

GPLink

ISSUE 7: Spring 2010
All the latest news for our
primary care colleagues

IN THIS ISSUE

2 Asthma treatment
Immunotherapy

3 Sports Injury Clinic
Lamb Ward is back

4 Breast cancer film
X-ray waiting times halved

Choose & Book is up and running

Homerton Hospital has now gone live with Choose and Book.

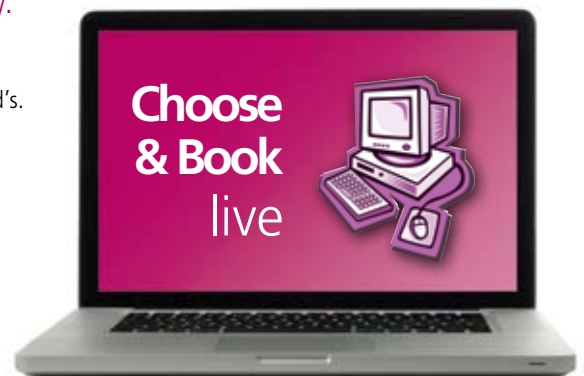
After much work to introduce and test the live system the hospital went live with direct electronic Choose and Book in February. The services now available for direct booking are: care of the elderly, breast, maxillo facial, urology (including haematuria, male sterilisation, stones clinic, catheter clinic, continence clinic, general urology and prostate assessment service), diabetic medicine services and general surgery.

Over the next month, the following services will become available for direct booking:

- hernia service
- head and neck lump clinic
- respiratory medicine (COPD)
- gynaecology (female sterilisation, hysteroscopy, general & PFD)
- orthopaedics (all services).

During the roll-out phase indirect booking will continue to be via the CAS at St Leonard's.

Many thanks to the three GP practices who engaged with testing C&B for us in early February. Their input was invaluable in helping assess whether the system worked.



~ For any queries or for more information please contact the Choose & Book Manager, **Crissy Snow**, crissy.snow@homerton.nhs.uk

Birth Centre OPENS

The new low risk Birth Centre has now opened its doors to mothers and babies.

The midwifery-led Birth Centre is a key part of the brand new delivery suite at the Homerton providing 16 individual delivery rooms.

The Birth Centre (two rooms with birth pools) is for women who are healthy with an uncomplicated pregnancy and wish to enjoy a home from home environment whilst having their baby in hospital.

A leaflet providing information about the range of services for women is available. Copies can be obtained by contacting the community midwives' office at Homerton Hospital on **020 8510 7404**.



~ The maternity service now provides ante natal services at Shoreditch Health Spa and Wellbeing Centre at 170 Pitfield Street N1. Contact **Philippa Cox** on **020 8510 7046**.

Positive results in the treatment of severe persistent asthma

Since 2007 Homerton has been taking referrals for those few patients for whom despite good community management and adherence to treatment continue to have asthma symptoms that remain significantly debilitating.

Homerton was one of the first treatment centres in the UK for Omalizumab (Xolair), a subcutaneous injection that "mops up" circulating IgE, an immunoglobulin that can provoke atopic asthma in this uncontrolled group of patients.

We screen patients to ensure that they meet NICE guidelines on this treatment and have reported some significant results. In 2008 we reviewed our eight patients at 16 weeks after the commencement of treatment, at baseline all patients reported asthma symptoms daily.

At the 16 weeks review, three patients (37.5%) reported no night symptoms, 3(37.5%) had symptoms <3 nights in a week, 2(25%) had symptoms >3 nights and none reported no

improvement. In 6(75%) patients daytime symptoms were reduced with 2(25%) unchanged. Of those on daily maintenance oral corticosteroids, seven (87%) had reduced the dose at 16 weeks, two had reduced further at 6/12 and one had completely stopped at one year.

The number and severity of exacerbations have also reduced: none of the patients has required inpatient care or attended A&E during this period. It should also be noted that four other patients had been withdrawn after 16 weeks therapy due to lack of efficacy.

We also find that quality of life issues such as returning to work and being able to exercise have occurred for many of the 12 patients we currently have receiving this treatment.

If you have patients with severe persistent asthma (BTS guideline step 4 or above) with one hospital admission within the last 12 months, we would be very happy to advise further. Omalizumab has both NICE and local PCT approval.

~ **Dr Raja Rajakulasingam** Consultant Respiratory Physician Tel: **020 8510 7769** or raja.rajakulasingam@homerton.nhs.uk

A BACKGROUND TO immunotherapy at Homerton

Over the last few years, the use of depot corticosteroids for the treatment of seasonal allergic rhinitis, has declined considerably, due to the risks of serious adverse events. Both local and national guidelines have regularly warned against such a therapeutic approach, in the light of hip necrosis and tissue atrophy at the injection site.

However, a few patients who are resistant to standard pharmacotherapy and are suffering from severe, refractory and often debilitating hayfever, continue to make demands for steroid injections (e.g. triamcinolone), despite the medical concerns. For these patients, there are now effective alternatives to the use of depot corticosteroids.

A short course of oral steroids, at the peak periods of the season, or before important events such as exams, weddings etc. can be effective, however, the debilitating symptoms can last for many

weeks, and for these patients, I would like to draw your attention to the benefits of immunotherapy, available through the Allergy Clinic here at Homerton Hospital.

The reason for taking action as early in the year as possible is simply because immunotherapy must be initiated several months prior to the onset of the pollen season.

The treatment takes the form of a series of vaccinations, either by injection, carried out in the clinic, or via a course of sub-lingual tablets, that can be self administered, at home. Any patients referred, will have their allergic condition and current medication fully assessed, and any subsequent treatment monitored both during, and at the end of each season.

Immunotherapy or desensitisation treatment has come along way over the last 25 years, and for the committed and motivated patient, such programmes can offer a safe, effective and long lasting solution to this annual problem. It is certainly, a far safer option than the continued use of Triamcinolone.

HOSPITAL ALSO LEADS THE WAY in finding new asthma treatment for children

Homerton Hospital is in the vanguard of seeking an effective treatment against asthma in children.

The hospital's Allergy Clinic is one of only five in the country to have been chosen to trial a new drug treatment which has already proved effective in treating hay fever sufferers.

Consultant Allergy Nurse, Andrew Williams, said: "We are delighted to be chosen to take part in this important research project called the Grazax Asthma Prevention (GAP) trial.

"Hay fever – or allergic grass pollen rhinoconjunctivitis to give it its proper name – affects thousands of adults and children throughout the spring and summer months. Many of these young sufferers go on to develop asthma.

"We hope to include over 100 patients aged between 5 and 12 in the five year trial. The patients will be given the hay fever drug Grazax for three years and then monitored for a further five years. Our aim is to see if the drug is not only effective in alleviating the symptoms of hay fever, but also reduces the number of youngsters developing asthma.

"As the recent David Beckham case illustrated, asthma strikes at a young age and affects people throughout their adult lives.

This trial could have far reaching benefits for the children of today."

Andrew will be working with Consultant Physician Dr Rajiv Sood and Paediatric Specialist Nurse in Allergy, Shelly Hibberd.

~ For more details, contact: **Shelly Hibberd** on **020 8510 5976** or michelle.hibberd@homerton.nhs.uk

NEWS: A shared care guideline is due to be issued by the North East London Medicines Management Network over the coming months with regard to the sublingual immunotherapy tablet Grazax. Referral will continue to be guided by the pathway for severe allergic rhinitis. **Andrew Williams** Consultant Nurse for Allergy Tel: **020 8510 7011** email: andrew.williams@homerton.nhs.uk

Sports injury clinic prospers

Homerton Hospital's Sports and Musculoskeletal Clinic offers a comprehensive service aimed at the prevention, diagnosis and treatment of sports and activity related injuries.

Patients may be a keen sports person who has overused a joint or muscle or somebody who has returned to activity and injured themselves. Although not exhaustive, these are some of the common problems we see in the clinic:



- Plantar fasciitis
- Achilles tendon strain
- Angle sprain
- Knee joint injury – ligaments and cartilage
- Hamstring and thigh strain
- Tennis and golfers' elbow
- Carpal tunnel syndrome
- Shoulder pain related to impingement and muscle tears
- Bursitis
- Groin pain

~ The clinic is run at the Homerton Hospital physiotherapy department. Call **020 8510 7835** for more details. peter.resteghini@homerton.nhs.uk ziali.silvardeen@homerton.nhs.uk

In addition, the clinic routinely sees patients who wish to remain active but have developed joint problems related to onset of arthritis.

News in **BRIEF**

Consultant appointments

Dr Katherine Coyne, Consultant in Sexual Health and HIV



Katherine worked as a locum in this role and has now been appointed permanently. She is lead of the integrated sexual health and contraception walk-in service which runs from Monday to Friday. Other responsibilities include Child Protection, outreach STI screening in the Olympic Park site, and developing a new sexual dysfunction service. She undertakes HIV clinics and has a special interest in TB/HIV co-infection. She trained at Oxford University and St George's Hospital Medical School.

katherine.coyne@homerton.nhs.uk **020 8510 7438**

Dr Zoe Smith Consultant in Neonatology



Originally from Leeds Zoe trained at St George's, University of London 1991-1997. At an early stage she decided to specialise in neonatal medicine, being appointed to neonatal specialty training in 2004. She finished training part-time so she could have her two children. She has also done a Masters in Clinical Paediatrics at UCL in 2005. Zoe is working part-time at the hospital. She has a particular interest in communication skills and parental involvement.

Contact zoe.smith@homerton.nhs.uk **020 8510 5525**

Fertility clinic research boost



A world renowned academic has joined the Homerton Fertility Centre as the head of research.

Professor Roy Homburg has been a leading researcher in polycystic ovaries and infertility for several years.

His main interests are in polycystic ovarian syndrome. He will be continuing his research into polycystic ovaries and their impact on the long term health of women and collaborating with colleagues in primary care as he develops his work at the hospital.

He will also be working with consultant staff in helping the Fertility Centre to improve its pregnancy success rates.

New developments at clinic

The Fertility Centre has introduced the advanced testing of ovarian reserve (AMH anti-mullerian hormone) for all women referred to the Centre. This advanced test has

helped to improve successful pregnancy results by 12 per cent on the previous year.

The Centre offers blastocyst cultures without any additional charges to the patient or commissioner. This has resulted in a successful drive at single embryo transfer thus decreasing the twinning rate from 34 per cent to 20 per cent in the past year.

The Centre's endometrioses clinic, the only one of its kind in east London, is run by a team of specialists in the treatment and long term suppression of the condition.

~ For more information contact: fertilityunit@homerton.nhs.uk

Lamb springs back into action

The hospital recently welcomed back an old friend – complete with full facelift and mod cons which ensure single sex accommodation and high levels of dignity for patients.

Lamb Ward had been closed over the summer as builders completely gutted it and set to work revamping it into a state of the art hospital ward.

Recently reopened, Lamb Ward now boasts a host of new innovations and initiatives aimed particularly at improving infection control and privacy of patients.

Deputy Director of Nursing, Jennie Negus, said: "We have been carrying out a rolling programme of refurbishments to wards in recent years and learning lessons during every project.

"Lamb Ward reflects all the current approved innovations plus some new touches recommended by members of the ward team.

"We now have wash basins in each of the bays, toilets and shower rooms have large male or female signs on the doors clearly designating who should and shouldn't use them, and finally, in the most marked improvement, two of the ward bays can be used for isolation and safety simply by pressing a button and activating a sliding glass door which closes into place."

For more details call Jennie Negus on **020 8510 5932** or email: jennie.negus@homerton.nhs.uk



Nurse tries the new automatic door at Lamb Ward

FILM TELLS WOMEN

It's never too early to be breast aware

A short film which explains to women why they should be breast aware has been produced by Homerton Hospital, working with NE London Cancer Network and the National Cancer Action Team.

The six minute film is presented by Sky TV's Denise Nurse and is aimed particularly at Afro-Caribbean women.

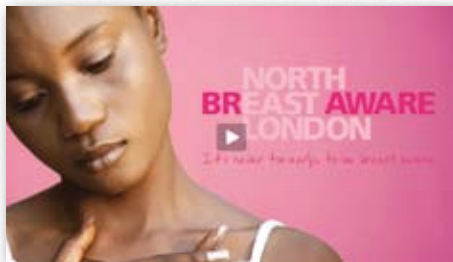
As the film explains, research originally carried out at Homerton Hospital has highlighted the fact that breast cancer can occur in Afro-Caribbean women at an earlier age and in a more aggressive form.

This, together with the fact that less Afro-Caribbean women in inner north east London come forward for routine breast screening than the rest of the country, means that their prognosis from a breast cancer is poorer than elsewhere in the UK.

Homerton breast surgeon Mr Markus Ornstein, who is featured in the film along with some of his patients, said: "We have set out in the film to show women in the Afro-Caribbean communities that although they

may be at greater risk of breast cancer at a younger age, the cancer can be effectively treated if the women take some simple steps.

"We urge women to be more breast aware and to feel for any lumps and bumps as a natural routine. The film shows how to do this."



"We also feature a number of local women who have had cancer but who have gone through treatment and are now fully recovered. We hope the film reaches women in east London so they get the message that it's never too early to be breast aware."

~ To get a copy of the DVD contact PALS on **020 8510 7315** or email: **markus.ornstein@homerton.nhs.uk**

NEW CONSULTANT

Ms Laila Parvanta Consultant Breast and Endocrine Surgeon has now joined the team offering the expansion in management of thyroid and parathyroid disorders including the surgery and post operative care on site at Homerton. Ms Parvanta said: "We hope this will lead to greater patient satisfaction due to ease of access to care and close proximity for treatment." The expanded team will allow more patients to be

treated including any reconstructions that may be required. Referrals can be made via the two week rule suspected cancer pathway, choose and book or named direct written referral.

~ Endocrine referrals such as suspected thyroid nodule can be made directed or via choose and book into the Tuesday afternoon breast/general clinic. For further details contact **Laila Parvanta** on **020 8510 7930** or email: **laila.parvanta@homerton.nhs.uk**

PELVIC FLOOR dysfunction service

The Community Pelvic Floor Dysfunction (PFD) service is a newly funded service developed with the aim of assessing, treating and managing women who suffer with PFD.

It is a non-tariff, physiotherapist and nurse-led service for women with bladder and bowel problems as well as mild pelvic organ prolapse.

We happily accept referrals for women with:

- Stress urinary incontinence
- Urgent urinary incontinence and overactive bladder symptoms
- Mild to moderate overactive pelvic organ prolapse
- Anal incontinence
- Obstructed defecation/constipation
- Dyspareunia associated with painful or hypertonic pelvic floor muscles

A referral proforma can be found at: <http://elc.org.uk/index.php/City/PelvicFloorDysfunction> Referrals should be faxed to the Referral Management Centre at the Homerton, fax number 020 8510 5914.

~ For further information contact **Becky Aston** Team Lead **020 8510 5914**

Waiting times halved in state-of-the-art x-ray department

Patients are waiting far shorter times for their x-rays, thanks to a major upgrade of equipment.

The radiology department has recently installed a state-of-the-art upgrade to three x-ray rooms involving a transfer from Computed Radiography (CR) to Direct Radiography (DR) technology.

Colin West, Head of Imaging Services, said: "Using CR technology, an 'average' x-ray examination takes eight minutes – three minutes of which involves 'processing' the image. With the new DR technology, the processing cycle is reduced to just four seconds, meaning that in practical terms, the length of an average x-ray examination has been reduced from eight to five minutes."

This upgrade has been installed in the x-ray rooms which examine patients who 'walk in' i.e. have no appointment – these patients are referred from GPs, outpatient clinics and A&E.

Said Colin: "Patients are examined on a first-come first-served basis. This means that a patient may have to sit in the x-ray waiting room for up to 40 minutes during busy periods.

"An audit of waiting times which was carried out following the installation of the new equipment, shows a maximum wait of 20 minutes (even during the busiest periods). Although detailed data will be available shortly, the radiology team is confident that the introduction of this technology has resulted in a 50 per cent reduction in patient waiting times."

The radiology department at Homerton is the first in the country to install this upgrade in three rooms simultaneously; it also means that now all 'ordinary' x-ray rooms at Homerton benefit from the speed of DR technology.

The recent upgrade, plus a room that was installed in April 2009, all use an image transfer process known as wi-fi (the same technology used in laptop computers). Wi-fi technology means that the x-ray image (picture) is sent from the x-ray plate to the operators viewing screen, without the need for wires.

Along with the speed of transfer (four seconds), the additional benefit is that the detector plate can be used in any part of the x-ray room regardless of whether the patient is standing, in a wheelchair, or on a stretcher – all without having wires trailing along the floor.