



Kent Local Medical Committee

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

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Kent LMC/Medway NHS Foundation Trust Newsletter November 2017

Drs Om Singh and Kavita Pancholi joined Mr Carlo Caruso attended the bi-annual meeting with MFT. Dr Ghada Ramadan and Mr Stephen Houlihan attended on behalf of the Trust.

Incorrectly Addressed Correspondence

Practices are continuing to receive patient related correspondence addressed to doctors that are no longer at the practice. MFT described the number of steps that the trust take to ensure data accuracy. When a referral is received then the details held on the PAS are updated. Upon arrival patients are asked to confirm their contact detail and the name of the GP and the surgery at which they are registered.

An issue can arise when there has been a change of GP at a surgery. On such occasions practices can contact the trust to update information held on the PAS.

MFT would welcome examples of where this continues to be an issue so it can ensure that its systems and processes are embedded. The LMC will collate these on behalf of LMC reps and practices and share with the MFT.

Trust expects to move to digital dictation in the near future, which it hopes will resolve the issues around correctly addressing correspondence.

Acute Referral Pathway

The LMC confirmed that it had asked the CCG to ensure that the new referral pathway for emergency and ambulatory referrals are communicated to practices.

Interface between Primary and Secondary Care

The group agreed the joint British Medical Association and NHS England document, [The interface between primary and secondary care: Key messages for NHS clinicians and managers](#) was both clear and unambiguous, and clearly set out the responsibilities for primary and secondary care.

The issues that this document has raised have been discussed at the Clinical Council and Diane Hamilton-Fairley wrote to all MFT clinicians to highlight what clinicians can do and the benefits they bring to patient experience. MFT will share Diane's communication with the LMC so that it can be shared with practices.

The Clinical Council has recently discussed the consultant to consultant referral requirements and produced an internal procedural document which is in the process of being signed off. It will share this with the LMC for comment.

MFT and LMC agree that implementation of the standards will benefit patient experience. MFT is keen to ensure the changes are embedded and so invites practices to share any issues they encounter with the LMC who can collate them for and share them with the Trust.

The LMC did feel that the interface issues did appear to increase around the time of the new intake of Junior Doctors (JDs). There was a suggestion from the LMC that it may be helpful if a GP was invited to the JD induction to discuss what GPs do and how important effective communication between primary and secondary care is.

MFT is passionate about reforming the induction programme however it has to prioritise mandatory training which leaves little room for anything else. However, a copy of the key messages document will be included in the doctors' toolbox and this will include any local variations to the contract such as the minimum length of prescriptions. MFT will also promote it via the Medical Director bulletin and Clinical Council.

There was also a discussion regarding a new patient leaflet published by NHS England, [What happens when you are referred by your GP to see a specialist](#). The LMC has shared the leaflet via its website and will be asking the

CCG to provide practices with reams of the leaflet to give to patients. The Trust agreed to publicise the leaflet amongst its clinicians.

There was a specific discussion about consultant to consultant referrals. The Trust's policy allowed for consultant to consultant referral in the case of an emergency, but for patients to be discharged back to the GP in non-emergency cases. There was a discussion about whether it was consistent with the new interface standards. MFT agreed to share a copy with the LMC.

felt that it would be more appropriate for the nurses to prescribe the medication if there was an identified need.

Date of Next Meeting
2-4pm, 14th March 2018.

Carlo Caruso
Deputy Clerk on behalf of Kent LMC

Communicating Primary to Secondary Care interface issue

The group discussed how it may be helpful if MFT would identify a specific person to deal with interface issues and report back to individual practices that raise them. Similar initiatives are operating in different trusts in East Kent.

MFT asked the LMC to make a proposal based on the model used in EK which it can then consider.

MSU result following pre-assessment clinic

GPs are finding that when patients attend a pre-assessment clinic and have an abnormal MSU result they are discharged and returned to the GP for treatment and then re-referral. It was felt that this did not contribute to positive patient experience and it may be better if patients were retained on the waiting list and treated for the abnormal result by the hospital.

There was a similar issue for patients having blood pressure checks at a pre-assessment clinic, where they are discharged back to GP if BP readings are high. It would be helpful if patients were given an opportunity to return to pre-assessment clinic and be rechecked. 70% patients will be normal. The remaining could be referred to GPs for further investigation and management.

MFT agreed to look at the current procedures for the pre-assessment clinic.

Midwifery Department

It was reported that Midwifery department ask GPs to prescribe iron or other medications that are on the Midwifery formulary. It was