



Kent Local Medical Committee

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Highlights from Kent & Medway Partnership Trust/Kent Local Medical Committee Interface Meeting May 2018

Drs Mark Ironmonger, David Lawrence, Katja Philipp, Reshma Syed, Zishan Syed, Kevin Tan and Sarah Westerbeek joined Dr Caroline Rickard and Carlo Caruso 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

KMPT is no longer providing the IAPT services in West Kent, these are now being provided by Think Action across Kent and Medway. More information can be found clicking [here](#).

MIND provide the IAPT services in Dartford, Gravesham and Swanley areas.

Shared Care Arrangements

There was an interesting debate regarding the essential elements of successful shared care arrangements. This included:

- i. Formal structure setting out the division of responsibilities between acute and primary and secondary care, and when care should be transferred.
- ii. Recognition of the resources required for general practice to take on additional work.
- iii. Recognition of the variation in skills and knowledge of the GP workforce.
- iv. Clear pathways for referring patients in crisis back to specialists.
- v. Clear standards for communication between secondary and primary care.

The group felt that it was not possible for providers alone to resolve the limits of patient pathways within the scope of the NHS Standard and core GP Contract. There was significant variation across Kent and Medway, with some CCGs commissioning shared care prescribing schemes or practices to provide ECGs. KMPT is commissioned to

provide specialist mental health services and the GP contract is also specific and narrow in what it provides. There was agreement that CCGs need to ensure consistency by commissioning appropriate pathways. In view of this the group agreed to invite the CCG mental health leads to the next meeting to discuss the following issues:

1. Shared care dementia in West Kent
2. General Practice ECGs across Kent and Medway
3. Direct Access to IAPT for KMPT

New standard hospitals contract 2017/19

Many of the issues that would be covered here were covered in the previous item.

The LMC felt that it would be helpful to practices to know which patients were currently under the care of the Community Psychiatric Nurse. KMPT agreed to look into making this information regularly available to practices across K&M.

The LMC would look into liaison with other providers of mental health services such as NELFT and Think Action. NELFT provides Children and Young People Mental Health Services in Kent and Young People Mental Health and Eating Disorder Services in Medway.

Incorrectly addressed letters

GPs are regularly receiving letters from the SPoA Team that are addressed to GPs that are no longer at the surgery. Letters are also being signed "SPoA Team" and GPs are therefore unable to identify the clinician responsible for the letter.

KMPT explained that Rio system only sends letter to named GP on the spine, rather than the referring GP. This is because Rio is set up

to take information from the Spine. KMPT is not able to update this information. However, it will look at the standard letter to see how it can ensure the identity of the author is included.

Community Transformation Programme

KMPT is continuing with the Transformation programme. The CQC raised concerns with some geographical areas with the performance of Mental Health teams. These related to clinical correspondence and recording of clinical information.

GPs reported that they were experiencing issues with complex patients being discharged when KMPT cannot secure funding for a tertiary centre service. The GP can then be left to look after the patient in the community. There was a discussion about whether, in such circumstances, it might be in the patient's interest that the mental health service continues to see them.

GP requirements for dementia referral

GPs are reporting that patients are being referred to them from secondary care for referral to the dementia service. It was felt that it would be better for patients if acute providers could refer directly into the service. It was wondered whether this is because DVH do not carry out the pre-referral pathways that were part of the pathway.

The group agreed that general discussions about patient pathways would benefit from contributions of commissioners agreed to extend invitations to representatives from North, East and West Kent.

Date of Next Meeting:

Tuesday 13th November 2018

Carlo Caruso
Deputy Clerk