



# Kent Local Medical Committee

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## Medway Community Healthcare (MCH)/LMC Newsletter September 2019

Drs Drs Awadh Jha, Dan Kerley, Caroline Rickard, Naveen Rishi and Julian Spinks joined Mr Carlo Caruso at the recent LMC/MCH interface meeting. Dr Simon Collins, Mr Martin Riley and Mrs Penny Smith attended on behalf of MCH.

### Multi-professional Education update

This item was still pending and is carried forward to the next meeting. It was noted that it is distinctly possible that the PLTs for Medway and Swale could be combined from sometime next year.

### Musculoskeletal (MSK) Service

GPs should no longer be asked to make onward referrals from the MSK service to orthopaedics. Patients will be diverted by the MSK Single Point of Access (SPA) service without reference to the GP and given a choice of provider for their referral. This service is also prepared to identify and process red flag referrals.

The LMC indicated that it would be helpful to be able to bypass the triage service in some instances. For example, if the patient had a clear recommendation for spinal surgery from an appropriate specialist there would not be any benefit to have the referral go via the triage service. MCH agreed to look into this.

### Standardisation of letters

MCH in the process of introducing a new clinical system which it hopes will increase standardisation of correspondence with GPs. Is still exploring how to get access to and feedback from GPs in order that the new standardised correspondence can be developed with their input.

### ICP Medway & Swale

It was noted that both Medway and Swale CCGs have voted to merge with the CCGs of Kent and Medway to form a single CCG. Work is now going on to develop a single management structure for an Integrated

Care Partnership (ICP) for Medway and Swale. Medway CCG has a significant resource that supports service redesign.

The STP has submitted a plan for the end of September to NHS England and Improvement about how it will implement the NHS Long Term Plan in Kent and Medway. It is also intended that a corresponding Clinical Strategy will be developed for Medway and Swale by the local ICP.

There was a discussion about how 'orphaned' organisations that provide health services in the ICP that are not yet included in the membership can relate to the ICP. Currently there was not an established position, but it was recognised that organisations delivering NHS services within the ICP area need to be supported.

The ICP is chaired by Neil Davies, Chief Executive of Medway Council. Dr Farnaaz Sharief, CCG governing body member, is a member of the ICP. The ICP anticipates a role for Primary Care in developing the Clinical Strategy. MCH agreed to arrange for the LMC to attend future meetings of the ICP board.

The group reflected on how liaison meetings may develop as a result of the local system working together in the ICP.

The LMC has an important role representing GMS providers at the ICP board level. The LMC provides a unique understanding about what primary care is for and is able to do. That understanding may not be universal. It is also important that it is present when negotiations occur about the future arrangements for services delivered at ICP level.

The group spoke positively about how the ICP is being led by Primary and Community Care.

### **'What to expect when referred to a specialist' poster**

The LMC presented a poster that was being sent out to all GP practices ([click here to see the poster](#)).

### **Palliative Care**

GPs raised that it can be challenging when requests for palliative medications are made shortly before the requesting nurse goes off duty. This is problematic because the GP may need to speak with the requesting nurse for clarification. Furthermore, the GP is only given the generic phone number rather than the nurse's mobile, which makes contacting them especially difficult.

MCH confirmed that all nurses will be asked to include their mobile telephone number alongside requests in future; and that they are available for a reasonable time after the email is sent in case there are any queries.

The group also discussed the issues that arise when many organisations are involved in a simple process such as the administration of palliative care medication. There would be fewer risks if the process was consolidated in such a way that the GP surgery was not involved. MCH agreed that it would look into this issue through the End of Life Care workstream so that MCH could hold all 3 elements relating to End of Life care.

### **Addressing patient correspondence**

The LMC suggested that it would be helpful if there was a common contact for reporting when patient related correspondence is addressed to the incorrect practice. MCH agreed to look into this.

### **Date of Next Meeting**

31st March 2020

**Carlo Caruso**  
**Deputy Clerk**