



# Kent Local Medical Committee

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

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## Kent LMC/Medway NHS Foundation Trust Newsletter December 2018

Drs Awadh Jha and Caroline Rickard joined Mr Carlo Caruso at the recent LMC/MFT interface meeting. Dr David Sulch and Mr Stephen Houlihan attended on behalf of the Trust.

### **Echocardiogram**

It had been reported that GPs were being sent echocardiograms and asked to communicate them to patients. MFT agreed that, as a matter of policy, the requesting clinician is responsible for following it up, including patient communications. However, it does recognise that occasionally some clinicians do ask GPs to assist. The Trust has communicated with its clinicians about this regularly and will do so again.

There was a general discussion about tests being copied to GPs when they have been initiated elsewhere. GPs have asked that they are clearly marked as being for information only and whether the items of interest for GPs could be highlighted in some way. The group also discussed a recent BMJ article that promotes measures to ensure that communications go direct to patients, and to ensure that they are written in such a way that patients can understand. MFT agreed to consider both these points through its Clinical Council.

### **Cardiologists and Heart Failure Service Communications**

MFT reported that it is working on a pathway to ensure that the appropriate level of specialist input is available at the right level. MFT indicated that it would be helpful if GPs have specific examples of GPs being asked to go-between the Specialist and Community service that could be shared with the Trust.

### **New NHS Standard Contract 2017/19**

The group received and discussed the following documents:

- [Clinical Guidance: Onward Referral](#)
- [Implementation toolkit for local systems](#)

There was agreement that the Clinical Guidance for Onward Referral reflected good practice.

An issue that GPs are reporting is when patients, following admission or attendance at outpatient, are not supplied with 2 weeks medication and when medications are changed. To address this in some respects, MFT has introduced an email address for patients that have DMARDs.

The LMC felt that having a similar email address for GPs to share interface issues would be helpful. A similar facility is used in East Kent and it is used for reporting issues that are thematic in nature. This helps to identify system issues. The LMC agreed to find out details of the type of role the individual has and the level of staff.

The group discussed how to encourage and facilitate clinical interface between primary and secondary care. MFT has 'grand rounds' every week but GPs do not ordinarily attend. These are not advertised externally.

Both the LMC and MFT were keen to encourage GPs attendance at the 'grand rounds' and so the LMC has agreed to advertise these to practices on behalf of the Trust.

The LMC was in the process of developing a video to promote improved primary and secondary care interface. This would highlight the NHS Standard Contract interface standards, but also reasonable expectations for GPs around, for example, referral quality.

MFT has identified areas for development within the organisation. For example, it is considering softening aspects of its DNA policy.

The timeliness of discharge notices being dispatched has also been negatively impacted as a consequence of the financial

management plan, which has led to staff being offered redundancy. The Trust recognises that it needs to have a better understanding of the timeliness of responses and as such has agreed to audit them.

#### **Referral to Nuclear Medicine Department**

GPs have been concerned that some referrals may have not been processed during the transition from paper to eRS referrals. This appeared to reflect an issue that was experienced more generally, especially with urgent (non-2ww) referrals. GPs felt it would be helpful to know if the urgent referrals had been accepted.

MFT confirmed that there was no standard approach to processing urgent referrals, with individual departments developing their own approach.

There was a concern that the uncertainty that GPs experienced when making urgent referrals is driving an increase in referrals to 2ww and ambulatory pathways. GPs would prefer a standard pathway for urgent conditions. MFT agreed to look at a selection of specialties to see how urgent referrals are being processed.

#### **Deep Dive Pre-admission clinics**

The group noted the discussions had at the previous meeting and that these issues were being addressed gradually.

#### **Pathology Results**

The group had a general discussion about the performance of the North Kent Pathology Service (NKPS). There were issues with batches of specimens not being tested and patients having to be recalled.

MFT confirmed that there continued to be a fast/hot lab in Medway for dealing with urgent issues that were crucial for the immediate management of patients. All routine tests go through Darenth Valley (DVH).

Some GPs are experiencing spending 30 to 40 minutes per session chasing results. Patients appear to be waiting 2 to 3 weeks for results and these are not always shared with practices.

The Trust reports that issues appear to have not been largely resolved. Some of the issues arose due to a lack of standard operating protocols (SOPs) across organisations at lab level. There were also issues with staffing and having robust quality assurance processes. The causes affecting performance have been identified and measures are being put in place to reduce potential of this happening in the future. The Trust is confident that lessons have been learned and these will inform future integration between MFT and DVH.

The Trust confirmed that it will continue to monitor the responsiveness and effectiveness of the service. Additionally, the Trust anticipates that Pathlink will be rolled out to practices by the end of March 2019.

Date of Next Meeting:

3rd April 2019

Carlo Caruso

Deputy Clerk on behalf of Kent LMC