Kent Local Medical Committee

Supporting list based personalised care, the partnership model and meaningful collaboration

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB
Tel. 01622 851197 Fax. 01622851198

Kent LMC/Maidstone & Tunbridge Wells NHS Trust Newsletter August 2016

Drs Adam Skinner, Zishan Syed, Mark Ironmonger, Robert Blundell and Mr Carlo Caruso joined Dr Wilson Bolsover at the recent LMC/MTW liaison meeting.

Electronic Discharge Note (EDN)
The Trust is in the process of procuring a new Patient Administration System (PAS) and it is anticipated that it will have the option of having an EDN module as an add-on. It would be possible to adapt the current system, Telelogic, to produce differently formatted EDNs. However, to do so would require a significant investment so it was decided to investigate the functionality of the new PAS before making the decision as to how best to invest.

It is anticipated that the new PAS system will be introduced in October 2016. It is expected to be embedded, with any required operational adaptations, by Spring 2017. The new system can operate as a single patient record and will integrate with the variety of systems in place across the hospital.

The group discussed how there continued to be inappropriate requests from secondary care doctors asking GPs to follow up results for tests initiated in secondary care. It was felt that this was inappropriate delegation of responsibility and there is an expectation that secondary care will follow up on test results initiated there.

The Trust agreed to circulate a summary of principles of general practice/secondary care interface. However, it was felt that this may be particularly difficult for patients seen in the Emergency Department where there are no systems for follow-up of patients. It would probably be necessary to refer a patient back to their GP for the management of a problem not requiring admission rather than attempting to address it during an ED attendance. The LMC representatives that even for A&E the principle remains that secondary care will follow up on test results initiated there.

Post Meeting Note
Following the meeting the medical director and Deputy Medical Director sent a letter to all doctors in the Trust clarifying the Trust's responsibility for completing patient pathways. This issue was also discussed at the clinical director's meeting on 7 September. It was thought that there are some situations in which it was significantly more convenient for patients to have their treatment modified by their GP before planned procedures, for example when adjusting the INR for elderly patients prior to ophthalmic surgery, but that these specific situations will need to be identified with the CCG so that an agreed pathway can be established.

It was however accepted that it is the Trust's responsibility to ensure that the results of all the investigations we undertake are appropriately communicated to the patient and their GP.

Quality First – Unfunded Work
This item was subsumed into the discussions had on EDNs, pre-and post-operative anti-coagulation, follow up investigations, infertility pre-referral investigations, and GP Forward View.

Delay in Urgent Referrals
The group discussed what appear to be frequent and significant difficulties in reaching a junior doctor when seeking to make an urgent referral. GPs can be left waiting 10 to 15 minutes in a busy surgery waiting for a JD to answer a bleep.

Late re-appointing of outpatient appointments
The late appointing of cancelled clinics was again discussed. GPs feel that last minute cancellations appear to be increasing with on

the day cancellations also occasionally occurring.

The Trust agreed to look at this but would require specific examples to follow up in order to better understand why this might be occurring.

Pre and Post-Operative Anti-coagulation
Practices were receiving requests to carry out this work despite there not being any satisfactory governance arrangements around this. Practices are not informed of the various protocols surrounding the requests from different departments nor the INR value that is being aimed for.

Dr Bolsover confirmed he would seek to also clarify this particular issue in the summary of principles for secondary care interface with general practice.

Post meeting note
Please refer to the post meeting note above.

Follow up investigations
The group discussed examples in which patients are referred to their GP for blood tests by hospital departments. It was felt that this needed to be addressed by making changes to the pathway. The LMC agreed to follow this up through its liaison meeting with the CCG.

MRI and other diagnostic reporting
The GPs reported that patients are being advised to attend their GP for MRI and other diagnostic results within 2 to 3 weeks of the scan, with results taking around 4 weeks to arrive at the practice. The Trust agreed to look at the standard advice that patients are being given.

Post Meeting Note
The direct access imaging provided for GP's is currently plain film and ultrasound. Plain films are either reported immediately (if they are classed as requiring a 'hot report') or within 48 hours. Ultrasound scans are reported at the time of the scan. There is a potential for a minimal delay in the printing, enveloping and subsequent posting of these reports but this is being mitigated with the gradual introduction of electronic transfer of reports.

It is understood that patients are advised to return 7-10 days after the examination to allow for the safe delivery of the results. This should be ample time for the results to be returned to the GP.

In the past the Trust has requested examples of when this has failed but have yet to receive any information. The Trust will require specific examples of cases if it is to resolve this perceived problem.

GP Forward View
The group discussed the new standards for hospital/general practice interface that were introduced to the NHS Standard Contract 2016/17. Dr Bolsover agreed to circulate this amongst doctor colleagues.

Post Meeting Note
The document was circulated to clinical directors and all doctors with the letter mentioned under the post meeting note for EDNs.

Infertility pre-referral investigations
This concerned the issue that MTW is being asked to not accept referrals without extensive pre referral investigations having been performed by the GP. The LMC was clear that general practice was not commissioned to provide this.

The group agreed this reflected issues with the pathway the LMC would take up this issue through the CCG liaison meeting.

Midwifery
An issue was raised in which GPs are asked to respond to information requests from the midwifery service but will not receive a response to confirm that the letter has been received. It would help practices to receive some form of acknowledgement.

Furthermore, communication with midwifery services is generally lacking. There are no reports of consultations with patients until either there is a complication or until after the birth.

Dr Bolsover agreed to look into this.

Post Meeting Note
Dr Bolsover is in correspondence with the Head of Midwifery about these issues.

Referral management
The LMC reported that there appeared to be an increasing in the number of appropriate referrals that are rejected. An example in which a referral was rejected because they had previously been treated under Medway Foundation Trust for a related condition, with the advice that they should be referred to MFT for the current issue.

Dr Bolsolver agreed that any appropriate referral should be accepted.

Report from MTW
The Trust reported that at the beginning of the year the hospital had approximately 12 physician consultant vacancies. This included 4 Acute and 4 Care of the Elderly Physicians. This has made it particularly challenging in maximising throughput through the wards. The Trust is making the filling of these vacancies a priority and progress is being made.

Dr Ironmonger expressed sympathy with this point, adding that if some of the issues around general practice/secondary care interface could be addressed, it may enable general practice to dedicate more time to preventative admissions and caring for the elderly and the frail in the community, which may help to alleviate some of the pressure from secondary care.

Date of next meeting
January 2017, precise date to be confirmed.

Carlo Caruso
Deputy Clerk on behalf of Kent LMC