



Kent Local Medical Committee

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

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Kent Local Medical Committee/Maidstone & Tunbridge Wells NHS Trust Interface Meeting Newsletter June 2018

Drs John Burke, Richard Claxton, Mark Ironmonger, Daniel Kerley, Katja Philipp and Neil Potter joined Caroline Rickard, and Mr Carlo Caruso at the recent LMC/MTW interface meeting. Dr Peter Maskell attended on behalf of MTW.

MRI and other diagnostic reporting

MTW reported that there are two issues causing delay to reports being sent to GPs. Firstly, there is a backlog on reporting for outpatient contacts. The Trust currently prioritises requests for inpatient results. Secondly, there are workforce vacancies at present which are contributing to this. The Trust is actively recruiting, and it is hoping to make a positive announcement in the near future.

Cardiac Investigation forms

Cardiology services in West Kent are being remodelled. It is expected that GPs will, in future, have a single point of referral for all cardiology services.

The LMC thought it necessary for there to be clarity for GPs on how to access diagnostic services. Current expectation is that this would be through the single point of referral.

The method for access is changing and so the group agreed to postpone discussing any changes to the process for direct access until the next meeting.

Midwifery Services Update

The Midwifery service confirmed that it could only prescribe for 4 weeks when seeing the patient. It recognised that it is not uncommon for mothers to receive fragmin or heparin for the duration of the pregnancy and this makes it more complicated.

GPs are concerned about prescribing heparin to pregnant women because it is not commonly within GPs' competence. There is also a distinct lack of continuity for GPs because, once informed of the patient being pregnant, the patient will be almost entirely in the care of the antenatal clinic. There is also very little communication between midwifery service and GPs. Patients are given a blue book with details of how midwifery is managing the patient, but some GPs feel this is not sufficient for shared care purposes.

GPs need to have confidence that there is an appropriate process for sharing care, including ensuring that Midwifery advise patients that some of the medication prescribed is off licence and may be out of the GP's competence to prescribe.

The LMC felt that it would be helpful if Midwives had access to and used GP systems as this would contribute to patient continuity of care. The LMC will meet with Midwifery Services to discuss this further.

Virtual Fracture Clinic Fit Note

It appears that the virtual fracture clinic, despite treating patients, appears to feel that it cannot issue Fit Notes. The group recognised that it was the statutory responsibility of the treating doctor to issue the Fit Note. The Trust agreed to look into this.

Physio Patients info re cancelled & missed appointments

This relates to a letter being given to Physio patients about missed appointments, which was contrary to the national mandated contract. The matter has been referred to the lead for this

service who will provide a response for the next meeting.

Junior Doctor Induction

The LMC will speak with Chris White about having a presence on the Junior Doctor induction.

Interface between Primary and Secondary Care Breaches of Contract

The group received and discussed a list of interface issues that have been reported by GP practices to MTW.

GPs acknowledged that progress is being made and the number of incidences is reducing and were grateful for the Trust's ongoing effort to address these issues. There has been a reduction in the number of requests for Fit Notes in particular. However, the number of interface issues still represent a significant workload pressure on general practice.

The LMC wished to stress the context within which it raised these concerns. The GP workforce is under unprecedented pressure and this was emphasised by the recent announcement that the GP workforce is down by 1,000 from when Jeremy Hunt had made the promise of an increase in GP numbers of 5,000.

The LMC felt that it would be helpful to receive feedback on issues that are reported. It gives assurance that the Trust is dealing with issues. The Trust hoped that the impact would be noted through a diminution of interface issues.

The LMC also drew attention to the following guidance that has been recently issued:

- [Responsibility for prescribing between Primary & Secondary/Tertiary Care \(NHS England\)](#)
- [Prescribing in General Practice \(BMA\)](#)

The group noted the recommendations around shared care.

Electronic Referral Service (eRS)

The LMC has significant concerns regarding the roll-out of eRS across Kent

and Medway. For more information click on the following links:

- [Letter to CCGs and Trusts regarding implementation of eRS](#)
- [Dr Gupta speaks to Pulse regarding concerns with eRS](#)
- [Dr Gupta speaking to KMFM regarding eRS](#)

The LMC has been meeting with NHSE, Acute Trusts and the CCGs in an attempt to address the concerns held regarding the switch off of manual referrals.

West Kent LMC representatives are concerned by the ambitious target for switching to eRS, particularly in the context of issues with PAS, and the limited number of slots available on eRS. The LMC clarified that it understands eRS is nationally mandated contractual requirement, the LMC would like to ensure the implementation does not disadvantage General Practice. There are numerous issues including problems with back up, connectivity, and adequate access to training for GP staff.

The LMC has been meeting with NHSE, the CCGs and the hospital trusts with a view to addressing these concerns.

MTW confirmed that it was accepting manual referrals alongside eRS. It recognised the issues with PAS. The Trust was supportive of the need to introduce eRS. There was a business continuity plan in place. For patients that were not on the spine the trust would accept email referrals. This will continue when hard switch off is made.

There have been issues with 2WW being rejected because, for example, an attachment wasn't appended. Furthermore, even though the GP may have concerns in relation to a potential diagnosis of cancer, the criteria for a referral via 2ww was not applicable, therefore the lack of a named consultant can impair the prioritisation of patients' referral. Having a named consultants on eRS and a full DOS and availability of slots is very helpful to GPs.

The LMC has asked to be able to see ASI rates at the interface meetings.

The LMC reported that there were instances when consultants were citing eRS as a barrier to them making consultant to consultant referrals. The Trust confirmed that consultants can still do this and do so via letter, and that there was no need for GPs to be involved. Any examples of this should be sent to the Trust so that the process can be clarified when necessary.

A&E - onward referrals

The group discussed a number of interface issues between primary care and A&E. GPs are reporting that A&E does not appear to be carrying out internal referrals, with patients being referred to the GP with the advice that the GP refers onto another specialty. This advice is also accompanied with insufficient information to enable GPs to understand the basis of the advice. There was agreement that A&E was no different to any other department and the interface standards within the NHS Standard Contract applied across the Trust.

There was also a discussion regarding the process of requesting diagnostic reports in the Trust. The Trust advised that all doctors confirm which diagnostic reports they are capable of reading, with any other requests they make being hot reported.

There was recognition that A&E has been closer to primary care than other departments and therefore it is constantly evolving in terms of interface with primary care. This may explain why this way of working is a greater feature in A&E than other departments.

The Group agreed to undertake a deep dive of A&E at the next meeting.

Overseas Visitors Charging Regulations

The Trust shared its new Overseas visitors charging policy with the LMC. The key things to note were:

- Visitors will be entitled to Emergency and necessary treatment before they return home.
- For routine treatment visitors will need to provide 2 bits of ID and evidence of ability to pay or will be referred back to the GP.

Recruitment: Haematology Consultants

The Trust has confirmed that it has appointed 2 Haematology Consultants. However, there are capacity issues pending their start. They will be prioritising West Kent patients.

Date of next meeting:

6th November 2018

Carlo Caruso
Deputy Clerk