



Kent Local Medical Committee

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Kent LMC/East Kent Hospitals University Foundation Trust/CCG Interface Meeting August 2018

Drs Gaurav Gupta, Simon Lundy, Mark Speller and John Allingham attended the recent EKHUFT/CCG/LMC interface meeting. Mrs Karen Benbow, Dr Jonathan Bryant, Dr Navin Kumta, Dr Jihad Malasi, Mr Bill Millar and Dr Jack Jacobs attended on behalf of the CCGs, and Dr Paul Stevens, Mr Rupert Williamson and Mrs Julia Bournes joined on behalf of EKHUFT.

What happens when you are referred by your GP to see a specialist' leaflet

Julia Bournes agreed to investigate if the BMA's 'You have been referred to a specialist' could be attached to eRS and automatically forwarded to patients.

Practice concerns raised via Quality Team

Bill Millar agreed that practice concerns referred to the CCG Quality teams can look at serious incidents but are not effective as a means of dealing with day to day concerns.

Intermediate referral pathway

The issue of an intermediate referral pathway that picks up issues that are urgent but do not fulfil 2ww criteria was discussed. Jonathan Bryant reassured the meeting that all referrals including eRS actions are triaged by a consultant within 48hrs and the option of overbooking a clinic exists. Advice and Guidance can also be used for enquiring if a consultant considers an issue urgent and they then have the option of expediting a booking. Dr Bryant also reassured that 'hastener letters' for patients already under the care of the hospital whose condition changes or deteriorates are not within the scope of eRS.

Bowel cancer referrals - targeted education 2WW

Karen Benbow and others confirmed that

targeted bowel cancer education had occurred in PLT sessions. It was accepted more work was needed.

Hospital Cardiology test results/EDN

Hospital cardiology test results being copied to GPs when ordered by specialists was discussed. PS confirmed it remains work in progress and is not a simple issue.

Work transfer to primary care

Mark Speller presented a list of concerns, including the examination of post op Carpal Tunnel Surgery patients, which was believed to be due to an out of date pathway being used. Requests to prescribe pre-op clexane, chase test results, write Med3s and failure to provide medication in accordance with commissioning agreement were accepted as inappropriate, and EKHUFT agreed to follow up.

Delays in Blood samples reaching lab

EKHUFT reassured that lysed samples are not processed and thus delays due to transportation issues from Thanet will not cause raised potassium levels.

Delays in MRI/CT reporting

It was noted that EKHUFT have the highest rate of MRI referrals in the country and the 4th highest rate for CT referrals. This is contributing to delays in reports. John Allingham suggested it might help if technicians advised a longer than anticipated wait rather than over promising and causing patient pressure on surgeries. Work on reducing referral rates will help reduce delays.

Specialists working with secondary care

EKHUFT agreed it should be possible to produce a who is who newsletter or list to update GPs on which consultants are

working in given specialities.

Follow up of Glaucoma patients

John Allingham referred to an audit from a practice in Thanet demonstrating a significant number of patients on glaucoma medications who are lost to follow up. John Allingham agreed to forward details to Karen Benbow for further investigation.

Onward referral of patients seen in private treatment centres

The failure of consultants to conduct onward referral where needed from private treatment centres was highlighted. Hand therapy for orthopaedic hand patients was used as an example. Karen Benbow and Bill Millar agreed to look into this.

eRS Update

Julia Bournes attended as EKHUFT Out Patient manager to update the meeting on progress. Some issues had already been picked up under matters arising. Practices will be soon receiving daily reports but data issues remain to be resolved. The data is now excluding referrals from Dentists and Opticians which were previously being picked up. Utilisation is now at 58%. Jack Jacobs raised the issue of services available in the directory of service but not provided by EKHUFT.

(CHOCs)

Paul Stevens discussed an IT solution being used in the Ashford and Canterbury CHOCs to share information between secondary and primary care which will feed into MDTs that is being trialled. This was welcomed and looked promising from a user's perspective.

Jihad Malasi asked if psychiatric liaison clinical information can be added to the electronic Cas Card. Paul Stevens agreed to look into this and LMC will add to KMPT Liaison agenda.

Rapid Access Chest Pain Clinic

It was highlighted that the Rapid Access Chest Pain Clinic excludes over 80s. Is this ageist? Rupert Williamson agreed to follow up.

Date of next meeting

The next meeting will be held on Thursday 22nd November 2018.

John Allingham
Medical Secretary