

LMC EXPRESS

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Patient Identifiable Information Redaction

Practices often send examples of inappropriate requests by secondary care into the LMC office so we can collate and raise issues at our liaison meetings. However, the LMC cannot receive patient identifiable information so please can you ensure that everyone in your practice is aware that anything sent into the LMC **must be redacted**. Thank you.

GP Staff Training Team Update

The GP Staff Training Team has worked very hard to deliver as much virtual training as possible during the pandemic. They are now hoping to restart some face



to face courses from September but will cautiously book on a month by month basis to allow for minimal disruption should we experience another wave. Unfortunately there will be no Practice Manager or Practice Nurse conferences this year but the hope is that these will resume in 2022, COVID allowing. The Team produce regular email updates so please keep your eyes open for these as they contain useful information about courses on offer.

EKHUFT/CCG/LMC Interface

The LMC received a detailed presentation regarding the legacy and ongoing impact of covid on patient services. The Trust would endeavour to keep practices informed about the status of its services so that patients can be informed at the time of referral. EKHUFT has introduced a new process for acute medical referrals at the William Harvey Hospital. The Emergency Department (ED) has introduced a referral phone number that is answered by a senior experienced acute nurse who will collect all referral information. If the referral is complex the Consultant and Nurse will hold a conference call with the GP to collect any additional information. This was positively received by LMC representatives at the meeting. However, this new process is currently on trial and users are encouraged to share their experiences with the LMC office who can then liaise with the Trust regarding its ongoing implementation.

The new NHS standard contract is introducing a requirement for Trusts to audit Primary and Secondary Care interface and the Trust and LMC had tentative discussions about adopting the methodology the LMC used for its Workload Survey in the Summer of 2020.

Medway Community Health Foundation Trust (MCH)/LMC Interface

We recently met with MCH and discussed Multi-Agency Safeguarding Hub (MASH) Report requests. MCH recognised that some of the timeliness GPs are being asked to follow are strict but it had limited flexibility with these as they are mandated. Practices should note that these timeliness are only for sharing urgent concerns.

MCH has also been working hard to address clinical backlogs in phlebotomy, spirometry, MSK and Diagnostic waits for children and hopes that practices will continue to see improvements over the coming weeks and months. It was also looking forward to continuing the transformation of Community Nursing, aligning these teams closer to PCNs.

Finally, MCH will be advising practices that it will stop accepting the old pro-forma for phlebotomy following the introduction of Order Comms.

PCQS

The LMC continues to work with the CCG regarding the roll out of Phase 1 services in Medway and development of service specifications for phase 2.

Practices in Medway will soon begin delivering PCQS services. The CCG recognises the investment practices have made to prepare for delivery and that capacity in these services will be limited for sometime due to the pandemic. In view of this the CCG was working with the LMC to secure a block payment for practices. Further details will follow.

The CCG and LMC have prioritised Spirometry, PSA monitoring and MGUS services for phase 2 roll out. Details are still being worked out and more detail will follow.

Darent Valley Hospital (DVH)/LMC Interface

The LMC joined DVH for their bi-annual meeting. The group looked back on the year and discussed restart and recovery.



