



# Kent Local Medical Committee

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

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## Kent Local Medical Committee/Maidstone & Tunbridge Wells NHS Trust Interface Meeting Newsletter November 2017

Drs Richard Claxton, Mark Ironmonger and Neil Potter, John Allingham & Mrs Donna Clarke Dr Peter Maskell and Jenny Cleary, Head of Midwifery, at the recent LMC/MTW Interface meeting.

### **Pre and Post Operative Anti-coagulation**

Peter Maskell confirmed that this should be being looked after by the Trust except in exceptional circumstances such as the patient being unable to return for a prescription. John Allingham commented that this probably happens quite often and consideration should be given to sending electronically or posting to the patient.

### **MRI and other diagnostic reporting**

Peter Maskell discussed the new non-obstetric ultrasound (NOUS) form and that this had been introduced following a direction from the CCG. The LMC agreed take to CCG the next liaison meeting.

### **Cardiac investigation forms being required on paper**

MTW reported that ICE is being purchased by the CCG for electronic order comms in the future. The LMC raised the question because the cardiology department are insisting on printed paper form with GP signature for ECHO, 24-hour tapes etc. MTW agreed to investigate.

### **MRI**

MTW do very few MRIs as no AQP status for this. However, they have taken on board the issue of time taken to report on them and aim to improve. The wider issue of - in all radiology tests - radiographers advising patients of an underestimated time by which the GP would have the results was raised.

### **Introduction of e-referrals**

PM read an email responding to the national target for all referrals to be electronic. The LMC gave an example of the difficulty finding specific consultants within the e-referral

system, and provided the results of a CCG survey of the difficulties practices have identified with MTW on ERS. Peter Maskell confirmed the cardiologists are happy to provide advice and guidance via ERS as they get several referrals from GPs where patients do not need to be seen.

### **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**

Both the above documents were tabled and Peter Maskell stated that he wants to see ALL instances of breaches by the Trust. MTW are keeping a spreadsheet of them and once they have enough to draw a conclusion about where the problems lie they will be arranging an educational event for the consultants concerned.

John Allingham suggested the idea of GP/Consultant shadowing to enable appreciation of each other's workload.

### **Midwifery Service**

Richard Claxton raised the issue of the increasing remoteness of midwifery services to General Practice, and concern that the service is becoming more fragmented leading to poor communication and confusion around test results. This led to a long discussion resulting in the following action points.

- Clarify what are obstetrician and what are GP responsibilities. Jenny Cleary has raised this with Sarah Flint, Clinical Director and will agree a list and logistics for women & staff.
- Confirm with CCG who is responsible for prescribing what. Jenny Cleary has spoken to CCG and they will look into this.
- Consider email as the agreed form of communication.
- Consider the possible implication of midwives no longer using GP systems

**Virtual Fracture Clinic Med3**

Richard Claxton reported that this clinic is sending patients to their GP for a fit note because they are not seeing the patient. It was suggested that it could be sent to the patient with the copy clinic letter. MTW agreed to investigate.

**Mis-Addressed Letters**

This is a known issue with the PAS for which there is currently no solution.

**Physio Patient info re cancelled & Missed Appointment**

Patients are receiving a leaflet about new rules for cancelled and missed appointments which is contrary to the standard contract. Peter Maskell agreed to investigate.

**Junior doctor induction**

The LMC would like the induction programme to include information about the standard contract and the role of the GP, and are aiming to write something to go in the handbook. Richard Claxton offered to attend a session of their annual rotation. Peter Maskell agreed this would be useful and agreed to take it forward with the appropriate person.

Date of next meeting  
20th February 2018

Donna Clarke  
Practice Liaison Officer