



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

Kent LMC/Medway NHS Foundation Trust Newsletter December 2019

Drs Awadh Jha, Dan Kerley and Reshma Syed joined Dr John Allingham at the recent LMC/MFT interface meeting. Stephen Houlihan, Dr Sandip Banerjee and Dr Richard Patey attended on behalf of the Trust.

GP concerns e-mail

The issue of a generic in box for non-patient specific concerns or issues was discussed again. The LMC recommended discussing with Rupert Williamson at EKHUFT about how they operate the system.

GRAND Rounds

These occur every Friday between 1245-1400 and all are welcome. These will be advertised to GPs.

Electronic Discharge Notices (EDNs)

The delay in sending these has not been fully uncovered. There is a Project Team and LMC agreed they will contribute to this. MFT to e-mail details of meetings to info@Kentlmc.org

Ionising Radiation (Medical Exposure) Regulations (IRMER)

The trust policy is that Allied Health Professionals who have undergone IRMER training and have a specimen signature lodged with the radiology department are able to order investigations. It is not clear if this policy extends beyond trust employed staff. MFT will confirm.

The LMC will explore with other Kent hospital trusts if they have similar policies.

Pathlinks

Pathlinks have been rolled out in Medway but it was reported this is not complete in Swale.

Primary and Secondary Care Interface

It was agreed that the clinician ordering a test is responsible for following up the results. The sharing of care was discussed with respect to drugs initiated by Consultant only. John Allingham reported that work is going on to create a Kent wide system of enhanced services to fund some of this activity.

A recent issue regarding an obvious social admission was discussed. The case occurred due to a lack of social care available. This represents a commissioning gap and the possibility of a tripartite meeting with the addition of the CCG was considered.

Rejection of Referrals

This is primarily where referral criteria are missing. The eRS system does not allow for a narrative reply but some clinicians do send a letter. Some of the issues concern pathways commissioned and involving the CCGs in future meetings could help. Discussion regarding increased workload for admin staff manually looking into eRS to look for rejected referrals as no e-mail sent by consultants regarding the rejected referral.

Outpatient Transformation

Dr Richard Patey pointed out that there will never be enough staff or money, so efficiency is the principle. PCNs are seen as an improvement opportunity with work in Hubs particularly in a multi-disciplinary model. Engagement activities have identified communication as a major issue notably when tertiary care are involved.

'Consultant Connect' has been launched with a generic phone number, with calls being taken by consultants rostered on and some outsourcing. The aim is to meet the 10 year planned target of reducing OPD attendance by 1/3rd.

Feedback from GPs was that they would like to be able to send eRS letters for advice, which Swale can only do for Haematology queries and not other specialities. GPs may not find the time to phone consultants as a lot of information may need to be exchanged. Concerns were raised that consultant connect would only work if operated by local consultant rather than national.

GPs being copied into results

This information was shared with all consultants and hopefully will see a reduction in the number of unexplained results turning up in GPs mailboxes.

Primary Care Quality Standard (PCQS)

The LMC provided an update on this piece of work, which is seeking some primary care services to be delivered to the same specification for the same price county wide.

Transfer of Radiology Pictures

A question was raised if, when an incidentaloma is discovered on imaging at tertiary referral, it is possible to transfer the radiology pictures to MFT. It was suggested the LMC liaise with all acute trusts to see if imaging access would be possible from any hospital in the Kent & Medway area to reduce

costs of duplication of imaging and better patient care.

Ambulatory Services

Dr Kerley asked about the need for some ambulatory services to be delivered to patients who are bed bound. This is a commissioning gap and needs to be raised with CCG. The LMC agreed to add to this to the CCG agenda.

Date of Next Meeting

29th April 2020

Dr John Allingham
Medical Secretary