

# Open Doors Nursing Team Top tips

## The Healthier You - NHS Diabetes Prevention Programme (NHS DPP)



“Prevention is better than cure!”

Encourage your patients who are at high risk of diabetes to enrol in the [free 9-month lifestyle coaching programme](#) which will support them in making realistic and practical lifestyle changes to reduce their risk.



### Patients resources

NHS DPP video promotion  
[...read here](#)

NHS DPP Information leaflet available in Bengali and other languages  
[...read here](#)

NHS DPP useful FAQs  
[...read here](#)

Explaining pre-diabetes  
[...read here](#)

Diabetes risk calculator  
[...read here](#)

Healthier eating booklet for African, Caribbean, and South Asian cuisines  
[...read here](#)

### What will patients learn?

#### Nutrition

Find a healthy and balanced diet that works for you. Explore mindful eating principles and listen to hunger and fullness. It's all about food, mood and looking after your gut health.

#### Movement

Find movement you'll love. Explore intuitive movement and exercise snacking. How to increase movement in a way that works for you.

#### Mind

How to build sustainable habits for good. Explore the role of stress and its impact on pre-diabetes. Learn more about emotions and self-care.

#### Alcohol

Learn more about hydration. Explore more about caffeine, soft drinks and alcohol. Find strategies to improve drinking habits.

#### Sleep

Explore why we need sleep. Learn about the link between sleep and prediabetes. Find strategies for better sleep and more energy.

### Thrive Tribe: new provider

#### Referrals

“The best referrals start with a conversation...”

- Referral form via your GP clinical system and send via email
- Or patients can self register with their details:
  - [Website](#)
  - Call: 0333 047 9999
  - NHS number
  - Eligible blood test result (either HbA1c or FPG) and date taken
  - Height and weight.

# HEALTHIER YOU

## NHS DIABETES PREVENTION PROGRAMME

### Group option

- Run in a local community setting.
- Fun and engaging sessions (13 sessions, 1.5 hour groups sessions fortnightly for first four months then monthly sessions for five months).
- Each session begins with goal setting, and reflecting on the last goal.
- Watch videos, group discussion and activities, shared experiences.
- Access to online gym videos.
- Journal to reflect and plan.
- Recipe book with over 300 recipes.

### Digital option

- Patients will be sent weighing scales and recipe book.
- Free access to the Second Nature app, encouraged to use 10-15mins/day to track activity, habits and weight.
- Read daily articles that cover nutrition, exercise, sleep, stress and wellbeing.
- 1-1 online support from a registered nutritionist or dietitian.
- Online group support.

### Tailored remote option

- 13 group sessions via video call.
- Patients will be sent weighing scales and recipe book.
- Supported by the Second Nature app.
- Adapted for specific cohorts.
- Hearing impaired.
- Sight impaired.
- History of Gestational diabetes.
- Non - English speaking courses in Bengali, Urdu, Punjabi.
- South Asian, Caribbean and African populations.

### Who is eligible?

- Adults with a **HbA1c 42-47mmol/mol** (within last 12 months), or a **Fasting plasma glucose (FPG) of 5.5-6.9 mmol/L**
- **History of gestational diabetes with a normal HbA1c** of less than 42mmol/mol or a FPG below 5.5mmol/L

### Who is NOT eligible?

- Pregnant
- Active eating disorder
- Bariatric surgery (within last two years)
- Moderately or severely frail
- Blood test result suggesting diabetes
- Over 80 years old without prior consideration\*

### Benefits of completing the programme

- 37% relative risk reduction for development of type 2 diabetes.
- Estimated 3-4kg weight lost.
- Learn how to make healthier habits.

Staff or patients can speak or email a team member for more information:  
0333 047 9999 / [hello@healthieryou.org.uk](mailto:hello@healthieryou.org.uk)

\*Those over 80 can join the programme if they are fit and able to engage with the programme. GP surgery to refer if suitable.

## Staff Resources

- Staff training video (30 minutes) [...read here](#)
- Staff training slides [...read here](#)
- E-learning on non diabetic hyperglycaemia and NHS diabetes prevention programme [...read here](#)
- Campaign resources including leaflets, posters, screen displays [...read here](#)



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# Open Doors Nursing Team

# Top tips

## Diabetes and Ramadan

Ramadan is fast approaching, and we need to support our diabetic patients who choose to fast with advice on how to minimise risk and fast safely.



“Fasting during Ramadan is an important aspect of a Muslim’s life and remains a personal choice and so must be respected.”

### Resources

Diabetes and Ramadan, Diabetes UK [...read here](#)

Diabetes and Ramadan Alliance, practical guidelines [...read here](#)

Ramadan factsheet, Diabetes UK [...read here](#)

Patient leaflet with management plan, South Asian Health Foundation [...read here](#)

Fasting guidelines for diabetes in Ramadan, NHS England [...read here](#)

### Pre-Ramadan assessments

A pre-Ramadan assessment is important to make an individualised management plan, ideally 6-8 weeks before fasting begins. Most patients with Type 2 diabetes can safely fast during Ramadan, whereas Type 1 diabetics have greater risks during fasting. In either case, careful risk assessments and medication adjustments are required.

Advice on healthy eating when breaking the fast should be given. In this issue of Top Tips we have put together some useful resources to support staff with giving advice. Those observing the fast should have at least two meals a day, the pre-dawn meal (Suhoor) and a meal at dusk (Iftar). It’s worth discussing with patients what they should do if they miss the pre-dawn meal.

### Risk assessments

This risk assessment tool linked below allows us to assess risk of fasting on an individualised basis see the breakdown on the next page.

[Diabetes Risk Assessment Tool](#)



# Risk assessments

## Low risk

Those in the low-risk group can safely fast with medical advice.

## Moderate risk

Those in the moderate-risk group can choose whether to fast with medical advice and should be clear on risks including risk related to other co-morbidities.

## High risk

Those in the high-risk group are advised not to fast. Patients that choose to fast against medical advice should still be supported to fast as safely as possible to minimise risk.



# Medication changes

Individuals taking metformin, sulphonylureas, insulin secretagogues or insulin will need to make treatment adjustments to reduce the risk of hypoglycaemia.

SGLT-2 inhibitors- advise to increase fluid intake during non-fasting hours to avoid dehydration. Particular care should be given to the elderly, those in renal failure and those on loop diuretics.

For changes to insulin dosing and oral medication [...read here](#)

## When to break the fast

Blood sugars should be tested regularly during the fasting period, and this does not count as breaking the fast.

If blood sugars fall below 3.9 mmol/l or go above 16.7 mmol/l then they should be advised to break their fast and consult a healthcare professional.

### Risks of fasting

Hyperglycaemia  
Hypoglycaemia [...read here](#)  
Diabetic Ketoacidosis [...read here](#)  
Dehydration

### Benefits of fasting

Weight loss and lifestyle changes  
Smoking cessation  
Spiritual and mental wellbeing  
Increased sense of community

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# Open Doors Nursing Team Top tips

## Supporting parents through vaccine hesitancy

With measles cases on the rise, now more than ever, discussing vaccine hesitancy and improving immunisation uptake should be at the forefront of our minds.



The current MMR uptake of both doses by the age of five is 83.8%, well below the target of 95% needed to prevent outbreaks.

### Advise

If parents choose not to vaccinate, you can advise them on the signs of measles. Remind them to readily share their child’s vaccination status on attendance to A&E, as they are considered vulnerable. If their child is exposed to measles, there is a small window where they will need to be reviewed by someone from the health protection team, early assessment is key.

### Encourage

Parents should be encouraged to check their own vaccination status, if they are not up to date, they can be supported with catching up to the UK schedule.

### Explore

When talking to vaccine-hesitant parents, explore whether it is all vaccines they don’t want or one in particular. Where are they getting their information from? Which information sources would they trust?

### Useful links

How to check if a child has measles [...read here](#)

Health publications and posters [...read here](#)

Back to Primary School MMR Poster [...read here](#)

The Vaccine Knowledge Project [...read here](#)

Vaccines - are they safe for my child? [...watch here](#)

## Share

Information on the risks of infectious diseases to both short term and long-term health should be shared with the parents. The NHS website includes photos on how measles symptoms present on black and brown skin [...read here](#)

## Plan

How and when will you reach out to the family to discuss again? Are they starting school or university soon? Or going away on holiday? Can you improve access by offering after school or weekend appointments?

## Document

Agree as a practice how you are documenting on a child's medical record that they are not up to date with immunisations and how you are adding it to the 'problem list'. For example, 'Not up to date with immunisations' or 'Measles mumps and rubella vaccination not done'.

UKHSA resources including posters and advice for your surgery



## Health Protection Team contact for clinicians

- Email: [necl.team@ukhsa.gov.uk](mailto:necl.team@ukhsa.gov.uk)
- Telephone: [0300 303 0450](tel:03003030450)
- Urgent out-of-hours advice for health professionals: [0300 303 0450](tel:03003030450)

Email: [phe.nenclhpt@nhs.net](mailto:phe.nenclhpt@nhs.net) for notifications \ enquiries of infectious diseases that contain Patient Identifiable Information



## Useful links for parents:

- The Vaccine Knowledge Project - Source of independent, evidence-based information about vaccines and infectious diseases [... read here](#)
- Vaccines - are they safe for my child? [... watch here](#)



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# Open Doors Nursing Team Top tips

## What you need to know about the contraceptive subdermal implant (Nexplanon)

### What is the implant?

It is a form of long-acting reversible contraception (LARC). The flexible plastic rod is 4cm long and 2mm in diameter, contains the progestogen hormone etonogestrel and is fitted in the upper arm.

### How effective is it?

It is more than 99% effective at preventing pregnancy provided it is fitted correctly by a specially trained clinician.



*Pictured: Box of Nexplanon; Nexplanon applicator; Nexplanon implant*

### How does it work?

It has three modes of action:

- Inhibits ovulation
- Thickens cervical mucus
- Thins the endometrial lining

### How long does it last?

Three years. It can be removed any time before then if the woman wishes to conceive or change the contraceptive method. It is possible to conceive immediately after removal, but most women ovulate within six weeks.

### Common side effects?

Bleeding pattern changes are common. It has not been established whether side effects such as mood and skin changes can be directly attributed to the implant.



**Clinician references: FSRH subdermal implant guidance**



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## What should we advise about bleeding?

Bleeding patterns will change in about 75% of women. Careful counselling about changes to the bleeding pattern is important.

## What are the chances of irregular bleeding?

- 33% of users have infrequent bleeding
- 25% have a regular bleed
- 23% have frequent and/or prolonged bleeding
- 21% have no bleeding at all

## Cautions and contraindications?

The UK Medical Eligibility Criteria for Contraceptive Use (UKMEC) has developed an online calculator as an adjunct to the clinical guidance to support clinical decision-making [...click here](#)



## How can women in Tower Hamlets access implant insertion and removal?

- LARC Hub at Goodman's Fields on Saturdays - referral form on EMIS. Email: [thgpcg.larch@nhs.net](mailto:thgpcg.larch@nhs.net)
- Safe East for young people [...Click here](#)
- All East for all people [...Click here](#)

If they're lucky their surgery might have a trained clinician!

## Patient resources:

- Implant insertion video [... watch here](#)
- Implant removal video [... watch here](#)
- Health benefits, risks and side effects of using the implant [... read here](#)



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# Open Doors Nursing Team Top tips

## What you need to know about menopause

Menopause means the last menstrual period. Periods stop because the low levels of oestrogen and progesterone do not stimulate the lining of the womb (endometrium) in the normal cycle.



### Stages of the menopause

#### Pre-menopause

The reproductive period from menarche to the final menstrual period.

#### Perimenopause

The stage from the beginning of menopausal symptoms to post-menopause.

#### Post menopause

The time following the last period is usually defined as more than 12 months with no periods in someone with intact ovaries, or immediately following surgery if the ovaries have been removed.

### Demographics

- Women now live >30% of their lives in post-menopause.
- It is predicted that in 2030, there will be 1200 million postmenopausal women, and this figure will increase by 4.7 million per year.

**Menopause: diagnosis and management**



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### Professional resources

Women's Health Hub [...read here](#)

Tools for clinicians [...read here](#)

NICE Guideline [...read here](#)

FSRH Training [...read here](#)

Menopause awareness [...read here](#)

Training to support the workforce [...read here](#)

Interactive treatment algorithm [...read here](#)



Hot flashes are a common symptom of menopause

## Diagnosing menopause

In healthy women over 45 no bloods are necessary. Perimenopause is based on vasomotor symptoms and irregular periods.

[Menopause symptoms scoresheet](#)



## Syptoms of the menopause



For symptoms that are only local ...

Such as vaginal dryness, soreness, dyspareunia and bladder frequency/urgency, only vaginal oestrogen will be required. **This can be used in the following forms:**



Vaginal Pessaries



Creams



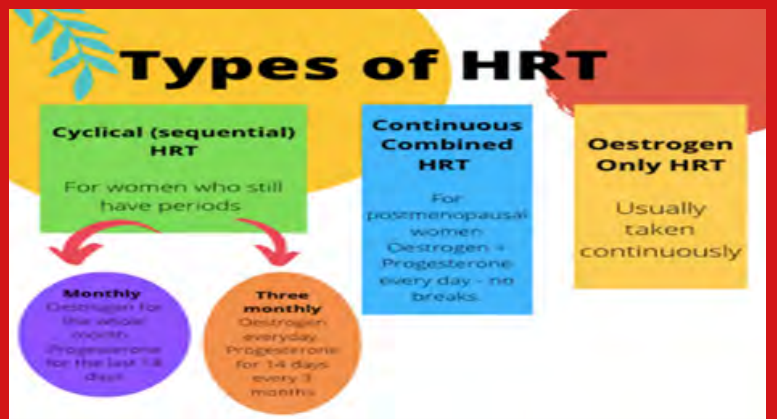
Rings



Tablets

## Treatments for the symptoms

Hormone Replacement Therapy is the only treatment that can completely relieve menopausal symptoms. HRT allows the replacement of the ovarian hormones, oestrogen and progesterone, which decline during the peri and postmenopausal years [...click here](#)



## Patient resources:

- Menopause support and advice [...read here](#)
- Menopause matters [...read here](#)
- Menopause NHS overview [...read here](#)
- Types of hormone replacement therapy (HRT) [...read here](#)



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# Open Doors Nursing Team

# Top tips

## Cholesterol and CVD Risk Reduction: All you need to know in one place.

Reducing elevated cholesterol levels is just one spoke in the wheel to reduce the overall risk of having MI and Stroke



**Patients resources:  
Heart UK and British  
Heart Foundation (BHF)**

**Home Testing Kits**  
[...read here](#)

**Healthy Living**  
[...read here](#)

**Blood Fats Explained**  
[...read here](#)

**Understanding cholesterol**  
[...read here](#)

**High cholesterol**  
[...read here](#)

**Understanding Cholesterol  
Booklet**  
[...read here](#)

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### Preventing CVD

CVD is a major cause of health inequalities, people living in the most deprived areas of England are four times more likely to die of premature CVD than more affluent areas. Tower Hamlets is one of the affected areas.

Improving treatments with tighter cholesterol targets for both primary and secondary prevention is the focus for the future. [CVD prevent](#). We must pay greater attention to ensuring that patients adhere to their lipid-lowering therapies and optimising the regimen when patients are intolerant or respond poorly to initial management. NICE estimates that the new recommendations could benefit 2.1 million people with cardiovascular disease.

Unless blood is taken, the patient may not be aware of higher risk, although family history may indicate a risk of having **Xanthelasma** - small, yellow lumps of cholesterol near the inner corner of the eye or a **Corneal arcus** - a pale white ring around the iris may do. A full lipid profile is recommended for non-fasting, including total cholesterol (TC) and HDL, LDL, TC:HDL ratio, Non-LDL and Triglycerides (TGs).

### Explaining the results

Plain language is essential when explaining the risk which should include the Q-Risk 3 and heart age information. HDL is good fat/ LDL is bad fat. Triglycerides (TGs—long chain fatty acids) contribute to narrowed arteries by combining with cholesterol and proteins to form lipoproteins. Having excess weight, eating a lot of fatty and sugary foods, or drinking too much alcohol can cause high Tgs. The liver changes carbohydrates into TGs. Smoking, excessive alcohol, diabetes and thyroid disease can lead to an increase in TGs.

[QRISK3](#) calculations support the visualisation of what it means to patients to have high cholesterol and risk. Working with the calculation and showing patients how their risk reduces if they were to start treatment and make lifestyle changes is powerful and key to this patient conversation.

**Summary of Lipid  
Management Guidelines**



## Dietary Advice for lowering Cholesterol

Avoid saturated fats, processed foods, refined carbohydrates, increase fibre, unsaturated fats, increase exercise, reduce alcohol and stop smoking. [A portion size guide](#) is helpful when guiding parents. The [Dash Diet](#) and [Mediterranean](#) diets are also recommended. [Plant Sterols](#) to reduce cholesterol levels and can be used alongside statins but there is little evidence they are effective for people taking ezetimibe as they work similarly, by blocking cholesterol absorption from the gut.

## Statins - helping patients decide

Atorvastatin 20mg is the initial statin of choice... [read more](#). If a patient does not tolerate this then a lower dose or alternative statin can be tried. [Ezetimibe](#) can be added or used alone if statin is not tolerated. [Pcsk9-inhibitors](#) and [Inclisiran](#) via secondary care advice.

**New Guidelines suggest:**

- Aim for an LDL-C of  $\leq 2.0$  mmol/L, or non-HDL-C of  $\leq 2.6$  mmol/L
- LDL and non-HDL-C levels should be reduced as much as possible.

## Monitoring

- Measure full lipid profile after 2-3 months after starting statin (non-fasting).
- Liver transaminase within 3 months of starting treatment and then within 2-3 months of every additional up-titration and then again at 12 months, but not again unless clinically indicated.
- If ALT or AST  $>3$  x the upper limit of normal, then do not initiate a statin or discontinue statin therapy already prescribed and repeat the LFTs in a month.
- Check creatine kinase (CK) if unexplained muscle symptoms (such as pain, tenderness, or weakness) develop.
- Stop 3 months before attempting to conceive and it should not be restarted until the breastfeeding period is finished.

## Side Effects of Statins

Muscle pain, tenderness or weakness reported are low and severe muscle adverse effects (rhabdomyolysis) are extremely low. Follow the [Statin Intolerance Pathway](#) if a change in statin is required.

[UCLPartners Proactive Care Framework](#) provides useful tables to support stratification for primary and secondary prevention along with prescribing choices and appropriate roles.



Five tips to reduce cholesterol



## Local Service information and education

- Updates in lipid optimisation [... read here](#)
- Tower Hamlets CVD Prevention [... read here](#)
- East London Cardiovascular Disease Prevention [... read here](#)
- Heart UK Courses [... access here](#)
- Tackling Cholesterol Together [... read here](#)

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# Open Doors Nursing Team Top tips

## An overview of chronic kidney disease (CKD) management in General Practice

### Diagnosis of CKD

- You must tell the person that they have a diagnosis of CKD and what this means. Empowering people to understand how to reduce their risk of end-stage renal failure and reduce their CVD risk is vital in CKD care.
- You must stage them appropriately using eGFR & urine albumin:creatinine ratio (ACR) and code accordingly.
- 2x eGFR <60mls/min at least three months apart - but you should check sooner if there is a significant drop in eGFR to ensure it is not continuing to drop.
- If ACR  $\geq 3$ , repeat on the first urine of the day.
- Always ask the patient about visible blood in their urine.
- Always dip urine to check for microscopic blood.
- A renal ultrasound may be required.



### Why check for haematuria?

Blood in the urine can be visible or invisible to the naked eye (microscopic). If an individual is found to have either, they may need a referral on the suspected cancer pathway and/or to the renal physicians.

### What is a significant drop in eGFR?

- A drop of more than 25% per year
- A drop of more than 15mls in eGFR and a change in eGFR category within one year



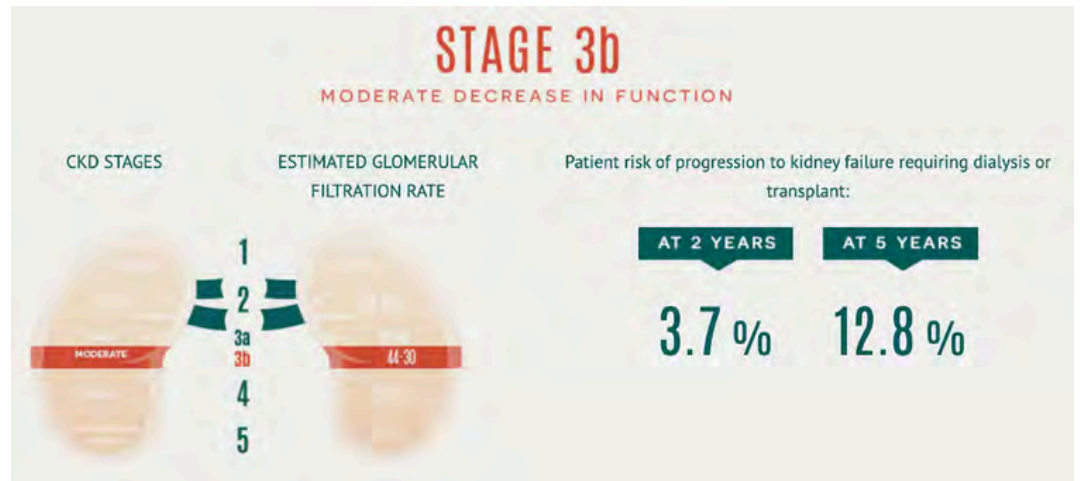
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# CKD Risk Assessment

Check out the following link to help assess your patient's risk of renal failure and whether referral to the vCKD clinic may be necessary (see below for alternative criteria).

Please note this tool only works in those with an eGFR <60.



Example of Risk Tool Results

The Kidney Failure Risk Equation

**Management of CKD in those with Type 2 Diabetes**

Click on image for more information from London Kidney Network

**Management of CKD in those without Type 2 Diabetes**

Click on image for more information from London Kidney Network

Click here to read more information from the London Kidney Network

## Management

### Statins

Cardiovascular disease is one of the main causes of death in people with kidney disease. Statins (usually atorvastatin 20mg) should be offered to all those with CKD not on dialysis regardless of their Qrisk score.

The risk of CVD for people with CKD is greater than the risk of end-stage renal disease. Therefore, BP control & statins must be optimised.

Get advice before increasing statin doses if eGFR is <30.

**REMEMBER!** Statins reduce the risk of cardiovascular disease. That means they reduce the risk of having a major adverse cardiovascular event (e.g. heart attack and stroke).

### ACE Inhibitors/ARB

ACE Inhibitors/ Angiotensin Receptor Blockers have a key role in CKD. They provide kidney protection. Even in those with normal to low BP, ACE-I/ARB can be started in low doses for renoprotection.

Remember: ARBs are recommended over ACE-I by NICE for those with Black African or African-Caribbean family origin.



## Blood Pressure

NICE Guidelines

ACR <70	<140/90
ACR ≥ 70	<130/90

Aim for systolic >120 & less than the value given above

## ACR

Albuminuria is a sensitive marker of risk of end-stage renal failure. Therefore, it must be used when diagnosing & assessing the severity of CKD.

### Lifestyle

- Smoking cessation
- Alcohol in moderation
- Maintaining a healthy weight
- Regular exercise
- Healthy balanced diet
- Low protein diet is not routinely recommended
- Avoid over-the-counter NSAIDs such as ibuprofen where possible.

### Immunisations

- Flu
- Pneumococcal
- Others according to schedule and PGD inclusion/exclusion criteria.

### When to refer?

- Five-year Kidney Failure Risk Tool >5% risk (see below)
- ACR ≥70 unless known to be caused by diabetes & treated
- CKD & resistant hypertension (on four agents)
- ACR >30 with haematuria
- A sustained decrease in eGFR of 25% or more and a change in eGFR category within 12 months
- A sustained decrease in eGFR of 15 ml/min or more per year
- End Stage Renal Failure
- Anaemia likely to be secondary to kidney disease (most likely if eGFR<30)
- Known or suspected rare or genetic causes of CKD or suspected renal artery stenosis

For more criteria, please read the NICE CKD guidelines.



## Further reading:

- CKD in Primary Care: new approaches to reduce inequalities and save lives [... read here](#)
- NICE: Chronic kidney disease [... read here](#)
- Dapagliflozin for treating chronic kidney disease [... read here](#)
- Hypertension Scenario Management [... read here](#)



Click on image for more information



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# Open Doors Nursing Team Top tips

Want to know how to support your patients dealing with lung cancer? Here are some information and resources to help you.

In recognition of World Lung Cancer Day on 1 August, read our spotlight on lung cancer support.

With 49,000 new cases every year, lung cancer is the third most common cancer in the UK and incidence is higher in more deprived areas.

Lung cancer outcomes are poor, as more than 57% of those with lung cancer are diagnosed at stage three or four which often makes it too late to treat, with 15% of those diagnosed having a five-year survival rate. This is because in the early stages people often have no symptoms. Early diagnosis is vital to improve outcomes.



**Remember, anyone  
can get lung  
cancer, not just  
smokers!**



**...watch here**

## Contact us

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## Facts on non-smoking lung cancers

- There is a rise in lung cancer in people who have never smoked.
- They often have a different genotype-usually adenocarcinoma.
- They are more likely to grow on the outer part of the lung which means they get symptoms much later and are harder to detect.
- Clinicians are more likely to suspect lung cancer much later in non-smokers.
- Never-smokers with symptoms are less likely to think they are at risk of cancer leading to later presentation with concerns.
- Lung cancer is still thought of as 'the smokers' disease' but 25% of lung cancers occur in people who have never smoked.
- 6,000 never-smokers die every year in the UK from lung cancer, more than from cervical or ovarian cancer.
- Women are more likely to be affected by non-smoking lung cancer and it can affect younger adults.

## What are the symptoms of lung cancer?

- Haemoptysis (coughing up blood) but this is rare.
- Persistent cough or change in cough from what is normal for them.
- Breathlessness or wheezing.
- Repeated chest infections.
- Chest or shoulder pain.
- Fatigue.
- Non-intentional weight loss.
- Hoarse voice for three weeks or more.
- Finger clubbing.
- Supraclavicular lymphadenopathy or persistent cervical lymphadenopathy.



## Does lung cancer always show up on a Chest X-ray?

Not always, a low threshold for referral for CT Chest and/or Respiratory team referral for those at higher clinical suspicion.

For low risk, a Chest X-ray should be ordered and the patient should be safety-netted to return if symptoms persist or change.

### Urgent Chest X-Ray referral guidelines



## When to refer people on a two-week wait pathway for lung cancer?

- All unexplained Haemoptysis need urgent referral for CT Chest even if normal Chest X-ray
- Abnormal Chest X-ray

## Risk factors for lung cancer

- Increasing age.
- Smoking.
- Asbestos exposure.
- COPD - the lung damage increases the risk of abnormal cell growth.

## Treatment

This may include:

- Surgery.
- Radiotherapy.
- Chemotherapy.
- Targeted treatment.
- Immunotherapy drugs.

## What is happening in Tower Hamlets?

There is a targeted Lung Health Check program since June 2023 in Tower Hamlets. This is planned to be rolled out nationally.

Lung Health Checks are offered free to "never-smokers" aged 55-74, as part of the national NHS Targeted Lung Health Check Programme. They are by invitation only and after a telephone assessment where they are screened according to risk, those that are high risk, are offered a CT scan of the chest. They also receive smoking cessation advice and some will have basic spirometry. This does not include non-smokers.

## What can we do to make a difference and improve diagnosis of lung cancer?

- Recognise red flags and assess for them in respiratory reviews such as Asthma and COPD reviews and opportunistically.
- Encourage smoking cessation.
- Consider lung cancer as a diagnosis for all patients presenting with new cough and breathlessness.
- Encourage patients to attend their free lung health screening if they are offered it.
- Educate patients to recognise signs and seek help if new symptoms emerge.
- Know your two-week wait referral criteria and refer patients who meet this.
- Reduce barriers for patients to access appointments to address concerns.

**Tower Hamlets  
Cancer Plan**



## Patient resources

- What is a lung check? How can you get your lungs tested? [...watch here](#)
- Targeted Lung Health Check [...read here](#)
- Macmillan Cancer Support – Lung Cancer [...read here](#)
- NHS Lung Cancer [...read here](#)
- Lung Cancer statistics [...read here](#)
- Lung Cancer Symptoms – Gerard’s Story [...watch here](#)



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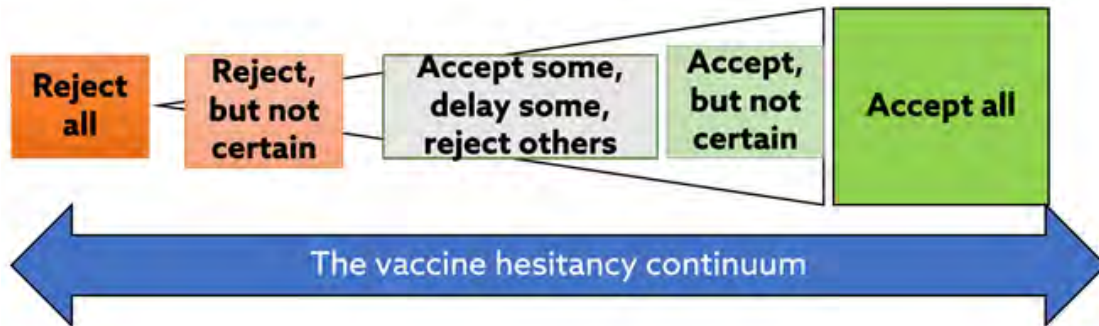
# Open Doors Nursing Team Top tips

## Conversations with vaccine hesitant patients

Here are some information and resources to support patients using the Empathetic Refutational Interviewing (ERI) technique by JitsuVax.



There are always going to be new vaccine recommendations that we as healthcare professionals are in the prime position to promote, such as the new RSV vaccine for older adults and pregnant women, or the Shingrix vaccine in the recent years, or any updates to childhood vaccinations.



### Patients resources

**Vaccine Knowledge Project** - independent, evidence-based information about vaccines and infectious diseases  
[...read here](#)

**NHS advice on why vaccination is important and the safest way to protect yourself**  
[...read here](#)

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### The vaccine hesitancy continuum

Not all patients will 'accept all' that is recommended to them despite the scientific data showing its benefits. We know that when patients are hesitant about the vaccine, they may be at different stages of the vaccine hesitancy scale.



# The Empathetic Refutational Interviewing technique

JitsuVax has developed four main conversational steps coined the Empathetic Refutational Interviewing (ERI) technique. These allow us to have meaningful and effective conversations with patients who are vaccine hesitant, so that we can help them move up the scale to be more accepting of vaccinations.



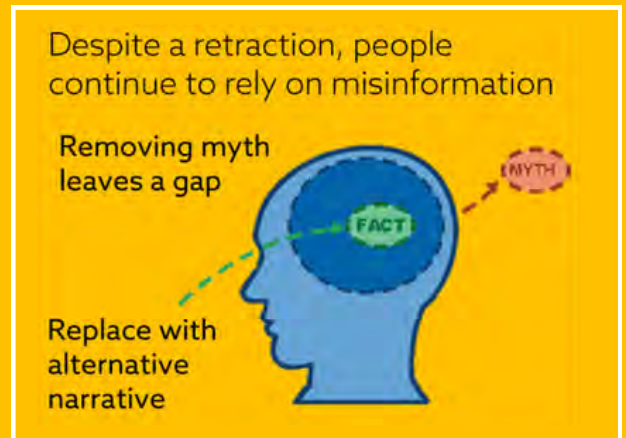
For steps, goals, techniques and examples of ERI technique [...read here](#)

## Top tip:

Try not to say 'but...' in your conversations. These steps do not have to be linear and can be done with multiple health care professionals.

# The Continued Influence Effect

The idea is that as health care professionals, we tend to be quick in giving facts in our responses as soon as patients express their vaccine concerns. However, we know that giving facts in itself does not dispel the myth. The myth needs to be replaced with a plausible alternative explanation, i.e we need to directly answer a patient's *specific concern* and *correct the specific misconception* so that they remember the correct information.



## Attitude roots

Jitsuvax has identified 11 main attitude roots (or psychological reasons) as to why people believe misinformation. How many of these sound familiar to you?

View attitude roots with examples [...read here](#)



## Avoiding conversational pitfalls

The following shows the dos and don'ts of having a conversation.

View pitfalls, what it looks like and conversational strategies [...read here](#)

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# Open Doors Nursing Team Top tips

## Smoking cessation - Stoptober Top Tips

The Stoptober campaign encourages thousands of smokers to quit the habit every October. Smoking remains the single biggest cause of preventable illness and death in England. Read on for information and resources to support your patients.

### Patient resources

QuitRight Tower Hamlets - free help to quit smoking [... read here](#)

Watch *Strictly Come Dancing's* James Jordan talk quitting smoking after 27 years [... read here](#)

Local stop smoking services - Tower Hamlets [... read here](#)

Better Health - free personal quit plan and more [... read here](#)

NHS stop smoking treatments available [... read here](#)



### Stoptober is now in its 11th year

Stoptober offers a range of free quitting tools including the NHS Quit Smoking app, Facebook online communities, daily emails and SMS, an online Personal Quit Plan. In addition, advice on stop smoking aids, vaping to quit smoking and free expert support is available from local stop smoking service.

#### Did you know?

- People are five times more likely to quit for good if they can make it to at least 28 days smoke free.
- Latest stats show smoking costs the NHS £2.4 billion a year while causing at least 15 types of cancers.
- Nearly six million adults in England smoke, and smoking remains the single biggest cause of preventable illness and death in England.

### Staff resources

Significance of treatment to aid smoking cessation [...read here](#)

Training on Very Brief Advice (VBA) [...read here](#)

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# What happens when you quit smoking?



## “Very brief advice” on smoking is effective

Very Brief Advice on Smoking, or VBA, is a short, evidence-based and non-specialist intervention that can be delivered in less than 30 seconds.

There are three core elements of VBA; the three As – ASK, ADVISE and ACT.

**ASKING** and recording patients’ smoking status. Is the patient a smoker, ex-smoker or never-smoker?

**ADVISING** patients who smoke on the best way to stop. The most effective way is with a combination of stop smoking medication and specialist support.

**ACTING** by offering all patients who smoke a referral to an effective stop smoking intervention and offering stop smoking medication if appropriate.

Evidence from Cochrane Reviews shows that combining medication and behavioural support increases the chance of quitting at six months compared with brief advice or support only.

[Read Cochrane review](#)



## Recommended training

- Respiratory learning toolkit [...read here](#)
- Making every contact count [...read here](#)
- Vaping: a guide for healthcare professionals [...read here](#)
- Alcohol and tobacco interventions e-learning [...read here](#)



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# Open Doors Nursing Team Top tips

## Importance of managing various urine samples

Each GP practice will differ in how they handle the workload for urine samples. Urine samples for microalbuminuria, suspected urinary tract infections, visible and non-visible haematuria add to the daily workload. Having clear processes in place to manage these samples is essential.

### Staff resources

UTI management for quality improvement [...read here](#)

Urinary tract infection treatment in under 16s [...read here](#)

Antimicrobial prescribing for:  
Pyelonephritis [...read here](#)  
Prostatitis [...read here](#)

NICE guidance on managing microalbuminuria [...read here](#)

Recurrent UTI antimicrobial guidance [...read here](#)



### Microalbuminuria

Microalbuminuria is linked with endothelial destruction. It is an independent risk factor associated with diabetes, chronic kidney disease (CKD), cardiovascular disease (CVD), hypertension or high blood pressure and venous thromboembolism (VTE).

Microalbuminuria is a small increase of albumin excretion in the urine which is analysed every year to check kidneys of patients with diabetes or reduced kidney function.

Patients should provide the sample early in the morning. They should avoid intense exercise the day before the test as this can lead to a temporary increase in protein. Eating meat can also affect creatinine levels.

[Click here...](#) to view microalbuminuria classification.

### Patient resources

What to do when there is blood in your urine [...read here](#)

Treating your urinary tract infection [...read here](#)

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# Advice for suspected urinary tract infections (UTIs)

Patients may have been asked by the clinician to drop a urine sample at reception if a UTI is suspected.

## UNDER 65 YEAR OLDS (WOMEN)

Do not perform dipsticks if there are three or more symptoms.

Treat empirically with antibiotics as per North East London (NEL) ICB guidance.

**NEL anti-microbial prescribing guidance**



## OVER 65 YEARS

Do not perform urine dipsticks as they become unreliable with increasing age.

Download this diagnostic tool with useful flowcharts to support your clinical decision making.

**Under and over 65 UTI diagnosis tools**



# Haematuria—non-visible and visible blood in the urine

How do you manage a urine sample which has been dipped and is positive for blood? One to three percent of patients with non-visible haematuria have urinary tract cancer which increases with age specifically in men over 40, (excluding menstruation in women, renal colic, retention, anti-coagulation therapy and UTIs is required before investigating further).

If there are at least two of three dipstick tests positive (not trace) on three separate occasions the guidelines suggest:

- Check blood pressure
- Complete blood tests for full blood count (FBC) urea and electrolytes, clotting
- Send urine for albumin creatinine ratio (ACR) tests or protein creatinine ratio (PCR) tests
- Do a mid-stream urine test (MSU) and treat any infection - consider routine referral if under 60 years with recurrent or persistent unexplained urinary tract infections
- Check for sickle cell disease (if appropriate).

Having a good system in practice to follow up three urine samples for these patients is essential so they do not get missed.

There is no specific local haematuria pathway currently. A useful guide for more details and referral guidance is found here from North Central London (NCL) ICB.

**NCL haematuria guidance**



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# Open Doors Nursing Team Top tips

## Latest joint asthma guidelines released

The British Thoracic Society (BTS), National Institute for Health and Care Excellence (NICE) and Scottish Intercollegiate Guidelines Network (SIGN) have jointly produced new asthma guidelines. These new guidelines are clear, concise, and are based on the most up-to-date evidence.

### Staff resources

Overview of latest joint asthma guidelines [...read here](#)

PCRS asthma guidelines flowchart [...read here](#)

Pharmacological guidelines from 12 years and adults [...read here](#)

Pharmacological guidelines for children five to 11 [...read here](#)

Pharmacological guidelines for children under five [...read here](#)

Objective tests for diagnosing asthma in patients aged over 16 [...read here](#)

Objective tests for diagnosing asthma in children aged five to 16 years old [...read here](#)



### Key changes in the new guidance

There are lots of changes, so do take time to read the guidelines in full as we have only provided a short overview.

- Maintenance and reliever therapy (MART) is recommended for all patients aged 12 and above, and off label for 5 to 11 year olds.
- Agreement to go 'SABA-free' (Short acting beta-agonist) to reduce the risks of SABA overuse.
- AIR (Anti Inflammatory reliever therapy) should be used instead of individual SABA inhalers.

View the Primary Care Respiratory Society (PCRS) asthma guidelines flowchart (below) to help you.

PCRS asthma guidelines flowchart



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# Anti-Inflammatory Reliever (AIR) Therapy

Anti-inflammatory reliever therapy is low dose ICS and Formoterol combination inhaler can be taken as needed for symptom relief. It works well for those with mild or infrequent symptoms. Symbicort 200/6 is the only inhaler licensed for this use at present for patients aged 12 and above.

**Pharmacological guidelines from 12 years and adults**

## Asthma diagnosis

An objective test must support a clinical diagnosis of asthma, but clinical history is still paramount. Objective tests used are eosinophil count above the normal lab range, FeNo >50ppb in adults or >35ppb in children over five, and spirometry with  $\geq 200$ mls reversibility or 12% change in FEV1 in adults and children over five.

In the absence of access to objective testing, a two-week peak flow diary may be used to measure PEF variability to support a new diagnosis of asthma. If a diagnosis of asthma is still suspected despite normal/negative objective test results, consider referral to secondary care for a bronchial challenge.

### Objective tests for diagnosing asthma by age:

**Patients aged over 16**

**Patients aged five to 16**

Objective testing is not recommended in patients under five, so a diagnosis should be made based on clinical history and response to ICS until they turn five, at which point objective testing should be attempted.



# Pharmacological management in children

Check out latest pharmacological guidelines for children aged five to 11 years old.

**Pharmacological guidelines for children aged five to 11**

We are waiting for updated guidance on the use of MART regimes for children under the age of 12, and more inhalers are expected to be licensed for this use.

View the guidance for under fives ...

**Pharmacological guidelines for children aged under five**

### So, should we switch every patient over to a MART regime?

The new guidelines recommends not switching patients from their current treatment pathway if their asthma is well-controlled. All patients on a conventional ICS +SABA regime who have inadequately controlled asthma should be switched to MART.

Any patients who are identified with a prescription for SABA only (no ICS prescribed) should be switched to an AIR regime, even if they only have symptoms occasionally.



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