



## **Welcome to the South West London Elective Orthopaedic Centre (SWLEOC) Quarterly Newsletter**

Welcome to the 9th edition of SWLEOC's quarterly newsletter, designed to keep our primary care partners and CCGs' informed on what is happening within the centre.

### **Issue 9 March 2017**

#### **This issue**

- 1. How to refer your patient to SWLEOC**
- 2. Prior to referral checklist**
- 3. Private Patients**
- 4. Dementia Screening**
- 5. Procedures of Limited Clinical Effectiveness**
- 6. Friends and Family Test**
- 7. Making sure our GP database is up to date**
- 8. GP Liaison Office**
- 9. Discharge Advice Line**

### **How to refer your patient directly to SWLEOC**

#### **Your patient**

Once you have made your referral to the centre your patient will be seen by the

Consultant, usually within 4 - 5 weeks in an outpatient clinic, where an assessment is made with regard to the need for surgery.

If surgery is required the Consultant will add the patient to the waiting list, where they will be treated within 18 weeks of the initial referral from you.

The following referral checklist can be used for those patients who it is assumed may require a hip or knee replacement.

**STEP 1**

Patient complains of hip or knee problems.

**STEP 2**

GP undertakes a hip or knee Oxford Score.

**STEP 3**

Score <30, order x-rays, must be less than six months old, preferably with a calibration ball.

**STEP 4**

Review x-ray and score. Discuss referral with patient and ensure they are optimised for surgery. (Checklist below)

**STEP 5**

If appropriate refer patient to One Stop service.

Queries: Clinical or administrative contact GP Liaison Manager 07975 232 404.

**STEP 6**

Offer patient Outreach One Stop clinic site which is listed on Choose and Book.

**STEP 7**

Complete referral form and send to SWLEOC via email to [est-tr.SWLEOCREFS@nhs.net](mailto:est-tr.SWLEOCREFS@nhs.net) or fax to the outpatient department on **01372 735**

**421.**

### **Prior to referral checklist**

**To ensure your patient is optimised for surgery the following checklist must be applied prior to referral.**

#### **Have all non-surgical pathways been exhausted?**

All conservative measures (advice and reassurance, analgesia and manual therapy e.g. physiotherapy or participation in regular exercise) have been exhausted and failed.

#### **Is the patient agreeable to surgery?**

The patient should be aware of the general character of the procedure and be agreeable to having surgery if it is deemed necessary. The patient should truly understand the reasons and the need for referral and be a full partner in the referral process.

#### **Is the patient fit for surgery?**

Ensure the patient is as fit as possible for surgery to minimise the risk of late cancellations. Patient should be advised of healthy lifestyle improvements, i.e. stopping smoking and weight reduction so that the patient's BMI is in a healthy range.

The below information should also be provided:

1. Computer summary of past medical and drug history
2. Oxford Score
3. X-ray (lateral knee and AP hip, must be less than six months old) and other test results (if referring to an outreach clinic)
4. Any recent clinical correspondence.

#### **Are the following tests available?**

FBC

BP profile (hypertensive patients)

Glucose levels (diabetics only)

LFT (high alcohol intake)

TSH (thyroid problems).

---

### **Private patients**

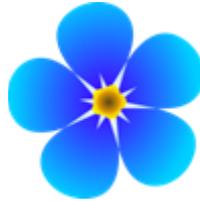
A new patient information leaflet has been developed for patients who wish to come to the centre as a private patient. This leaflet contains information about what's included in the package price and the benefits of being treated privately at SWLEOC, including being treated by the consultant of their choice. The centre has recently launched an enhanced catering service for these patients and the feedback has been very positive.

As well as offering all the benefits and exclusivity of private healthcare, all of the income generated by the Centre is reinvested into the partnership trust's NHS services, benefiting the wider community as a whole.

If your patients would like to know more about the possibility of becoming a private patient or if you have any questions please contact Catherine Flower on 01372 735873. If you would like to have some leaflets in your practice this can be arranged.

### **Procedures of Limited Clinical Effectiveness**

It is fundamental that we are provided with all relevant information regarding a patients' medical history and current height, weight and blood pressure. You



### **Dementia Screening**

'This is me' (dementia) audit was run for a period of one year and it included 6,572 patients over the age of 65. 0.5% of those patients between the age of 65-75 had a Abbreviated Mini Mental Health Test of 7 or below. As the numbers are minimal we have now amended the pathway to only undertake the test on those patients over the age of 75.

We are looking to adapt the pathway to include a frail score for all patients undergoing elective orthopaedic surgery and will keep you informed of this progress.



**Friends and Family Test – our results so far this financial year 2016/17**

should also state if any lifestyle advice is given, such as weight loss, exercise and smoking cessation.

#### % of patients likely to recommend SWLEOC

July- 98%	October- 98%
August- 96%	November- 98%
September- 98%	December- 99%



**Sue Spenceley-Burch** reviewed **Epsom Hospital** – 5★

1 hr · 🌐

Very good care in the Elective Orthopaedic Centre. Feels like a private ward!

The above was posted on Epsom and St. Helier University Hospitals NHS Trust Facebook page

#### **Making sure our GP database is up to date**

So that we can ensure we are sending clinical correspondence to the correct address, we need your help to ensure our database of GP practice details are up-to-date.

Please inform us of **any changes** to:

- GPs – including any new GPs, GPs who have left or retired and any GP name changes
- Changes to practice address
- Changes to practice contact details
- Changes to practice email address used to receive electronic clinical letters and discharge notifications.

Please send any updates to our data quality team manager: [julie.davies@esth.nhs.uk](mailto:julie.davies@esth.nhs.uk) and cc [gpliaison@eoc.nhs.uk](mailto:gpliaison@eoc.nhs.uk).

### GP Liaison Office

Our GP liaison managers are available to assist you with any enquiry that you may have about our services and provide you with information on a wide range of issues, including how to refer your patients to the Centre.

Our rapid response hotline will ensure any query is dealt with in a timely manner and an agreed turnaround time will be arranged with you.

Our liaison services include:

- SWLEOC service queries
- Information on latest surgical and technological advancements
- Keeping you up to date with clinic changes and service developments
- Arranging GP/ Consultant engagement forums and education programmes.

In addition to the GP Hotline we are available to visit you for a one to one meeting where any questions or queries can be answered.

Feedback is both welcomed and encouraged, if you would like further information on any of our services please feel free to contact our dedicated GP Liaison Manager for advice and support.

Telephone: 01372 735448 / 07975 232404 alternatively drop us an email:  
[gpliaison@eoc.nhs.uk](mailto:gpliaison@eoc.nhs.uk).

---

**PRINT AND KEEP FOR YOUR CLINIC ROOMS**

-----



### **The SWLEOC Discharge Advice Line**

**07975 232519**

The Discharge Advice Line is manned by a dedicated nurse, Monday – Friday, 8am – 4pm. Outside of those hours there is a facility to leave a message and we will endeavour to call you/or the patient, as soon as possible. The Discharge Advice Line is for queries and advice relating to surgery and recovery, especially pain and wound issues. We suggest that a degree of pain, heat and swelling is perfectly normal after orthopaedic surgery, however the following could be of concern and we ask you to

call the line if your patient presents with :

- Increased/ constant heat in the operated limb.
  - Increased/ constant redness.
- Tenderness in the calf/ pain when walking in the calf.
- Excessive swelling around the wound or whole limb, which is not improving.
  - New oozing from the wound.
  - Increased pain.

We can arrange, if necessary, to see the patient in our wound clinic and liaise with the patient's consultant.

---