Dermatology Two Week Rule (TWR) pathway

High demand for TWR referrals: Help us to help you

Demand for TWR appointments in dermatology rose by 25% between 2009 and 2010. We have systems in place for contacting patients, arranging appointments, tracking patients and processing any pathology urgently.

However, high numbers of TWR referrals impact on our capacity to see patients with other acute problems such as severe rashes and increases the wait time for all other appointments. Each year there is a summer peak in referrals. We received an average of 109 TWR referrals per month over the last year, with a peak of 146 in the month of July 2010.

The dermatology TWR pathway is for rapid diagnosis and management of Malignant Melanoma (MM) and Squamous Cell Carcinoma (SCC). Our average conversion rate (the percentage of all TWR referrals that are confirmed as MM or SCC) is 11%. Basal cell carcinomas (BCC) should not be referred under TWR (since they are slowly growing and do not metastasise).

A recent audit of 78 consecutive TWR referrals showed melanoma in 2 patients and invasive SCC in 13 patients. A significant number were basal cell carcinomas (12) which could have been referred routinely. A wide range of other diagnoses were found including a significant number of benign moles and seborrheic keratoses.

We rely on local GPs to triage patients presenting with skin lesions. We appreciate that accurate diagnosis might be a challenge for some GP’s (particularly as Dermatology training varies).

ASPH and local GP partners are exploring options of how best to address the issue of TWR referrals through pathway remodelling. In the meantime if you are clinically suspicious of MM or SCC then do not hesitate to refer under the TWR. However if the lesion appears to be a BCC or you are fairly confident that it is benign (but want confirmation of this by a specialist) please avoid using the TWR route.

General Dermatology and Pigmented and changing lesions service for benign skin lesions referrals available in choose and book.

Learning points:

SCC tends to present with a rapidly expanding lesion (so if the lesion has been present for months or years and is growing only gradually, it is more likely to represent BCC)

When assessing pigmented lesions the ABCD rule can be used to help differentiate benign from malignant lesions (http://www.bad.org.uk/site/719/default.aspx or http://www.aad.org/skin-conditions/skin-cancer-detection/about-skin-self-exams/how-to-examine-your-skin)

Want to know more? Please also see Dates for Diary on page 4 for details of dermatology study day 13th May 2011
In response to a Safer Practice Notice issued by the National Patient Safety Agency (NPSA) on the 5th February 2007, the Trust has put a procedure in place to address failure to act on radiological imaging reports. Despite this, over the past year there have been a small number of SUIs due to results not being acted upon and the Trust has needed to reconsider its procedure.

The new Code 5 Priority Report Fax system: Imaging has introduced a Code 5 Priority Report Fax system and therefore the consultant radiologists in the Trust are now only attributing the words “Code 5” to a report which they consider requires urgent attention. We produce around 70 code 5 reports a week for the whole of our catchment area and therefore the numbers sent to any individual referrer will be small.

On receiving a “Code 5 Priority Report” Fax the referring clinician is asked to sign and fax back a statement that the radiological report has been read and acted upon appropriately. Any forms that are not returned will be followed up by a facilitator in Imaging to ensure the e-mail has not been lost. The system is in its infancy but working well, and is compliant with the NPSA alert.

Please note: This will not apply to Practices using the Communicator email system.

Falls training day for care homes at Ashford Hospital

Older people who live in care homes are 3 times more likely to fall than a person living in the community. Over 40% of older people are institutionalised due to falls reflecting the frailty within this population. Unfortunately, fallers within the care home setting are more likely to sustain an injury, including fractures of the neck of femur, and 40% of the overall admissions from care homes follow a fall.

ASPH, in conjunction with Surrey Community Health (SCH) hosted a training day aimed at care home staff. The day was hosted and organised by Dr Yeong, ASPH consultant orthogeriatrician, with external speakers from the Oxfordshire Falls Prevention Service. Antoinette Broad, the Falls team leader, kicked off the day with an inspirational and passionate talk on the evolution of their falls service. She shared with us how she set up the service, some of the pitfalls she encountered and how these were overcame. Impressively, her team assesses over 2000 fallers per year compared to an average of just over 200 in most hospitals. This work has led to a significant reduction in hip fractures in this frail population.

The afternoon training session was led by the community falls nurse. She took us through some falls preventative measures that are simple and effective. She emphasised the need for a comprehensive assessment and incorporated several interesting case studies.

The feedback from the event was that this day was a great success and was well attended by care home staff.

We would like to thank GP colleagues and their staff for their help in making this system work and the impact it will have on ensuring significant findings are communicated to the referrer.

Andrew Moth
Lead Superintendent Registrar
Imaging Department, ASPH
01932 722793

Ultrasound Referrals for Groin Hernia

This is to advise you that the Ultrasound Department at Ashford and St Peter’s NHS Foundation Trust no longer offers groin scans for the diagnosis of a hernia.

Should a hernia be suspected clinically a surgical referral is recommended.

Falls prevention in the elderly is a complex issue and is the responsibility of all parties caring for the older person. This event was unique in that it brought together healthcare professionals from both the acute and community setting and private businesses, united in the quest to prevent falls. The day ended with meaningful discussions about the local falls service. This will hopefully lead to greater collaborative working and improvements in the service that we currently offer our elderly public who has sustained a fall.

For further information please contact Dr Keefai Yeong via his secretary on 01932 724500
Welcome to the new services at Ashford and St. Peter’s Breast Unit.

Direct GP referral for mammography service for symptomatic patients.

Our radiology department at Ashford Hospital accepts direct mammogram requests from GP’s. You can send suitable patients directly for mammogram and the results will be sent back to you. In the event of an abnormal finding, with your permission, our breast team will be happy to perform additional triple assessment investigations to diagnose specific breast conditions.

We now offer a wider range of treatments to manage and maintain diagnosed Primary and Secondary Arm Lymphoedema in our Nurse Led Lymphoedema Clinic.

One of our Breast Care Nurse Specialists has successfully gained qualifications as a MLD (manual lymphatic drainage) practitioner. MLD is a relaxing specialised massage technique designed to stimulate the flow of fluid and reduce swelling. It is not readily available in many NHS centres and is a real advantage to ASPH patients.

Another new frontier is the use of lasers treatment to assist in improving lymphatic flow. It has shown very good results in softening hard, fibrotic tissues and scar tissue. Kinesio taping is an innovative and highly effective treatment for lymphoedema. It can also be used in to manage persistent breast oedema.

A new addition to our nurse led services is the Family History Clinic where GPs can send direct referrals for asymptomatic patients with a history of breast cancer in their family.

The clinic runs once a fortnight at St. Peter’s Hospital. It is a triage clinic which utilises NICE Guidelines in classifying women in 3 different risk categories, (near population, moderate or high risk). The clinic will provide recommendations as per screening needs and onward referral to specialist genetics service. Breast symptomatic patients with a family history can be referred in the usual way for investigation, following which they can be directed to the Family History Clinic for a one-off consultation.

The clinic is run by one of our Breast Care Nurse Specialist trained in Breast Cancer Genetics. Patients are sent a family history questionnaire prior to her appointment which will enable construction of family tree diagram on clinic visit. This will detail consistent classification and care of patients depending on their risk of familial breast cancer.

Our Breast Unit has teamed up with the charity “Breakthrough Breast Cancer” in pursuing a project called the Service Pledge for Breast Cancer. The project involves seeking patients’ views about their experience of care using patient surveys and interviews. Two patient representatives will also be selected to enable patients and healthcare professionals to work towards setting and achieving improvement goals. The key intention is for the breast team and patients to work in partnership to achieve a gold standard service and ultimately improve the patient experience.

The end result will be the provision of a Service Pledge booklet to every patient at the point of breast cancer diagnosis. This will set out the standards of care that every patient can expect to receive throughout their treatment. It will include the goals that we have developed, with clear action plans.

We are proud of our services and are happy to offer them to you. We are looking forward to a closer working relationship with you all.

Mr Tayo Johnson– Specialty Lead Breast Surgery
Fax: 01932 722966
Phone: 01932 722311
Regina Santos- Lead Breast Care Nurse: 01932 722771

How to refer:
Referrals can be sent via fax or letter to the appointment centre or the breast care nursing team specifying the family history clinic.
Pathology would like to invite its GP users to tour the Pathology laboratory to see the excellent service that is provided in practice and to talk to the staff about improvements that you would like to see.

To arrange these tours please contact either:

Sue Saunders,
Pathology Training Manager
sue.saunders@asph.nhs.uk
or phone 01932 72 3413

or Elaine Moore,
Pathology quality manager,
Elaine.moore@asph.nhs.uk
phone 01932 72 3424

In order to improve the service we provide to all of our patients, anyone who needs an urgent eye assessment requires a booked appointment. (These are urgent booked appointments, not a “walk-in service”).

There is a Consultant Casualty Clinic every day (Monday to Friday) at either Ashford Hospital or St Peter’s Hospital, where patients with acute or urgent eye problems are assessed and treated by one of our consultants.

Access to the Casualty Clinic is by telephone or faxed referral to the Eye Clinic at either Ashford Hospital or St Peter’s Hospital. Once the referral has been received, the patient will be contacted by one of our team to arrange an appropriate appointment. Please ensure a current telephone number for the patient (home and/or mobile) is included with the referral.

This new service means that patients with urgent eye problems are dealt with promptly by the most senior doctors in our Department and without needing to attend A&E.

Miss Heidi Chittenden
Specialty Lead
Ophthalmology
01784 884172

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**Dates for your Diary**

### Ashford Showcase Event

**Wednesday 22nd June**

12:00 noon onwards

Ashford Post Graduate Education Centre

Event to include presentations, posters and departmental tours

### EVENING SPOTLIGHT SEMINAR

**Trauma and Orthopaedics**

**Thursday 16th June 2011**

Time: 6.30-9.30pm. A hot buffet will be served from 6.30pm with the presentations beginning at 7.30pm. Programme details to follow.

The Clubhouse, Foxhills Country Club, Ottershaw, KT16 OEL

### GP dermatology study day at PGEC St Peter’s Hospital

Includes Skin cancer and diagnosis of skin lesions

**Friday 13th May 2011**

For details contact: Gladys Essien
01932 723987

**Gladys.essien@asph.nhs.uk**

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**GP lunchtime meetings at PGEC Ashford Hospital.**

**Wednesday 11th May 2011**

Lunch from 12.30 with teaching from 1pm to 3pm.

For more details contact: 
**beth.coward@nhs.net**

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**Patients first • Personal responsibility • Passion for excellence • Pride in our team**