



Kent Local Medical Committee

Supporting list based personalised care, the partnership model and meaningful collaboration

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Darent Valley Hospital Trust/Kent LMC Interface Meeting September 2018

Drs Ian Jones and Kevin Tan joined Mrs Liz Mears and Dr Caroline Rickard at the recent DVH/LMC interface meeting. Dr Steve Fenlon and Mr A Wain (Emergency Medicine) attended on behalf of DVH.

Caroline gave a brief introduction into the work of the LMC. This liaison meeting is for mutual interest, information exchanges and helping to unblock issues between the providers.

Steve Fenlon introduced Mr Ali Wain who is leading on discharges from ED. It was agreed that the quality of discharge information from ED could be improved and wants to provide information of value. Abnormal results that are not related to the hospital admission need to be communicated to the GP.

Examples of DVH not referring directly to Rapid Access Chest Pain Clinic were discussed. This service was set up by the CCG and was not intended for DVH to refer into but for GPs to access. If a patient needs to be admitted they will be, if not it had been agreed in the past that the patient is to be returned to care of their GP. If this is to be changed, the capacity of the RACP clinic and agreed pathways with the CCG need to be changed.

The cardiology team at DGT are just finalising a one-page proforma to guide A+E doctors in which patients can be referred with suspected new angina to the rapid access chest pain clinic. Where a presumptive diagnosis of non-cardiac non-urgent chest pain is made, patients will be discharged with an advice note to the GP that they have attended the Accident and Emergency Department.

Mr Wain reported that from October electronic discharge summaries will be

more detailed and include a summary of presenting complaint. A three-month audit will be carried out to ensure quality control.

Steve Fenlon had agreed with Liz Lunt that suspected malignancy, immediate life or limb threatening requiring treatment within the next 2 weeks should be referred back into the hospital.

Mr Wain is going to agree a point of contact for each speciality to share and make easily accessible for the GP to help stop sending patients when the respective team cannot be contacted by the GP. This could impact positively on 25/30 patients per day.

Proactive Care of Older People (POPS)

Positive news that the average length of stay has reduced by 3.5 days for non-elective. (Elective is 4.3 days). Quality of care has improved.

DXS

It was suggested that a biography about each consultant and what they do would be helpful.

DartOCM

Not all results are visible for GPs. Unsolvable.

NHS Standard Contract: The interface between primary and secondary care: Key messages for NHS clinicians and managers

The LMC is developing a video for showing at induction.

Electronic Referral Service (eRS)

The advice service is welcomed and works quickly.

Hubs are awaiting electronic eRS for 2ww. The hub cannot refer and send for investigations. 2WW are being dealt with via email at the hubs. LMC agreed to raise with NHS digital the requirement for eRS in hubs.

North Kent Pathology Service

DVH described the pathology integration within a hub at DVH and spoke at Medway. All Path (non-cellular) are based at DVH. Significant problems have been experienced due to the different ways items are processed between Medway and DVH. Ordercomms continues to work. Two large groups of patients have been recalled. Steve Fenlon met with Medway GPs. Thanks to GPs for help. 0.5% of specimens, 2000-3000 patients affected.

Dermatology

Medway have given notice as a provider of dermatology services. Kevin Tan reported an excellent service via the tele dermatology app with a reply the same day.

Questions around clinical responsibility were raised. DVH are working hard with Federations to try and achieve compliance with the hospital contract, particularly with follow up investigation. Some progress is being made. Steve Fenlon will ask clinical colleagues at the CCG how this is to be managed. In the meantime the Trust felt it would be most helpful if GP colleagues could where possible retain their previous practice until agreement is reached.

Date of Next Meeting
26th March 2019

Liz Mears
Director of Operations, Kent LMC