

Kent Local Medical Committee

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Medway Community Healthcare (MCH)/LMC Newsletter September 2018

The LMC joined MCH at the recent LMC/MCH interface meeting.

Emma Drury was warmly welcomed by the group. Emma has been appointed the Interim Head of Primary Care.

Waiting Times for MCH Services

The website will be ready for sharing with the LMC soon.

Multi-Professional Education Update

There was agreement that PLTs would benefit from more clinical presentations and MCH would follow this up with CCG admin following the meeting.

Electronic Referral Service (eRS)

MCH are considering adopting eRS but are unlikely to take a decision until sometime after MFT have switched off paper referrals. MCH experiences issues with quality of referrals from all health professionals and hopes that adopting eRS will improve this.

Referrals made via eRS will be processed and co-ordinated by a centralised team. No timescales have been put in place for its implementation. The intention is to develop a single form that is autopopulated by practice clinical systems.

It is anticipated that once eRS has been adopted paper referrals will no longer be accepted. However, referrals made face to face at local care team meetings will continue to be accepted.

NHS Standard Contract

MCH was keen to emphasise that interface issues can be raised directly via the locality lead, and if issues continue unresolved they can be raised with Simon Collins and Sue Wilson.

MCH has introduced changes to the buff forms. Community Nurses have now been asked, when there is a clear instruction anywhere, to transcribe instructions onto a form and act accordingly. There will continue to be circumstances in which nurses will be unable to act, such as when there is a lack of information on discharge or End of Life patients. However, it is expected that this change in practice should have a positive impact on GP workload.

Community Paediatrics (CP)

MCH reported some of the challenges that have surfaced since it took on responsibility for delivering CP from Medway Foundation Trust. The caseload and backlog were significantly greater than anticipated, the records were inadequate, and many of the staff that were transferred have left the service.

MCH is developing a new model for CP. In the meantime, it has asked GP colleagues to issue repeat prescriptions, and MCH will monitor patients. MCH will initiate prescriptions for new cases.

MCH is keen to work with GPs that have Special Interests in Paediatrics.

Date of Next Meeting 12th March 2019

Carlo Caruso Deputy Clerk