



# Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB  
Tel. 01622 851197 Fax. 01622851198

## Darent Valley Hospital Trust/Kent LMC Interface Meeting September 2019

Drs Siva Nathan, Ian Jones, Kevin Tan and Tina Oljide joined Dr Caroline Rickard and Mr Carlo Caruso at the recent DVH/LMC interface meeting. Dr Steve Fenlon attended on behalf of DVH.

### **Direct access for radiologists**

Radiology has confirmed that wherever possible they will accept direct access referrals. Issues arise when patients attend A&E and have a scan because there is no process for follow up within the A&E dept.

The issue regarding GPs receiving reports with no guidance about what should be done next is because radiologists are unable to communicate test results to patients due to the number of different professionals involved in the pathway. This has arisen due to the CCG having implemented a change to the commissioning arrangements without ensuring a corresponding service has been commissioned from general practice. This impacts on what is already very limited capacity in general practice and it is also a complicated and risky activity for general practice to engage in.

The issue of consultants not following up their own investigations continues to be a challenge. The LMC view is that the medic requesting the diagnostic should follow it up. The lack of a referral pathway for urgent cases can lead to GPs referring patients to the rapid access pathway. The LMC will raise with the CCG.

### **eRS in hubs**

Currently Improved Access hubs are unable to directly refer patients unless they register them as temporary residents, which is being done for patients in which a rapid access referral is indicated. This is a national problem. It is hoped that the DGS wide move to EMIS will resolve the issue.

### **Community Services**

The Community Services contract for Virgin is held with the CCG. DVH uses Virgin's hospital at home team but is unable to book directly in to access the Community Teams. LMC will take this to the CCG liaison meeting to investigate how to resolve this.

### **Hospital Prescriptions**

The LMC is grateful for the efforts that the Trust is putting into reducing the occasions where prescriptions are not issued to patients when indicated. However, this continues to be an issue in general practice. This is a particular issue for nurse led clinics.

Going forward PCNs will be employing clinical pharmacists which may provide different opportunities

to address this issue. However, the LMC wishes for it to be noted that the Trust is commissioned to issue prescriptions to patients upon discharge and inpatients.

There do also appear to be different views on use of antibiotics between urology and orthopaedics preassessment clinics when a UTI has been diagnosed. The Trust agreed to look into this.

### **RAST testing**

There are regular occasions when the allergen test requested are not being carried out. The results are not matching to the request made by GPs. The trust agreed to look into this.

### **Pre-op Assessment Clinics**

The group discussed several examples when the pre-op clinic has requested GPs to assist with optimising patients for operations. The LMC's view is that this is not covered by the GMS contract and is covered under the hospital tariff.

The trust confirmed that a new lead for pre-op assessment has been appointed and they will be reviewing the communications with practices. The Trust will update the group at the next meeting.

It was noted that practices can automate their referral letters to include, for example, a list of recent blood pressure readings.

### **Primary Care Urgent care hubs**

There was a discussion about how PCNs may be enabled to provide capacity for urgent appointments for mental health assessment with a view to reducing inappropriate access of A&E. A similar pilot is being run elsewhere in Kent. The pilot is led by a GP with a special interest in mental health, a representative of Kent County Council's One You service, and an IAPT professional.

The group acknowledged that patients with mental health issues present a significant proportion of the activity in A&E, which may not be best place for patients to attend when in crisis. This issue has been exacerbated by changes in Section 136 legislation as they will no longer be held securely.

### **ICP update**

The group heard that DGS has held its vote, signalling their agreement for the CCG to merge with other CCGs in Kent and Medway to form a single strategic commissioner.

The LMC has had discussions with senior members of the Sustainability and Transformation Partnership, details of which can be found in the following letter. The LMC was supportive of the formation of a single commissioner and integrated care partnerships across Kent and Medway, but was keen to ensure that general practice is adequately represented in any new organisational arrangements and to emphasise that any transfer of activity needs to be accompanied by a transfer of resources.

The Trust was also supportive of the system changes, including the creation of a single CCG that sits across traditional organisational boundaries.

How the changes are impacting federations was also discussed, who are looking to redefine their role and relationships in the new system following the emergence of PCNs.

### **Primary Care Quality Standard (PCQS)**

The LMC has been working with CCGs in Kent and Medway to standardise the range of enhanced services, and the resources associated with the, that general practice has access to. The LMC will begin discussions around phase 2 soon which may include services such as PSA monitoring, shared and care prescribing.

DVH advised that a significant proportion of PSA monitoring is done through self-care. Patients are able to access their results via an online portal.

### **GP Streaming**

The Trust reported that challenges with the implementation of GP streaming continue, mainly due to the difficulties it has experienced in trying to recruit GPs. The service operates well when it is open but it is currently only able to deliver approximately 40% capacity. The group discussed how general practice may be able to become involved in providing it.

Alternative models to GP streaming are being developed elsewhere with a GP led service supported by allied health professionals.

Date of Next Meeting  
17th March 2020

**Carlo Caruso**  
**Deputy Clerk on behalf of Kent LMC**