Kent Local Medical Committee

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Highlights from the meeting between Kent & Medway Partnership Trust and the Kent Local Medical Committee
May 2017

Drs Caroline Rickard, Emma Simmons and Kevin Tan met with Drs Catherine Kinane and Chris Koen from KMPT.

Community Mental Health Teams and the Transfer of Care
KMPT provided an update on the development and implementation of Primary Care Mental Health Specialists. KMPT has identified a large number of patients for potential discharge into primary care. This is being managed through the Primary Care Mental Health Specialist Pathway. Primary Care Mental Health Specialists (PCMHS) are aligned to locality pods and work under the supervision of consultants. They will manage the patient, including undertaking medication reviews and depot injections, and can refer back into secondary care if the patient deteriorates.

KMPT do not anticipate that the development of PCMHS will result in a transfer of work into general practice and anticipate that although GPs will need to be kept up to date with the care the patient is receiving, they will be cared for in the community by the PCMHS.

The interface between general practice and the PCMHS varies across CCGs because of the variation in CCG commissioning decisions.

Single Point of Access
The role of the SPOA has been gradually expanding to now include requests for advice from Police and Emergency departments. A review is currently underway looking at staffing, telephony, scope of functions, interdependencies across service lines, and how developments at Sustainability and Transformation Partnership level might impact on the SPOA.

There was a discussion around issues that GPs have been experiencing in relation to the SPOA. KMPT agreed to clarify and reconfirm

This included difficulty in making urgent referrals and receiving medication advice via the SPOA. KMPT confirmed it will seek to reinforce how to manage urgent referrals and requests for medication advice internally.

The group also discussed issues relating to patients seeking to access self-referral IAPT services. Patients have found that have been rejected on the basis that their needs are too great or the risks are too high for the service. In such circumstances patients can find themselves unable to access appropriate care or support. KMPT explained that it has made repeated attempts to raise this gap in commissioning with CCGs. The LMC has agreed to take this up with CCGs via through its liaison meetings where appropriate.

NHS GP Health Service
The LMC shared details of the GP Health Service and details of the meeting with Kate Little, local representative for the service, with KMPT. The service is seeking to recruit sessional to work for it. KMPT agreed to promote details of the scheme to its staff.

General Practice / KMPT interface
The group discussed a number of examples around GPs have been asked to initiate prescriptions by KMPT consultants. KMPT has developed a protocol to seek to ensure that medications are initiated by its consultants when appropriate. However, due to the high

number of vacancies and reliance on locums it has been somewhat of a challenge to ensure that it is being consistently adhered to. KMPT is now including this in the locum induction pack, outlining their clinical responsibilities in an attempt to address the issue.

KMPT explained its protocol for the initiation of medication. Its consultants are expected to initiate medication for patients if patients are taken on and to be monitored by KMPT. If patients are assessed, given a prescription and then discharged then there is an expectation that GPs would pick up the care of patients. The LMC raised that this latter group of patients might be somewhat problematic for GPs because the medication may be outside of their outside of area expertise. KMPT advised that it does provide CPD on managing mental health patients in primary care which is CPD accredited. It will also be providing CPD on secondary care mental health eligibility criteria which will be CPD accredited.

KMPT also advised that its consultants now have access to DART, although they are not equipped to take blood and have limited BP monitoring and ECG facilities on its premises.

If a patient is acute then it would be reasonable for them to be referred and their need for medication met whilst the assessments are carried out.

Referral for Memory Assessment
The group discussed the pre-referral dementia assessment that KMPT asks GPs to undertake. The referral assessment is recommended by NICE but neither KMPT nor general practice is commissioned to undertake it.

The LMC raised that it can be difficult to, for example, take bloods from a patient that is demented and not amenable to it. KMPT agreed that if a referral letter indicates this then it would not be reasonable to refuse the referral.

Date of Next meeting
October 2017

Carlo Caruso
Deputy Clerk on behalf of Kent LMC