Kent Local Medical Committee

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Highlights from Kent & Medway Partnership Trust/Kent Local Medical Committee Interface Meeting November 2017

Drs Caroline Rickard, David Lawrence, Simon Lundy, Zishan Syed, Reshma Syed, Katja Philipp and Mark Ironmonger joined Donna Clark at the bi-annual KMPT/LMC interface meeting. Drs Matthew Debenham and Catherine Kinane attended on behalf of KMPT.

Access to Self-Referral IAPT Services
A discussion took place about the service across the county. Concerns were reported about waiting lists and the people for whom 6 sessions will not be enough. KMPT will not be providing any IAPT after the end of November. It was reported that some patients are sent back to the GP because they do not meet the criteria, without specifics.

There is concern that there is a lack of appreciation by mental health services of the assessment conducted by the GP prior to referral, and the fact that the patient has gone beyond the remit of the GP when refusing to accept referrals. Many patients lurch from crisis to crisis and only the GP has long term input even though they need more support. KMPT explained the process when a referral is received and acknowledged that there are a number of routes and that KMPT is not the only provider in K&M for mental health services and they have a block budget. KMPT agreed there is a gap between IAPT and the next level of mental health services. KMPT have pressure on demand and therefore do need to discharge patients in order to take on new patients. KMPT are hopeful that the STP work will lead to more services provided locally and integrated with primary care and to have very clear criteria for secondary care referrals. The LMC representatives expressed concern that if a patient does not engage with the mental health service they are simply discharged back to the GP, and asked whether the service could send referrals on to the appropriate part of the service rather than send back to the GP. KMPT commented that IAPT and other mental health services are from a different provider. All the issues being raised are about fragmented pathways which need to be addressed by the commissioners.

NHS GP Health Service
The LMC reported there are now 3 clinicians providing the GP Health Service across K&M and GPs can self-refer.

Details are available on the LMC Website https://www.kentlmc.org/nhsgphealthservicemay2017 .

Interface between Primary and Secondary Care: Key Messages for NHS Clinicians and Managers/What happens when you are referred by your GP to see a specialist
The LMC is sharing these documents with all providers. A discussion took place about onward referrals with KMPT commenting on the way mental health services are organised and how this differs to many physical health services. KMPT have recently appointed a consultant in Maidstone CMHT having been without a substantive consultant in that area for some time.

KMPT explained that CMHT will aim to see someone within 28 days (but with vacancies and recruitment difficulties this is not always possible) CMHT will refer patients to CRT but they then use their own process to prioritise.

Shared Care Agreements
GPs are being asked to prescribe medications e.g. antipsychotic drugs such as modecate, which should only be done under a shared care agreement. KMPT stated that their

understanding was that stable patients should be discharged back to the GP and they would continue medications. LMC representatives stated shared care requires competence, capacity and consent, and explained that for certain drugs there must be a shared care agreement in place and that even then GPs do not have to accept it if they feel prescribing of that drug is outside their field of expertise. KMPT are taking this up with CCGs as they cannot take new patients on if these stable patients were to need to stay within the service. LMC representatives explained the medico legal risks when a GP prescribes something outside their field of expertise, and there needs to be a shared understanding of which drugs GPs are happy to prescribe and those they would not.

Our West Kent LMC representative expressed concern that KMPT are using a different formulary to West Kent CCGs formulary. KMPT asked for examples and they will investigate.

DGS Issues
Single Point of Access (SPA)
KMPT pointed out that only about 50% referrals through Single Point of Access are from GPs and that call handlers are well trained. They asked whether GPs would value a dedicated hotline for GPs for urgent referrals. If so this will require a push for some significant investment. If a patient is already known to the service a GP can call the SPA and ask to speak to CMHT duty and they will get an immediate response. KMPT to arrange for contact information to go to CCGs for distribution on DORIS, DXS etc.

Adults ADHD
This service is not provided by KMPT. CCGs need to inform GPs of referral pathway.

Adults who maybe Autistic
This service is not provided by KMPT.

Community Mental Health Teams:
Workforce
The LMC expressed concern about the large number of vacancies in this service. KMPT acknowledged this and stated that they are doing their best but there is a shortage of Registered Mental Nurses.

Dementia Referrals
The LMC expressed concern that new tick list criteria have been applied to referrals into the dementia without any discussion and haphazard application and some things are unreasonable as the GP will not be initiating the test e.g. any contraindications to MRI scan. KMPT understood that this criteria had been agreed across K&M with CCGs. The LMC stated that agreement with the CCG (a commissioning organisation) is not the same as individual GPs or practices (providers) agreeing.

Date of Next Meeting
22nd May 2018

Donna Clarke
Practice Liaison Officer