeth Specialist Healthy Weight project is a multi-disciplinary obesity service for children who either live in Lambeth or are registered with a Lambeth GP. We treat children aged 4-12 if there are significant concerns related to their obesity - these children may also have complex health concerns.

**Referral criteria:**

- Children with a body mass index (BMI) above the 98\textsuperscript{th} percentile or above 91\textsuperscript{st} with additional issues affecting health or family
- Children for whom there are significant lifestyle worries or concerns about their emotional wellbeing
- Children and young people with complex physical health issues.

We aim to work in partnership with families around realistic goals and expectations, but for this to be effective we ask that families are expressing a wish to take up our service.

Our team consists of a family therapist, community paediatrician, specialist dietitian and a physical activity specialist.

Guy's and St Thomas’ and South London and Maudsley NHS Foundation Trusts work in partnership to deliver
For questions about the service or to make a referral please contact Hayley Tuffin (Team Lead) at hayley.tuffin@slam.nhs.uk or phone 020 3049 6047.

### Savannah Ward improvement project for paediatric neurology patients

We want our patient and staff experience of admissions to Savannah Ward to be very positive, but felt that some potential pitfalls were prohibiting this. In December 2013, we asked different staff members on Savannah Ward in Evelina London Children's Hospital what they perceived are the key issues and what changes they wanted to implement.

Staff volunteered to join the first working group on ward rounds/grand rounds and structure of the week. From January to April, we reviewed and designed new grand round pro formas, standard operating procedures, and refreshed the consultant on call duties agreement, for which we gained good buy-in from the consultant body. We also increased the focus on smaller behavioural changes like returning patient notes to the trolley after use, to reduce time wasted searching during ward rounds. From April to May our average ward round time reduced by almost an hour, meaning more time to act upon clinical decisions made during rounds, less waiting around for staff and families, and ultimately a shorter length of stay for patients. Phase two of the project (examining our admissions/discharge pathways) is now underway.

The children's neurosciences service provides a range of medical services to children with conditions affecting the brain, spinal cord and nervous system, as both inpatients and outpatients. To find out more please visit our website.

### Changes to electronically requested Glandular Fever Screens from General Practice

‘Opt-out’ HIV testing has been added to the panel of tests performed by Viapath for electronically requested glandular fever screens from general practices, in patients over 16 years.

Why is this change being introduced?

Lambeth and Southwark are at the centre of the UK HIV epidemic, accounting for approximately 9% of patients diagnosed with HIV in England. Primary HIV infection is the optimal time to identify HIV and symptoms can be similar to Glandular Fever. Undiagnosed HIV infection accounts for the majority of HIV transmission in the UK and transmission is most likely around the time of primary HIV infection.

Who has made this change?

This initiative forms part of the Lambeth and Southwark strategy for reducing undiagnosed HIV infection and is supported by Public Health, Clinical Virology at King’s Health Partners and local Sexual Health and HIV consultants.

### Helping homeless people to access better healthcare

A quarter of England’s homeless people live in the boroughs of Westminster, Lambeth and Southwark. Six months ago Guy’s and St Thomas’ launched a new single service for treating homeless people in south London.
A quarter of England’s homeless people live in the boroughs of Westminster, Lambeth and Southwark. Six months ago Guy’s and St Thomas’ launched a new single service for treating homeless people in south London.

The pilot phase of the service (January to March 2014) had remarkable success. The highly co-ordinated work of a multi-disciplinary healthcare team of GPs, nurses, occupational therapists, psychiatric nurses, social workers and housing support workers across the primary, secondary and community interfaces delivered improvements in health inequalities and discharge outcomes experienced by homeless people attending hospital. Funding has been agreed to continue the service for another year and further funding has also been confirmed to extend the service to the South London and Maudsley NHS Trust (SlaM) where hospital staff will be able to refer to the service soon.

During the pilot, the team at Guy’s and St Thomas’ received 322 referrals with 77% of patients being of no fixed abode (NFA) or living in a homeless hostel. 97% of patients referred were seen or contacted and 28% of these patients had an improvement in housing status. There was a reduction in bed days in NFA and homeless patients which equates to considerable cost savings and improvements in the housing status and stability of patients referred to the service. The team has been closely working with many frequent attenders who are now housed and receiving appropriate care for their needs.

Other developments during the pilot phase include monthly NFA and hostel frequent attender meetings which enable the wider community to agree co-ordinated plans for these patients. The team has completed training for 135 staff, developed links with most other London-based hospital discharge teams and is in the process of developing a pan-London database to manage the most highly chaotic hospital attenders. Another pioneering collaborative project with London Ambulance Service aims to improve the communication and handover to paramedic staff being called to patients at homeless hostels.

With the ongoing funding and the extension of the team to SlaM, the team continues to aim to offer homeless patients the best possible hospital experience and discharge outcomes.

For further information email Dr. Zana Khan (GP Lead for the Homeless Team at Guy’s and St Thomas’) at zana.khan@gstt.nhs.uk.

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**Find out the facts about how we are doing**

Our Quality Story is a new section of the Guy’s and St Thomas’ website to help keep you informed about how we are doing.

Launched in June, it brings together in one place a wide range of information about our performance such as waiting times, infection rates, and the results of the Friends and Family Test.

The first phase of the project has focussed on core national targets and on providing information which is easy for patients and the public to understand. We now have content which covers 43 performance and quality indicators and sources, and we are planning to add more, including further detailed information for local health professionals.

We plan to review the information monthly and publish updated results as soon as we can. See Our Quality Story to find out more.
**Free gastroenterology update at St Thomas' Hospital**

An evening event for GPs organised by Guy’s and St Thomas’ and the Royal College of General Practitioners.

Dr Jeremy Sanderson (Consultant and Clinical Lead for Gastroenterology at Guy’s and St Thomas’) will present on:

- Diagnosis of inflammatory bowel disease (IBD)
- Managing a flare-up
- Dietary management of irritable bowel syndrome (IBS)
- Red flags in gastro

Date: Thursday 11 September

Time: Buffet from 7.00pm / lecture starts at 7.40pm

Venue: South Wing Lecture Theatre, St Thomas' Hospital, Westminster Bridge Road, London, SE1 7EH


If you require any further information please email Alex Risorto (Primary Care Liaison Manager) at Alex.risorto@gstt.nhs.uk

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**Free ophthalmology workshop at St Thomas' Hospital**

We would like to invite you to this ophthalmology workshop led by Ms Denise Mabey, Ophthalmology Consultant at Guy’s and St Thomas’. At the workshop there will be demonstrations, clinical cases and a discussion at the end.

Topics include: the red eye, dry eyes, watering eyes, contact lens diseases, flashes and floaters, squint in children and adults, common eye emergencies.

This event is open to all GPs. However, priority will be given to those working in Lambeth, Southwark, Lewisham, Wandsworth and Westminster.

Places are limited to 60, so please book early. This workshop carries 2 CPD points and a certificate of attendance will be given.

Date: Wednesday 24 September 2014; 1.30pm-4.30pm

Venue: South Wing Lecture Theatre, St Thomas’ Hospital, Westminster Bridge Road, London, SE1 7EH.

Cost: This is a free event

For further information or to book a place please email your name, contact and practice details to: gpseyetraining@gstt.nhs.uk
Psychological distress is common among patients, their families and their carers. Effective communication is widely regarded as being a key factor in determining a patient’s satisfaction, compliance with treatment and recovery.

The SAGE & THYME training was developed to teach the core skills of dealing with people in distress.

This free course helps healthcare professionals to:

- Recognise psychological distress
- Empower patient and carers who are worried or distressed
- Avoid causing psychological harm
- Communicate honestly and compassionately
- Know when they have reached the boundary of their competence.

For further information about dates and venues click here.

To book a place email: Eileen.Mcnamara@gstt.nhs.uk or phone 020 7188 7549

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**Delirium and Dementia**

This programme combines the use of low and high fidelity simulation techniques and medical actors to explore how to safely care for and assess patients with delirium in the home and ward setting.

This one day course combines the use of low and high fidelity simulation techniques and medical actors to explore how to safely care for and assess patients with delirium in the home and ward setting. Topics covered will include:

- Assessment and structured communication
- Considerations in MDT and discharge planning
- Special circumstances around Delirium and Dementia

**Dates:**

- 15 September 2014
- 2 October 2014
- 14 November 2014
- 1 December 2014
- 8 December 2014
- 9 February 2015

**Time:** 8:30am - 4:45pm

**Venue:** SaIL centre, Guy’s and St Thomas’ Hospital
1st Floor, St Thomas’ House
Westminster Bridge Road
London SE1 7EH

**Cost:** free

For further details and an application form please email: simulation@gstt.nhs.uk

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**Child Health Promotion Course**

This two day course for GP’s and GP registrars provides information on the role of Health Visitors, the 6 week check, surveillance of vision and hearing, approach to development problems. The course also looks at speech and
Although language problems, motor problems, ADHD and autism, immunisation, growth monitoring and child protection.

This two day course for GP’s and GP registrars provides information on the role of Health Visitors, the 6 week check, surveillance of vision and hearing, approach to development problems. The course also looks at speech and language problems, motor problems, ADHD and autism, immunisation, growth monitoring and child protection.

Dates: 18 and 19 September 2014
Venue: Sunshine House, 27 Peckham Road, London SE5 8UH
Cost: £250

For further information or to book a place email Lesa Sullivan (Business Co-ordinator) at lesa.sullivan@gstt.nhs.uk

Are you looking to improve your expertise in managing skin conditions in primary care?

This autumn, St John’s Institute of Dermatology has produced a comprehensive course of stimulating and topical lectures about important and common skin problems. Backed by the latest evidence and up-to-the-minute clinical guidelines, this course is complemented with practical demonstrations and clinical teaching.

Highlights and benefits:

- Lecture topics with primary care dermatology at its core
- Hands-on workshops with practical tips to use in your clinics
- A ‘Meet the patients’ afternoon - small group teachings within our dermatology outpatients department
- Increased confidence in managing important dermatological problems
- Flexible – you can choose to attend for one, two or three days

Date: 23 – 25 September 2014
Time: 08:30 – 17:00
Venue: Guy’s Hospital, London, SE1 9RT

Register online or visit www.guysandstthomasevents.co.uk for further information

Free sexual health promotion training for your team

The Sexual Health Promotion Team at Guy’s and St Thomas’ offers free training to clinical and non-clinical staff to deliver sexual health promotion. The attached brochure covers our training courses for 2014-15.

The Sexual Health Promotion Team at Guy’s and St Thomas’ offers free training to clinical and non-clinical staff to deliver sexual health promotion. Please download the brochure covering our training courses for 2014-15.

Training courses available are the following:

- How to promote good sexual health
- Cultural Competency in sexual health
- Training skills in sexual health (2 day training course)
- Working with Men who have Sex with Men (MSM): equality and inclusiveness in service provision
- Men who have Sex with Men (MSM) and substance use
8th Annual Sickle Cell and Thalassaemia Advanced Conference

Now in its eighth year, this global conference is aimed at those with a common interest in sickle cell disease (SCD) and thalassaemia, including specialist registrars, consultant haematologists, paediatricians and clinical nurse specialists.

Now in its eighth year, this global conference is aimed at those with a common interest in sickle cell disease (SCD) and thalassaemia, including specialist registrars, consultant haematologists, paediatricians and clinical nurse specialists.

It is designed to update professionals working with patients with SCD and thalassaemia to consider the most efficient and safe way to manage such vulnerable patients and you can choose to attend for one or three days.

Participants from around the world will gain an overview of the key issues, including a look at the pathology of sickle cell disease, diagnostic testing, the impact of environmental factors and genetic modifiers on disease severity, managing acute and chronic sickle cell crises, dealing with major complications in patients (including stroke, renal, liver and cardiac problems) and the treatment options available.

Date: 1 – 3 October 2014
Time: 08:30 – 17:00
Venue: The Hilton Tower Bridge, London, SE1 2BY

Register online or visit www.guysandstthomasevents.co.uk for further information.

Admission Avoidance

Admission Avoidance is a new inter-professional, two-day course for healthcare practitioners working in primary and community care services. It offers the chance to practise, in a safe environment, the real-life skills needed to communicate and care for potential deteriorating residents in a residential care setting.

Admission Avoidance is an inter-professional, two-day course for healthcare practitioners working in primary and community care services. It offers the chance to practise, in a safe environment, the real-life skills needed to communicate and care for potential deteriorating residents in a residential care setting.

This programme combines the use of low and high fidelity simulation techniques and medical actors to explore how to safely care for residents avoiding unnecessary hospital admissions. Topics will include:

- ‘Hands-on’ experience using ageing suits.
- Workshops and high-fidelity simulations based on typical clinical scenarios in the residential care home setting.
- Performing a structured approach to the unwell resident.
- Exploring communication with residents, relatives and professionals.
- Understanding aspects of admission avoidance & special circumstances around transfer.

Dates:
- 2 and 3 October 2014
15 and 16 October 2014
21 and 24 November 2014
17 and 18 December 2014
5 and 6 January 2015
24 and 25 February 2015

Venue:
The Simulation and Interactive Learning (SaIL) Centre
1st Floor, St Thomas' House
Westminster Bridge Road
London SE1 7EH

Cost: free

For further details and an application form please email: simulation@gstt.nhs.uk
Tel: 0207188 7188 ext 52065

**Integrated Cancer Centre - How do we work more closely together?**

The Integrated Cancer Centre is pleased to invite you to a GP evening event on Tuesday 14 October 2014. This will be a great opportunity to meet some of our consultant oncologists and other staff and discuss how we can work more closely together.

The evening offers plenty of opportunities to network and socialise, food and drinks will be provided.

Date: Tuesday 14 October 2014
Time: 7.00pm to 9.15pm
Venue: Robens Suite, Guy's Hospital, Great Maze Pond, London SE1 9RT.

To download the full agenda click here.

Please email Martina Bohn, Communications Manager for King's Health Partners Integrated Cancer Centre at martina.bohn@gstt.nhs.uk to register your attendance.

**Clinical Update: Sleep**

Modern lifestyle has resulted in a significant increase in patients reporting symptoms of hypersomnia and insomnia.

This update, aimed at clinicians and allied health professionals with an interest in sleep medicine, will review the latest evidence for the diagnosis and treatment of patients with sleep disorders, including obstructive sleep apnoea.
The topics will be grouped according to the symptomatic presentation of patients with hypersomnia, parasomnia and insomnia. The latest advances in the understanding and management of sleep disorders will be further highlighted in an opening keynote lecture, and a hot topic session at the end of the conference focuses on multi-disciplinary healthcare delivery.

Date: 24 October; 8:15am to 5pm
Venue: Robens Suite, Guy’s Hospital

For costs and bookings please visit our website

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**GP Update: hot topics in clinical practice**

Top tips and the latest information from clinical experts to enhance your CPD.

Top tips and the latest information from clinical experts to enhance your CPD.

Agenda of the day include:

- Paediatrics: allergy; obesity; sleep disorders and funny turns
- Genital dermatology; older people skin and urticaria
- ‘The Dizzy Patient”; head and neck lumps
- New drugs in Type II Diabetes; lipid modification
- Musculoskeletal medicine & inflammatory arthritis
- Infertility; teenage gang violence; freedom from torture
- Resuscitation, Automated External Defibrillator (AED) and anaphylaxis training

Dates: 24–28 November
Venues: Sherman Education Centre, Guy’s Hospital on 24, 25, and 27 November; King’s College London, (Guy’s Campus), Hodgkin Building, near Guys Hospital- on 26 and 28 November.
Cost £495 (£275 for GP trainees, Nurses & AHPs)

For further information or to book a place email cppe-gpcourses@gstt.nhs.uk or phone 020 7188 5192

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**Transforming end of life care**

This two day course for GPs, nurses and allied health professionals is organised by Guy’s and St Thomas’ palliative care team.

This free two-day course for GPs, nurses and allied health professionals is organised by Guy’s and St Thomas’ palliative care team

Topics include:

- Advance care planning
- Do not attempt cardio-pulmonary resuscitation- decisions and discussions
- The last days of life
- Syringe driver training;
- A death in the family – how families grieve
- Hospital and community interface – minding the gap.

Training dates for 2014 are:

- 8 and 9 December
One in five cancer patients delay seeing their doctor

One in five cancer patients wait more than three months before visiting a doctor about symptoms which might be serious, according to a new study by King's College London.

The most common reason for delaying - seen in 28% of all patients - was failing to realise that their symptoms were serious. Embarrassment or worrying about wasting the doctor's time were also factors that put people off from seeing their GP, but each of these reasons was only reported in less than 6% of patients. Patients with prostate (44%) and rectal cancer (37%) were most likely to delay seeing their doctor and patients with breast cancer (8%) least likely. Urinary difficulties, changes of bowel habit, and symptoms such as fatigue, weight loss and loss of appetite were all associated with delay in presentation. Patients with symptoms of bleeding were no more likely to delay presentation than patients without bleeding symptoms, but the research revealed significant differences depending on the type of bleeding – 35% of patients with rectal bleeding delayed seeing their doctor; compared to 9% of patients with urinary bleeding. The study also found that delay was much more common among patients living in the most deprived areas.

Dr Lindsay Forbes, co-director of the King's College London Early Presentation Group, said: “This research highlights that we must do more to make sure the public recognises key symptoms of cancer like unexplained pain, unusual bleeding or weight loss, as well as a lump and make sure they get these checked out as soon as possible. Although a worrying number of patients across society are waiting too long to go to their doctor, it is those in the most deprived areas that are most likely to delay.”

The researchers surveyed 2,371 patients in England with 15 different cancers about the symptoms that had led to diagnosis. There was no difference in the time it took to arrange a GP appointment between men and women or young and old patients.

Sara Hiom, Cancer Research UK's director of early diagnosis, said: “This research highlights how incredibly important it is that everyone is aware of the wide range of cancer symptoms, and has the confidence to tell their doctor. The earlier cancer is diagnosed, the higher the chance of survival and it's essential that people report any symptoms promptly to their GP. No one should be waiting three months before booking an appointment.”

The study was funded by the Policy Research Unit in Cancer Awareness, Screening and Early Diagnosis, the National Cancer Action Team/Department of Health, and Cancer Research UK.

Gene linked to risk of stroke and heart attack

Researchers at King's College London have identified a gene associated with an increased risk of stroke and heart attack.

The findings, published as two separate papers in PLOS ONE and funded by Guy's and St Thomas' Charity, suggest a new genetic link caused by a variation in a protein known as 'glycoprotein IIIa'. This genetic variant is found in platelets, a type of blood cell involved in the formation of blood clots.
Gene tests may help doctors one day to identify patients who are at particularly high risk of stroke or heart attack by looking for the genetic variant. This would represent advancement on current practice, which mainly addresses risk factors such as smoking and high blood pressure.

In the first paper, which examined stroke patients, researchers found that carrying the PIA2 genetic variant of glycoprotein IIIa was associated with an increased risk of thrombotic stroke – that is, stroke caused by a blood clot. This equated to a higher risk of around 10-15 per cent, which was even stronger (amounting to a 70 per cent increase in risk) in people who carried two copies of this gene variant. The variant was not associated with haemorrhagic stroke, which is caused by bleeding into the brain.

The second research paper found that the same genetic variant was also associated with an increased risk of heart attack. This link was stronger in younger than in older patients, which is likely to reflect the greater influence of other cardiovascular risk factors in older patients (such as smoking and high cholesterol), according to the researchers.

Albert Ferro, Professor of Cardiovascular Clinical Pharmacology at King’s College London and Honorary Consultant Physician at Guy's and St Thomas’, said: “The genetic risk found in stroke and heart attack patients is likely to be caused by over-active platelets. Under normal circumstances, platelets help your body form clots to stop bleeding, but in these patients platelet activation has the undesired effect of causing their narrowed arteries to be blocked off completely.

“In future it may be possible to reduce the chances of this happening by examining patients for this variant on a blood test, so that if they carry the PIA2 form - and especially if they carry two copies of it - such patients could be identified for a more determined reduction of risk factors such as smoking, high blood pressure or high cholesterol.”

Read more on [BBC News](https://www.bbc.com) and [King’s College London website](https://www.kcl.ac.uk).