Kent Local Medical Committee



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## Kent LMC/East Kent Hospitals University NHS Foundation Trust/CCG Interface Meeting December 2019

Drs John Allingham, Gaurav Gupta, Mark Speller, and Simon Lundy attended the recent EKHUFT/CCG/LMC interface meeting. Dr Paul Stevens and Rupert Williamson attended on behalf of EKHUFT and Karen Benbow attended on behalf of the East Kent CCGs.

#### Follow up of paraproteinaemia

This is being addressed in the Primary Care Quality Standard work. CCG/LMC to report back.

#### **Rapid Access Chest Pain Clinic**

Rejections on technical reasons were discussed. Concerns were raised that delays to treatment as a result of exclusions may be leading to harm. CCG will work with cardiology leads and review the commissioning criteria.

#### Issuing Med 3s in the Early Pregnancy Unit

The unit are investigating this issue and it will start happening in the New Year.

### **Retiring Consultants**

Transfers to new consultants should occur. It is a process issue and is the responsibility of the director of the department.

#### Pathways for Acute Admissions

This is difficult and delays waiting for clinicians to respond to calls are increasing pressure on all concerned. Can this be made more of an administrative transaction?

#### 2WW referrals

CCG are looking to introduce an additional category between 2ww and routine. This may be piloted in a couple of specialities.

### **Co-incidental finding of Cancer**

This should be a consultant upgrade to next MDT. Should not go back to GP for 2ww referral. Confirmation of this will occur and radiologists be reminded to clarify 'what they have done'. GP remains responsible for communicating result to patient.

# What to expect when you are referred to a specialist poster

This has been displayed. EKHUFT to see if it can be added electronically to information that goes out for outpatient appts.

#### **PSA** follow up

There is a service for those patients not under care of the trust under development. News in due course.

#### Pathology phone numbers

This issue is not resolved. Need a consistent set of bypass numbers. Issue of patients with 2 profiles on the system was discussed. This is work in progress.

#### Communications

An appeal was made not to use abbreviations GPs do not understand. Note for pacemaker dept.

Request for directorate specific e-mails 'for chasing' referrals.

Raised platelets. Work is in hand on an undifferentiated cancer clinic.

### A&E Communication of Investigation Results

A&E copying results to GPs for action, it was agreed this still happens and has potential medico-legal and safety issues. This will require a culture change which will take time.

#### **Dexa Scans**

GPs are being instructed to start bisphosphonate and Vit D because of delay in referral. CCG were unaware of the capacity issue with the service and will investigate

#### **Referrals to Ambulatory Care**

Ambulatory Care and Medics bouncing referrals. This was added late to the agenda and will be carry forward to next meeting.

#### **Recording of Fit Notes on EDNs**

Amended EDNs. LMC asked if the amendments could be highlighted in some way so GPs can see what has changed.

#### Notifiable diseases detected by laboratory

GPs need to know if lab has done the reporting. PS will feedback to PHE.

#### **Emergency Ambulances**

The booking of emergency ambulances was discussed. SECAMB requiring NEWS scores and

clinician contact is the explanation not changes in the 'bed bureau'. LMC will follow up with SECAMB liaison.

Cancellation of appointments The LMC asked if appointments are cancelled by EKHUFT do the patients go to the bottom of the waiting list. EKHUFT will investigate.

**Date of Next Meeting** 

26th March 2020

John Allingham Medical Secretary