



# 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 March 2018

Drs Kavita Pancholi, Om Singh and Reshma Syed joined Mr Carlo Caruso at the recent LMC/MFT interface meeting. Dr Diana Hamilton-Fairley and Mr Stephen Houlihan attended on behalf of the Trust.

### Results from Pre-assessment clinic

MFT confirmed that the current policy for the pre-assessment clinic, for patients with abnormal MSU or BP readings, is to be discharged back to the GP for treatment and for the patient to be re-referred later. The reason for this is that the clinic is nurse led and they are unable to initiate treatment.

The LMC felt that this created an unnecessary administrative burden on GPs and was not positive for patient experience. There is also the issue that patients that attend pre-assessment may find that their blood pressure is unusually high. The LMC felt that it might be better patient experience, when the blood pressure is high, for the trust to consider approaching the practice to ascertain whether the deviation is significant for the particular patient. Furthermore, it would be helpful if patients, when normalised, could have a telephone number to return quickly to pre-assessment without needing to be re-referred. MFT agreed to look into establishing a telephone contact.

There were also further issues discussed regarding MSU and Hb that lead to patients being discharged. The LMC felt that GPs were unclear about the Trust's expectations patient referrals for different pathways.

The group agreed to take an in-depth look at pre-admission clinics at the next meeting.

### Midwifery Department

At the previous meeting it was reported that the Midwifery department ask GPs to prescribe iron or other medications that are on the Midwifery formulary.

It was reported that this was because Midwives can't prescribe iron other than soluble iron that all pregnant women receive.

Pregnant women with a UTI have also been asked to approach their GP for a prescription. On occasions the request is accompanied with insufficient documentation so the rationale for or the author of the request is not clear. MFT agreed that it would explore with the Midwifery Department if it could develop a proforma for such occasions to ensure that the relevant information is transferred to the GP.

MFT did advise that on many occasions it is not possible for it to initiate the prescription. The test result takes 48 hours to return and the patient has often gone home. The hospital has also initiated a policy to not issue FP10s because there is a 40% surcharge that cost the trust £2.5m a year. Patients will now receive 2 weeks medication initiated by a hospital from the on-site pharmacy. It is looking to adopt e-prescribing to overcome this issue.

### Interface between Primary & Secondary Care

It appears that GPs continue to receive incorrectly addressed clinical correspondence. The Trust does have a policy in place that all patients are asked to confirm the details of their surgery and GP. The LMC felt it would be helpful if the name of the referring GP is picked up and used for correspondence because this causes issues with practice because clinicians that did not make the referral will receive the result.

The Trust will look into this and try to ensure consistency amongst all its departments.

### Communicating Primary/Secondary Care Interface issues to the Trust

The group agreed that it would be helpful to have a single point for reporting interface issues that could also accept patient

identifiable data. In the absence of this GPs find themselves having to report single issues to MFT and the CCG, and to also anonymise the correspondence with the CCG. It was felt that this administrative burden was deterring GPs from raising interface issues and so the scope and scale of it was not fully appreciated. The LMC agreed to discuss this with the CCG.

#### **Discharge Summaries**

GPs have been receiving summaries for patients that haven't been discharged. MFT confirmed that it has introduced a new rigour in discharge notice preparation and this may have inadvertently led to some being issued before the patient has been discharged.

#### **Echo-cardiogram**

GPs have been sent copies of ECG results and advised to share them with the patient. The Trust agreed that the results should be communicated by Trust clinicians and it will be writing to all of them to remind them of their obligations to communicate these themselves.

#### **Cardiologist and Heart Failure Service Communications**

It appears that GPs are being used as a go-between these 2 services. The Trust agreed to seek to resolve this.

#### **Surgical on-call doctors**

The Trust has recognised the difficulties GPs experience when trying to contact an on-call doctor. SH confirmed patients need to be referred via the relevant registrar through switchboard.

#### **Referral Quality**

There was a discussion regarding the quality of referrals from GPs. There was an agreement that it would be helpful to look at this in further detail at the GP Monthly. Dr Om Singh agreed to look into this.

#### **Date of Next Meeting**

19th September 2018

Carlo Caruso  
Deputy Clerk on behalf of Kent LMC