Kent Local Medical Committee

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

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Darent Valley Hospital Trust/Kent LMC Interface Meeting March 2018

Drs Ian Jones and Kevin Tan joined Dr Caroline Rickard and Carlo Caruso at the recent DVH/LMC interface meeting. Dr Steve Fenlon, Gemma Knights Dr Uduakobong Ndiyo, Dr Catherine Meilak, and Dr Guy Sisson attended on behalf of DVH.

'POPS' Team
Dr Catherine Meilak explained about a new service led by herself and a colleague who are overseeing the medical care of complex elective surgical patients in Vascular and General Surgery, and also overseeing elderly/frail patients from surgical emergency admissions with a view to assisting with management of medical needs of patients and discharge planning from day one. Called the 'POPS team', proactive care of older people undergoing surgery. Assessments are comprehensive and will be communicated with GP. This service has been set up and funded by the trust to improve patient outcome and experience. LMC representatives were very enthusiastic about the new service. DVH agreed to provide anonymised examples of assessments for the LMC to review and feedback.

Gynae 2WW referral rejections
Issues appear to be ongoing. The group agreed this is the type of service that could be co-provided between general practice and DVH, bringing staff and equipment into the community as part of the pathway. The issue is how the CCG has communicated a provider of community ultrasound gynae. The LMC and DVH are concerned that this pathway creates risk if a referral is rejected and is not communicated or received effectively. It creates unnecessary complication to the pathway. Concerns to be raised with CCG.

Colorectal 2WW Form Change
DVH updated that the form change came from the CCG. It was noted that the amended version is now on DXS.

A&E Referrals by GPs
Referrals to surgeons need to go via A&E for assessment (see previous notes). DVH is trying to modernise. Not all specialties have area in place to assess patients and so to create consistency all referrals go via ED. If patients attend with a letter from the GP and the GP has had the patient accepted by the on-call team, the on-call team will be contacted to come and assess the patient. If the GP cannot get hold of a specialty to refer in an emergency, then referral to ED is acceptable. Patients that have a letter from their GP will find their processing through the ED assisted by this.

Copy Results from Trust Clinicians
This issue should be resolved by the imminent merger with North Kent Pathology Services, which should now indicate clearly when results are copied to GP for information only.

Actions around the Hospital Contract
There were very few issues from perspective of GPs regarding communications. However, it would be useful if there were an agreed single point of contact for interface issues so that trends can be identified and then issues can be resolved at a system level. The EKHUFT single point of contact was discussed. There was a discussion around how it might be streamlined. Some issues are obvious to resolve, some are vague and need more detail to resolve. There is

a concern that some GPs are not raising issues because it is complex and time consuming to do so. Dr Steve Fenlon is happy to be the central point of contact for issues and to receive these by e-mail. Local GPs are very appreciative of Dr Fenlon's accessibility and enthusiasm for achieving change in the organisation. LMC is happy to come and speak with Junior Doctors about interface issues.

Discharge Summaries 'GP to Refer'
The Trust are aware that sometimes communications in both directions are less than ideal and are working to improve awareness amongst colleagues and juniors. DVH will investigate how it might do quality control on EDNs, with the possibility of setting up a periodic sample audit of quality.

Patient Follow up in Primary Care
Clinical Nurse specialists are being asked to see patients instead of consultants. The possibility of some of the follow ups to be carried out in the community was discussed. DVH is working on self-management, eg patients and PSA monitoring.

Ophthalmology Clinic
This is a hosted service. Kings withdrew from providing services at DVH and Moorfields are now providing the service. This is run as a separate unit. DVH have no control over patient list and cannot be responsible for their onward referral. Kings have decided to take patients with them. DVH can refer acute patients to Moorfields. If patients want to change from Kings to Moorfields (to enable provision of care at DVH) they have to see their GP for a new referral.

Recruitment
The GPs expressed a desire to develop portfolio opportunities for nurses across secondary and primary care, with the aim to provide flexibility, variety and friendly hours. They hope to collaborate with DVH to create innovative posts. DVH are recruiting GPs into the hospital. Issues have often arisen around indemnity. This is likely to improve with the introduction of the Government backed indemnity scheme for GPs in April 2019. DVH are willing to collaborate to create portfolio options and are happy to explore opportunities with CEPNs and federation. Ian Jones expressed that he sees this as a key part of the survival plan. There are lots of experienced nurses who would benefit from enablement that such a scheme can provide.

Stroke Review
The stroke review has been a long time coming, perception of loss and gain has made this a challenging process but ultimately fewer and better staffed stroke units should deliver better care to all of the patients of Kent and Medway overall. The stroke team and wider hospital staff are very keen to retain and develop a stroke service based in Dartford and are pleased to be considered in 3 of the 5 options proposed for selection by clinical representatives of CCGs following the public consultation the ends in the next 2 months.

Date of Next Meeting
18th September 2018

Carlo Caruso
Deputy Clerk