



Kent Local Medical Committee

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Kent LMC/East Kent Hospitals University NHS Foundation Trust/CCG Interface Meeting April 2019

Drs John Allingham, Mark Speller and Mr Carlo Caruso attended the recent EKHUFT/CCG/LMC interface meeting. Mr Bill Millar attended on behalf of the CCGs, and Dr Paul Stevens, Mr Rupert Williamson and Miss Paige Dolphin joined on behalf of EKHUFT.

Specialists working with Secondary Care

The Trust has developed a directory of consultants. This includes detailed information such as specialty, sub-specialty and site from which they operate. The CCGs agreed to put this on the referral support tool. This will be updated on a monthly basis.

Follow up of glaucoma patients

There was a discussion about how best to monitor this group of patients going forward. The Trust is now reviewing this through the Head and Neck monthly Quality and Risk meeting. This will only impact patients on the EKHUFT list and not patients being followed up through the AQP route. The CCG will pick up the AQP issue outside of this meeting.

Community Hub Operating Centres (CHOCs)

EKHUFT confirmed that the eCAS card contained patient information from attendance at the psychiatric liaison service.

Rapid Access Chest Pain Clinic

The referral pro-forma has been updated and reissued via the CCG newsletter.

New Standard Hospital Contract 2017/19

The Trust has set up a clinical interface meeting to specifically look at A&E and GP interface. CCG Clinical Chairs will also attend. GP tutors and relevant consultants will be invited as and when required.

Rheumatology Services

The Trust confirmed that it has made a series of recruitments recently and the CCG will publish the contact details for the service on the Referral Support Tool.

Shared Care Protocols

The CCG is in final stages of finalising a shared care protocol across East Kent for DMARDS. This will be a composite of the Ashford and Canterbury schemes.

Orthotic referrals

EKHUFT confirmed that patients do not need to be re-referred for the same condition. Patients are reviewed by the service on a regular basis. It is up to the patient to maintain contact with the service to ensure that they are reviewed. The Trust has an obligation to ensure that items are correctly maintained. Occasionally, patients' conditions change therefore they may need a fresh review which will need a referral.

Patients may also be being referred to orthotics because of a gap in commissioning between orthotics and podiatry. The CCG agreed to look into this.

Colonoscopy follow up

It was noted that GPs' systems do not provide an adequate process for systematically following up patients, and EKHUFT was not commissioned to follow patients up.

Carpal Tunnel Syndrome (CTS) follow up

Patients under follow up for CTS are requested to complete a feedback form, which leads them to attend a GP for assistance to complete it. The LMC has asked for the form to be reviewed to reduce or better remove the need for attendance of patients at a GP surgery.

Rapid Access Chest Pain Clinic Referral

The LMC asked for EKHUFT to review the rapid access chest clinic form. It stipulates that patients should not be referred within 12 months of having been seen in cardiology.

GP to prescribe numbing cream

There was a discussion about GPs being asked to prescribe numbing cream for paediatric patients prior to an appointment at hospital for taking blood.

The group agreed that, if the GP is making the referral then it would be appropriate for them to issue a prescription for numbing cream. However, if Paediatrics initiate then they should prescribe the numbing cream.

East Kent Microbiology Service User Manual

The group commented on the benefit of having a manual specifically created for primary care. EKHUFT confirmed it uses micro guide, which is

an online platform for hosting guidelines.

EKHUFT will look at producing a primary care version and the CCG would consider launching it at a PLT. This way the Pathology service would also have the opportunity to have a broader discussion about GP interface.

Form Med 3s in Early Pregnancy Unit

There appear to have been a flurry of requests for GPs to issue Med 3s from the Early Pregnancy Unit. This is a nurse led service, but the Trust agreed to look into whether a mechanism could be introduced so that these could be issued by the Unit.

It was also noted that the GPC is talking to the DWP about increasing the self-certification period and extending the eligible signatory to include allied health professions.

Pregnancy prevention programme - valproate

GPs have reported that, in general, copies of Valproate Risk Acknowledgement Form have been completed and returned by specialists. However, there have been occasions that these have not been forwarded onto the practice. The Trust agreed to look into this.

Advice and guidance from Specialists

GPs have reported that the process for receiving advice and guidance from specialists has been a success. There was a discussion about whether Consultants could convert recommendations for outpatient appointments could be automatically converted. However, the Trust advised that this was not possible because Consultants are unable to refer to themselves.

Onward referrals

GPs are reporting that there continue to be regular requests for onward referrals from consultants. It was noted that some of this activity might be stemmed following the introduction of the new IT system, and a move to capitation-based contract for the Trust.

Consultant in pain clinic retired

Following the retirement of a Consultant in the Pain clinic, GPs are being asked to re-refer patients that were on the list. There was agreement that this should not have happened.

Fit note

There continues to be an issue with GPs being asked to provide fit notes on behalf of patients for interventions being provided by the Trust. The Trust emphasised the importance of this issue at the Junior Doctors' induction programme to improve this issue. Jack Jacobs of Ham Street Surgery to talk about primary and secondary care interface.

Date of Next Meeting

5th November 2019.

Carlo Caruso
Deputy Clerk