

# Connect



Quarterly Newsletter for GPs

Issue 2 - Winter 2015



## Thank You

**Thank you for the very positive reaction to our first edition of Connect, we are delighted with the response and feedback to our dedicated newsletter for our referring GPs and their practice staff.**

As you can see from the content included in Connect the Hospital is busy with new developments in our ongoing efforts to improve the services. I would like to thank the large number of GP's that attended our recent GP Study Day, it provides a marvellous opportunity for consultant's and GPs to meet and discuss the latest innovations and allow discussion and debate on medical matters.

Please do let us know if there is any specific content you would like included in future editions – our 3rd issue will be published on our website ([www.tallaghthospital.ie](http://www.tallaghthospital.ie)). You will receive an email alerting you to its availability if you have provided your email address to us – please remember to email us on [GPConnect@amch.ie](mailto:GPConnect@amch.ie) if you want to receive this email alert.

Best wishes to you and your colleagues for the holiday season and 2016  
Kind regards

**Lucy Nugent**  
**Chief Operations Officer**  
**Tallaght Hospital**

## GP Liaison Committee Update

**At our most recent meeting with the Hospital we discussed the terms of reference of the GP Liaison Committee (GPLC) and three essential issues.**

### 1. Lack of appropriate GP ultrasound Referral Service

With regard to Ultrasound the tendering process for outsourcing ultrasound to a private provider is nearing completion which is subject to funding. We hope this would significantly reduce wait times for ultrasound scans.

### 2. Electronic Referrals

The Electronic referral should be in place by January / February 2016

### 3. Healthmail (secure clinical email service)

With regard to Healthmail / Secure email the request from the Medical Board is that each speciality within Tallaght hospital would have their own health mail email address.

Furthermore the GPLC has emphasised the importance of communications with Tallaght Hospital Staff, both medical and non-medical. In this context any issues affecting the services provided by General Practitioners to Tallaght Hospital in relation to care of



*Pictured at the Annual GP Study Day hosted by Tallaght Hospital in the Centre for Learning Development  
Dr Andy Jordan GP member of the Tallaght Hospital GPLC, Mr Michael Scanlon, Chairman of Tallaght Hospital Board, Dr Deena Ramiah GP Member of the Tallaght Hospital GPLC and Prof Des O'Neill Consultant Physician in Geriatric & Stroke Medicine at Tallaght Hospital.*

patients must be addressed at the GPLC prior to the general circulation of the information to all GPs concerned. Thus relevant persons will be invited to the GPLC meeting to discuss the problems and their intentions.

By this process we hope to achieve an understanding of the issues involved and devise a mechanism to provide better patient care and improved health outcomes

We have also agreed that one to two representatives of each speciality be invited each month to the GPLC meeting to discuss relevant service issues. To date Rheumatology and the Emergency Department AMU, Pharmacy, Physiotherapy, Microbiology have attended.

Next is Gastroenterology, then ENT (adult & paediatric) followed by orthopaedics and then Radiology. Discussions and work is on-going with regard to issues relating to patient discharge letters and especially the accuracy of their discharge prescriptions. Furthermore we are trying to devise an OPD wait times for appointments with each speciality which hopefully will be published in Connect.

We welcome any suggestion from GPs, the GP representatives on the GPLC are Brian Blake, Andy Jordan and Deena Ramiah. Contact details are:

[drbrianblake@gmail.com](mailto:drbrianblake@gmail.com),  
[andyjordan@gmail.com](mailto:andyjordan@gmail.com)  
[drramiah@yahoo.ie](mailto:drramiah@yahoo.ie)

# Major Health & Well-Being Study of Tallaght Households

**A major new study of almost 350 households across Tallaght has revealed that 90% of primary household carers—the person who takes most responsibility for managing the household— were satisfied with their GP and would recommend their GP to a friend or family member. Nearly three-quarters (73%) of households were within walking distance of the GP. Seven in ten respondents would prefer to have a blood test, 53% an x-ray and 52% an ultrasound with their GP rather than go to the hospital.**

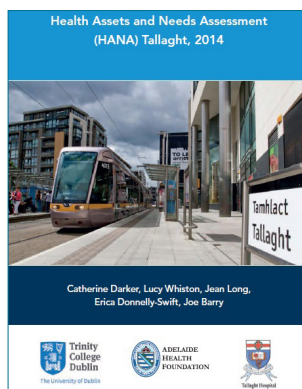
In surveying the primary carers, the circumstances of 1,082 people were captured on a range of issues. The most common self-reported chronic illnesses in 2014 were heart disease (38%), diabetes (15%) and respiratory disease (15%). In households with at least one person with a chronic illness, monthly visits to the GP were reported by 47% of households and weekly visits were reported by 5%. In comparison, households that did not contain a person, whom had a chronic illness, reported less frequent use of the GP with monthly attendance reported by 24% and weekly attended by 3%.

The research follows on a similar study in 2001, and is the only one of its kind in Ireland to provide a comprehensive “change over time” examination of the changing health and well-being profile and needs of a local population, in tandem with an “asset mapping” of available

healthcare, education, community and sports services and facilities. Respondents identified the need to invest in psychology, addiction and GP services. Over two-thirds of the respondents reported experiencing stress in the previous 12 months, an increase of 8 per cent since 2001. The main response to this stress was to seek help from friends and family and also to attend a GP.

The results published in a report, Health Assets and Needs Assessment (HANA) Tallaght 2014, which was undertaken by the Department of Public Health and Primary Care, Trinity College Dublin and funded by the Adelaide Health Foundation and Tallaght Hospital.

For an electronic copy of the report go to [www.adelaide.ie/health-policy/publications-reports/](http://www.adelaide.ie/health-policy/publications-reports/)



# Treating Parkinson's 2015

**Consultant Neurologist at Tallaght Hospital, Dr. Richard Walsh, is leading what is hoped will be the largest national observational research project on treatment responses in Parkinson's disease. The aim of the 'Treating Parkinson's 2015' project, is to gather as much information as possible about the treatments people with Parkinson's disease are relying on, with an emphasis on the positive and negative effects of these treatments on quality of life.**

The 'real life' information from this survey will enable Richard and the research team to identify how successful we are in dealing with the main symptoms of Parkinson's disease in a large group of people living with it in 2015. It is hoped that the data obtained will also provide useful information to allow planning of services going forward, with an expected surge in new diagnoses over the next 20 years as our population ages.

The data obtained will be provided to government and published through the two main patient support organisations, the Parkinson's Association of Ireland and Move4Parkinsons, both of which have been involved in the design and dissemination of the survey to members.

The survey, which will take no longer than 15 minutes to complete, has an emphasis on medication awareness, efficacy of treatment and possible side-effects of treatment. All responses are anonymous, with no identifying details being collected. As with all research surveys we would ask every respondent to complete all of the questions so their responses can be used (incomplete entries are not accepted). Every response is critical and hugely valuable. This project launched this Summer with the support of the Parkinson's Association of Ireland and Move4Parkinson's and has resulted in over 800 responses and with your help we would like to reach 1,000 by the end of the year before the information gathered is examined.

We would appreciate it if you check with your patients with Parkinson's disease if they have completed the survey; a link to the online version can be found on the websites for Parkinson's Association of Ireland and Move4Parkinson's. Alternatively, a paper copy could be posted following contact with the information line of the Parkinson's Association of Ireland. If you would like an update when the results of the survey are available please register your interest with Dr. Richard Walsh by email: [Richard.Walsh@amnch.ie](mailto:Richard.Walsh@amnch.ie)

## Enteric Screening change

**Our Microbiology Department introduced an improved method (EntericBio realtime PCR) for detection of pathogens from faeces this summer. This is a rapid molecular test that replaces the previous method of culturing samples which commonly took 3-5 days. Samples that reach the laboratory by 10am should have a negative result available same day.**

In summary for you and your practice this means that samples sent for culture and sensitivity will automatically have the following tests performed:

**Salmonella, Shigella, Campylobacter sp, Verotoxin-producing E.coli (VTEC), C. difficile, Cryptosporidium and Giardia.**

If Cryptosporidium or Giardia DNA is detected in the initial PCR above confirmatory microscopy will automatically be performed. All positive C.difficile results will be discussed with you.

A request for ova, cysts and parasites will only be processed once the initial test is negative for Cryptosporidium and Giardia and a convincing clinical history/details are given e.g. foreign travel.

Only diarrhoeal samples will be processed. If you want to assess carriage status e.g. Salmonella in a patient who works in a kitchen, you must include these details on the request form or by calling us. If you have any questions regarding this new approach, please phone 01 414 3920.



If you would like any more information about any articles in the Connect or have suggestions for future editions please do get in touch.

Email: [GPConnect@amnch.ie](mailto:GPConnect@amnch.ie)



Image from: RTE News October 25th 2015

## PILLCAM AT TALLAGHT HOSPITAL

**The gastroenterology department in Tallaght hospital has been actively involved in the development of new innovative and exciting technologies in recent years.**

Tallaght Hospital is the only centre for small bowel video capsule endoscopy. This minimally invasive technology is being used to investigate iron deficient anaemia, occult gastrointestinal bleeding, suspected Crohn's disease or small bowel lesions and polyps. Expanding on this, Prof. Deirdre McNamara, consultant gastroenterologist at Tallaght & Associate Professor of Gastroenterology at Trinity has recently developed a large bowel video capsule endoscopy programme.

The service at present is still being used at a translational research level, but it is hoped that the service will be rolled out soon with HSE support. Pillcam large bowel video capsule endoscopy operates similar to the small bowel capsule service. It is a useful and less invasive option when compared to traditional colonoscopy.

With increasing demand on endoscopy services, large bowel capsule endoscopy is an attractive initial screening tool. In patients at moderate risk of colorectal cancer, it may avoid unnecessary invasive procedures. It may also be utilised in the setting of failed or incomplete colonoscopy, due to patient intolerance, or technical difficulties, such as looping of the scope.

The technology involves patients' swallowing a small capsule, which records continuous video footage of the large bowel, in both forward and rear views. This video may detect significant pathology such as polyps, cancers, inflammation or diverticular disease. The information is recorded using a device that patients comfortably attach to their waistline. The data is then downloaded the following day, for quick analysis by the reporting gastroenterologists. Bowel preparation is still required to ensure adequate mucosal views are obtained for the study. Trained technicians are involved in the provision of the service, freeing up clinicians for ward, clinic and endoscopy based work.

The technology is very useful for Tallaght Hospital as it will enable more efficient use of resources, and improve access to traditional endoscopy. It will also reduce the need for patients to be exposed to invasive procedures. It is a pain-free procedure for patients, and the overall patient experience is greatly improved. It is also a safe and effective screening tool, with similar detection rates compared to traditional colonoscopy. The technology is a successful example of the benefits of increasing co-operation between Tallaght hospital and the research/emerging technology sector at Trinity College. If you would like any further information on PillCam please contact Prof. McNamara [Deirdre.McNamara@amch.ie]. The use of this technology in our hospital featured on the RTE News on October 25th and can be watched by on the RTE Player.

## Suicide in Ireland: Fact, Fiction and What Can We Actually Do?

**The following is an excerpt of one of the plenary presentations made at Tallaght Hospital GP Study day by Brendan Kelly, Professor of Psychiatry, Department of Psychiatry, Trinity College Dublin, Trinity Centre for Health Sciences, Tallaght Hospital. A full copy of the presentation can be found on <http://bit.ly/1MjKUGt>**

Suicide is the intentional killing of oneself. Deliberate self-harm is apparent attempted suicide without the actual intention of killing oneself, and includes a range of behaviours such as self-cutting, self-burning and ingesting overdoses without an intent to die. Globally, 842,000 people died by suicide in 2013. In Ireland, there were 475 suicides and 65 undetermined deaths in 2013, and 459 suicides and 62 undetermined deaths in 2014, 80% of suicides in Ireland are male. In the general population, 2.9% of people have attempted suicide in the past and 2.3% have had suicidal thoughts in the past year. 19%

of young people report suicidal thoughts in the past year, but fewer than 1/200 of people with suicidal thoughts go on to die by suicide. This makes prediction extremely difficult.

Risk factors for suicide include male gender, substance misuse, mental illness and previous deliberate self-harm. Risk factors for deliberate self-harm include female gender, substance misuse, mental illness and previous deliberate self-harm. Illnesses such as depression, bipolar disorder, schizophrenia and alcohol dependence carry the highest risks of suicide (10%-15%). Key preventive measures include public health interventions such as limiting access to means of self-harm (e.g. paracetamol regulations) and, at individual level, better treatment of depression. Interventions in primary care setting are especially important, although one never really knows when one has prevented a suicide.

Asking about suicidal thoughts is critical. Speaking openly, directly and honestly about possible suicidal thoughts with depressed persons is a critical first step and is likely one of the most therapeutic and helpful actions that any healthcare professional can engage in.

### Consultant update

**Dr Enda Shanahan**  
Temporary Consultant  
Anaesthetist

**Dr Ian Daly**  
Temporary Consultant  
Psychiatrist

**Dr Karthikeyan Srinivasan**  
Consultant Anaesthetist



# Meath Foundation Annual Research Symposium

**Consultants in Tallaght Hospital presented research projects at the annual research symposium hosted by the Meath Foundation on November 27th. The presentations focused on the exciting developments taking place in medical practice included presentations on emphysema, gastroenterology, rheumatoid arthritis, psychiatry and pancreatitis. Five new research grants were also announced for staff professional development in 2016 by The Foundation. The MSc Fellowships for staff are co-funded by Tallaght Hospital and the Meath Foundation Education Fund. Since the Fund was established in 2013, €107,000 has been awarded through co-funding with the Hospital.**

The symposium was opened by Prof. Paul Browne Head of the School of Medicine at Trinity College, Dublin, who spoke on "Bringing the bench to the bedside: the role of research in medicine."

Dr. Orla Buckley, Consultant Radiologist, Tallaght Hospital, discussed the prospective investigation of CT quantisation of severity of emphysema and CT assessment of morphology of emphysema and correlation with physiologic quantisation of severity of disease. She said that despite our ban on smoking in public places one in five Irish people were still smoking and there were 400,000 people in the country living with COPD, which was one of the commonest causes of hospital admission and death.

On behalf of Prof. Deirdre McNamara, Consultant Gastroenterologist, Tallaght Hospital, Dr. Sinead Smith presented a project on how to cope with the failure of standard eradication therapy for Helicobacter Pylori infection. Treatment was recommended in all infected patients and it was a source of concern in many countries that first line triple therapy was failing to eradicate infection. This could be because of lack of patient compliance, high bacteria load and the emergence of antibiotic resistance in some strains. They were researching a number of different approaches.

Dr. Ronan Mullan, Consultant Rheumatologist, Tallaght Hospital presented a project on disease modification in Rheumatoid Arthritis using AMPK directed therapies; restoring metabolic balance to innate immune pathways. He said they had found that patients with very high disease activity also had high levels of insulin resistance which supported the hypothesis of a definite link between insulin resistance, the way patients handled glucose and the amount of inflammation in their joints. Prof. Veronica O'Keane, Professor of Psychiatry and Consultant Psychiatrist to Tallaght Hospital described a study of depression in late adolescents in Tallaght: Brain imaging stress systems and response to treatment. She said that with depressed people their levels of cortisol did not go down in the evening, meaning they had difficulty sleeping. Memories of stressful events from childhood could mean that people were producing high cortisol levels at all times.

Prof. Kevin Conlon Consultant Pancreatic Surgeon and Chair of Surgery, Trinity College, presented an investigation of pancreatic function and dietary intake of patients following an episode of severe acute pancreatitis. He said alcohol was a major issue in the increasing number of patients presenting to hospital with pancreatitis and many young people were attending with alcohol induced pancreatitis.

The keynote address on "Obesity & its Health Implications Across The Lifespan" was delivered by Dr. Francis Finucane, Consultant Endocrinologist, Galway University Hospital.

The Meath Foundation established an Education Fund in 2013 and to date has awarded €107,000 through co-funding with Tallaght Hospital to enable 16 staff to undertake an MSc in Leadership in the Royal College of Surgeons. Three of those who obtained their MSc this year presented their work to the Symposium.

Ms. Niamh Smyth, Clinical Specialist Dietician described how she introduced an Electronic Ordering System for Enteral Feeding Products.

Ms. Claire Hartin, Research and Ethics Administrator explained how she implemented an electronic application and review process into the hospital's Research & Ethics Department.

Ms. Amy Carswell, Business Manager, Laboratory & Radiology Directorates presented the project by which she had improved routine outpatient access to MRI in Tallaght Hospital.

Mr. Barry Mc Brian, Advanced Nurse Practitioner received the Mary O'Connor Medal for work with colleagues in the hospital's Adult Emergency Department on an initiative to ensure that patients who left the ED without been seen would be followed up.



*Pictured from left to right Prof Stephen Lane Chairman of the Meath Foundation Research Committee & Respiratory Consultant at Tallaght Hospital, Mairéad Shields Chairman of the Meath Foundation and Prof Paul Browne Head of the School of Medicine at Trinity College Dublin who opened the annual Research Symposium*

## Upcoming education events available for GPs and Practice Nurses

Title	Date / Time	Contact / Bookings	Cost	Location
Grand Rounds – two presentations every Friday with a blend of case discussion, workshops and didactic content	Every Friday during term time 8am-9am	<a href="mailto:Sandra.daly@amnch.ie">Sandra.daly@amnch.ie</a>	N/a	Trinity Lecture Theatre, Centre for Learning & Development
Wound Care Management – Introduction Education Programme (five day programme)	8:30am-4pm 14.01.2016 11.02.2016 10.03.2016 14.04.2016 19.05.2016	<a href="mailto:Sinead.fagan@amnch.ie">Sinead.fagan@amnch.ie</a>	€250	Centre for Learning & Development
Venepuncture & Cannulation	1:15pm-3:15pm 15.01.2016 05.02.2016 19.02.2016	<a href="mailto:Clodagh.Mcloughlin@amnch.ie">Clodagh.Mcloughlin@amnch.ie</a>	€50	Two Rock Clinical Skills Lab, Centre for Learning & Development



If you would like any more information about any articles in the Connect or have suggestions for future editions please do get in touch.

Email: [GPConnect@amnch.ie](mailto:GPConnect@amnch.ie)

**Connect**