



Kent Local Medical Committee

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Medway Community Healthcare(MCH)/LMC Newsletter April 2018

Drs Chidambaram Balachander, Kavita Pancholi and Naveen Rishi joined Dr Caroline Rickard and Carlo Caruso at the recent LMC/MCH liaison meeting. Dr Simon Collins, Penny Smith and Sue Wilson attended on behalf of MCH, and Patrick Cahill attended on behalf of the CCG.

Waiting times for MCH services

The publication of the new website has been delayed. MCH continues to work the developers on the technical requirements and costs. It anticipates making its commissioning decision by 11 May 2018 after which it will proceed with its implementation.

The LMC will be invited to test the website in anticipation of its launch.

Multi-Professional Educational Update

Having reviewed the options for holding an event the MCH has decided to apply to use a GP Monthly meeting to run the educational event. It was anticipated that this would be the best way to ensure it could reach a majority of Medway GPs. The focus of the event will likely be clinical but will also be used to inform GPs about the range of services MCH provide and how they complement general practice.

The LMC was enthusiastic about how the session could be used to achieve a greater understanding of the relationship and division of labour between general practice and MCH.

All agreed that the event would be best held before the winter period arrives. The CCG agreed to help with the arrangements.

GP/Community Interface

The LMC and MCH agreed that communications between community and general practice teams were largely

successful. However, it was felt that it could be improved in areas.

There was a discussion about for GPs to prescribe for patients that are under the care of MCH. The latest guidance from NHS England: [Responsibility for prescribing between primary and secondary/tertiary care](#) was referenced in the discussion.

There was an expectation amongst GPs that they would only be called on to prescribe for patients if they had been discharged from MCH. However, there were a number of examples in which GPs are being asked by MCH to prescribe routine medications such as anti-biotics, insulin or palliative care medications. The preferred option for GPs would be that MCH would issue medications without reference to GPs by adopting PGDs. For prescription for non-routine medications MCH could seek to develop 1 or 2 Nurse prescribers per team.

GPs also received a number of requests from MCH to undertake an onward referral, for example, from the incontinence service to urology. There was an agreement that the NHS Standard Contract sought to abolish this practice, and that there is very little evidence to support that involving the GP provided any tangible benefit to for patients. There was an agreement that MCH would develop a number of referral pathways to deal with specific issues with a view to reducing the workload in general practice.

Information on Referral forms

It seems that many referral forms for MCH teams consistently ask for information that is not relevant to the referral being made. This includes information about nearby parking, sexual orientation of patient, and whether they have a dangerous pet or not. The LMC recognises

that MCH had a responsibility to be collecting some of this data as part of its equalities monitoring, but that it is not the GPs responsibility to collect it on their behalf.

MCH confirmed that it is currently reviewing the referral process and how it collects this additional data and will feedback to the LMC following the meeting.

Requests from Community Nursing Team

The LMC reported that GPs had been receiving results from specialist investigations requested by MCH. There was an agreement that it should be the clinician that requests the investigation that follows up on the result.

There was also a discussion about patients that had been referred for an enema. It was reported that referrals for enema would be rejected if there was no evidence that the patient has had a rectal examination by the GP. The group agreed that a referral should not be rejected on this basis.

MCH shared details of the locality contacts for the Community Nursing teams:

Rochester Clinical Nurse Manager
Kelly Collins
m: 07768987728
e: Kelly.collins@nhs.net

Chatham Clinical Nurse Manager
Kelly Collins
m: 07768987728
e: Kelly.collins@nhs.net

Rainham Clinical Nurse Manager
Hayley Ince
m: 07534982088
e: Hayley.ince@nhs.net

Gillingham Vacancy covered by Clinical Nurse Manager Sarah Charles
m: 07768045418
e: sarah.charles2@nhs.net

Strood Clinical Nurse Manager
Kelly Budgeon,
m: 07920545648
e: kelly.budgen@nhs.net

Lordswood Clinical Nurse Manager
Angela Barnes
m: 07796993586
e: angela.barnes12@nhs.net

Date of Next Meeting
4th September 2018, MCH House

Carlo Caruso
Deputy Clerk