Kent Local Medical Committee

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

Drs Gaurav Gupta, Mark Speller, Simon Lundy and Mrs Donna Clarke attended the recent EKHUFT/CCG/LMC interface meeting. Dr Paul Stevens and Miss Paige Dolphin attended on behalf of EKHUFT (with Dr Sally Stock joining for pathology item only). Mr Bill Millar attended on behalf of the East Kent CCGs.

**Carpal Tunnel Syndrome Follow up**
EKHUFT highlighted the fact that relapsing patients are able to refer themselves back to the service and AHPs can also refer patients back.

**Rapid Access Chest Pain Clinic Referral**
An example was shared of a patient with AF being unable to access the clinic 11 months after treatment. EKHUFT agreed to look into this and report back.

**GP to Prescribe numbing cream**
It was suggested that practices should feedback to the CCG referral support tool if they receive these requests and the issue will be monitored.

**East Kent Microbiology Service User Manual**
It was noted that there are very good microbiology and biochemistry user guides on the EKHUFT website, but they are very long documents and not all content is relevant to Primary Care. Many GPs now use an app called Microguide. This allows you to download advice and guidance from various places and EKHUFT are already populating the app with information including from these guides. EKHUFT would be happy to work with the LMC to look at how the app is configured for Primary Care. Concerns were expressed that not all GPs would use apps and that a paper version would be useful to have as an alternative, but it was felt that there would be a danger that this would become out of date. It was agreed to discuss this further outside the meeting.

**Med 3s in Early Pregnancy Unit (EPU)**
There is an issue with the EPU not providing Med3s which is probably due to the fact that the unit does not have access to the EDN system and therefore are not prompted to issue a Med3, and also because the unit is staffed by AHPs. It was reported that KCHFT have found a solution using an adapted version of a Med 3 that AHPs can provide to the patient for their employer. It was noted that there is a national drive to enable AHPs to issue Med 3s. Dr Stevens agreed to discuss with the head of midwifery and ask that they investigate how this is dealt with in other parts of the country.

**Valproate in pregnancy prevention programme**
Dr Stevens assured the meeting that neurologists are performing risk assessments on relevant patients. However they do not always send a copy to the GP so he has asked that they ensure this happens from now on. All agreed to keep this action open for review until confident that the copy of the risk assessment is being received by GPs. GPs to be reminded that they should not prescribe valproate to women of childbearing age without the evidence of a risk assessment.

**Retired consultants**
Concern was expressed that patients of a recently retired consultant had been discharged and a new referral requested from the GP. This has now reportedly happened more than once in the Trust. The LMC asked for assurance that this will not happen every time someone retires. The EKHUFT process is that if a consultant retires and patients require follow up, they should automatically be passed to another consultant within that department.

**Pathways for all Acute Admissions**
Concern was expressed that if a GP believes a patient needs an acute admission, they refer into A&E where they are seen by a consultant/surgeon. If the patient is not subsequently admitted the GP does not receive the opinion of the consultant/surgeon simply an EDN stating the patient was seen. If the patient returns to the GP with ongoing symptoms the GP does not know what has been done in terms of tests/investigations. EKHUFT are undertaking work to resolve this issue.

Dr Gupta commented that he also has concerns that the current system means that hospital clinicians are potentially wasting time reassessing patients that the GP has already assessed. Dr Stevens agreed to ask the operations staff to look into this.

**Urgent Referral Pathways/2WW**
The LMC had received a contact from a GP because a hospital consultant had written asking the GP to do a 2WW referral for a patient that needed an urgent referral and did not fit the 2WW criteria. The reason given was that currently there appears to be no mechanism for an urgent referral so a 2WW referral was requested to ensure the patient got an urgent appointment.

Dr Stevens commented that this should not be a problem now that the NHS contract allows onward referral by consultants and that consultants should be able to do an urgent referral. Bill Millar confirmed the CCG has made arrangements to allow this. It was suggested a communication could be sent to consultants as they may not be aware of this change.

**"What to Expect when you are Referred to a Specialist" Poster**
The LMC confirmed that they have created a poster which has gone out to be displayed in all GP practices. They asked whether the hospital could display the poster, particularly in outpatient departments. Dr Stevens agreed to investigate further.

**Donna Clarke**
**Practice Liaison Officer**