Kent Local Medical Committee

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

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Kent Local Medical Committee/Maidstone & Tunbridge Wells NHS Trust Interface Meeting Newsletter November 2018

Drs Robert Blundell, John Burke, Richard Claxton (Chair), Mark Ironmonger, Daniel Kerley, Katja Philipp, Neil Potter and Zishan joined Caroline Rickard, and Mr Carlo Caruso at the recent LMC/MTW interface meeting. Dr Peter Maskell attended on behalf of MTW.

Midwifery Service - Access to GP Systems
Following the recent appointment of Sarah Blanford-Shaw as the new Head of Midwifery there has not been an opportunity to explore giving Midwives access to GP systems. The LMC and MTW will liaise following the meeting to take this forward.

Virtual Fracture Clinic Med3
The LMC has observed a general reduction in requests for GPs to issue Med 3 certificates from the Trust. However, the requests from the Virtual Fracture Clinic still appear to occur quite frequently.

There has been a meeting between the Trust and the CCG at which this issue was discussed from which there does not appear to be an agreement about who is responsible for issuing these. The Trust recognises that it is contractually responsible for issuing the Med 3 certificates. However, there are some logistical issues inherent with the service that make this difficult. The Trust is currently considering asking A&E to issue certificates for those patients that it refers to the Clinic and where this is not done, asking physios to request for one to be issued.

Physio Patients info re cancelled & missed appointments
This relates to a letter being given to Physio patients about missed appointments, which was contrary to the national mandated contract. The template letter has since been updated and it is hoped that should no longer be an issue.

Junior Doctor Induction
The LMC is in the process of developing a video regarding primary to secondary care interface that the Trust can promote during Junior Doctor induction. The LMC will share the outline of the video with MTW.

The video will reflect the collaborative sentiment in which the liaison meeting is held, and will also make reference to what expectations there are for GPs that make referrals, particularly urgent referrals.

Interface between Primary and Secondary Care
GPs are still reporting that timeliness of outpatient correspondence remains an issue and does not appear to be improving. Patients are still attending practices before the results have been reported, although there is some variation in performance with some clinics performing well.

MTW reported that it has been affected by changes to administrative support which have been driven in part by QIPP work, which has led to reorganisation of support services. MTW reported that each department does collect data against the 7-day reporting standard and will return this to the next meeting.

There was also a discussion regarding the Rapid Access for Ophthalmology pathway. GPs were concerned with the mechanism for referral and the nature and speed of response. There are examples when communication has been good. However, there are issues with consistency. In particular, there are issues with the lack

of detail about the management plan for the patient. GPs also felt it would be helpful to be able to speak with a consultant by phone when making an urgent referral.

The Trust was grateful for GPs sharing their experience of ophthalmology services and gave some background as to the challenges that the service has experienced recently. Currently there is a backlog of around 10k patients awaiting an outpatient clinic. A significant factor has been the regular follow up that patients which itself is being driven by patients being switched to Avastin. The Trust has been working with GRiFT (Getting it Right First Time) to address the waiting list. It has been focusing on serious patients first and although there is recognition that the referral pathway and responses could be improved, it is making significant progress in addressing the waiting list. PM agreed to bring more details about developments with the pathway to the next meeting.

GPs have been reporting some difficulty with having patients seen by Urology for a post-operative emergency. There were also issues with orthopaedic referrals not being actioned. The Trust agreed to look into the specific examples discussed.

There appears to be an issue with correspondence relating to 2ww referrals. There was a concern that there may be some ambiguity about whether GPs may be being asked to make a rapid access referral when a suspected malignancy has been identified. There was an agreement that there was no need for a GP to be involved in such cases. Correspondence such as this can be copied to GPs but it must be clear that it is for information only. MTW agreed to look into whether the correspondence can be clearly differentiated for GPs.

The group reflected on NHSE's recent publication, Implementation toolkit for local systems. The purpose of this toolkit is to set out some practical ways in which organisations can collaborate locally to implement the NHS Standard Contract provisions relating to primary and secondary care.

The LMC was complimentary about how the meetings have developed since the appointment of Peter Maskell as Medical Director. The group reflected on some of the case studies and made the following observations.

The group felt that the liaison meetings were functioning well and considered the participation of the CCG, although potentially beneficial, may affect the current dynamic of the group and so there was little enthusiasm for altering the membership of the group currently.

The group did note the recommendations around Clinical Interface Committees and felt the case study closely reflected the culture and practice of this group. The group also felt the suggestion around Consultant to GP liaison was interesting, and noted that the LMC was in the process of developing a JD induction video looking at primary/secondary care interface.

Electronic Referral Service (eRS)

Issues with availability of slots have been improving. However, issues remain nonetheless. There have also been issues with urgent referrals being bounced back without clear reason, in particular with orthopaedics where the advice given to patients raises unrealistic expectations regarding referral pathways available to GPs. The LMC would share specific examples with the Trust following the meeting.

1. Triaging of urgent referrals;
2. Availability of appointment slots;
3. Advice given to patients by eRS admin teams; and
4. Rejection of rapid access referrals.

The Trust confirmed that its policy is to triage all referrals to identify those that are urgent. Consultants are then able to book patients onto urgent slots via eRS. MTW will invite Mike Bernstein, from the Trust's eRS IT & Support Team, to the next meeting to discuss eRS, including the

triage process and how rapid access referrals are processed including consultant to consultant rapid access referrals.

Deep Dive of A&E
Three themes arose from the discussion around interface between A&E and primary care. The first is the general practice being asked to follow up a test result initiated in A&E. The second was general practice being asked to make an onward referral to another specialty for patients seen in A&E. The third is the delay in receiving correspondence relating to patients seen in A&E.

The Trust is grateful for practices raising the interface issues. The Trust regularly reviews these to identify themes. On this occasion it advised it would remind A&E staff of the requirements of the contract and monitor implementation. The Trust is also hopeful that the introduction of a new electronic administration system should improve consistency.

New Models of Care
The group had a general discussion regarding the development of new models of care.

There was a view expressed that grassroots GPs are still not witnessing the strategic change in landscape of delivery. The federation is providing a vehicle for transformation by creating opportunities for practices to collaborate, as they are now to deliver Improved Access. There is recognition that there is a drive to expand the role of primary care, however it is felt that this agenda is not recognising that the crisis in general practice undermine these plans and ambitions.

It is hoped that the establishment of a Primary Care Board will bring about a new focus in addressing the challenges in general practice. The Board is co-chaired by the LMC, and this feels like there is beginning to be a recognition that solutions have to be driven locally, with organisations working in partnership.

It is understood that the CCG has made significant funds, circa £4m to £5m, available for building local care and that it hoped that GPs would be given the opportunity to benefit from this funding.

The LMC felt that, thus far, this did not appear to be the case. There has been investment for supporting the mobilisation of the federation, but this was from national funding. Although this has been helpful it is not yet making a significant impact on the day to day lives of GPs.

Duplicate X-ray Reports
CCGs have asked that the Trust only sends an electronic copy of x-ray reports to practices, and not a duplicate paper one. Although it recognises that the intention is to ensure that the correspondence arrives with practices, it creates additional work.

GPs have expressed a preference for only receiving an electronic copy transmitted using ICE.

Shared Care/Cinacalcet Patient
GPs are concerned about being asked to participate in shared care prescribing of Cinacalcet. There are estimated to be approximately 40 patients in the CCG and GPs may not feel confident to prescribe and monitor this, and rather leave it to hospital colleagues to prescribe.

The CCG has suggested that it was appropriate for GPs to prescribe. However, research showed that the advice given by other CCGs was more cautious. Furthermore, that participating in shared care was always at the discretion of the individual GP.

The LMC agreed to raise this issue at the CCG/LMC liaison meeting on 4 December 2018

Date of next meeting
7th May 2019

Carlo Caruso
Deputy Clerk