Kent Local Medical Committee

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Kent LMC/East Kent Hospitals University NHS Foundation Trust/CCG Interface Meeting November 2018

Drs Gaurav Gupta, John Allingham and Mr Carlo Caruso attended the recent EKHUFT/CCG/LMC interface meeting. Mrs Karen Benbow, Dr Jonathan Bryant, Dr Simon Lundy, Dr Jack Jacobs and Dr Navin Kumta attended on behalf of the CCGs, and Dr Jonathan Purday, Mrs Susan Acott and Mr Rupert Williamson joined on behalf of EKHUFT.

Specialists working with Secondary Care
The Trust has developed a directory of consultants. This includes detailed information such as rank, specialty, sub-specialty and site from which they operate. The CCGs agreed to put this on the referral support tool.

The group considered whether to include pictures and biographies too. There was an agreement that this would be good but that including this detail should not delay the publication of the list.

Follow up of glaucoma patients
The details of the audit discussed at the previous meeting had been shared with the CCG. The audit appeared to indicate that there may be a significant number of patients lost to follow up. Practices find it difficult to identify this group of patients because they are clinically stable. However, these patients do need monitoring to ensure that there is no deterioration in their condition.

The Trust confirmed that it has a process for following up this group of patients. There is a back log, but it is being worked through and it is an issue the Trust is sighted on.

There was a discussion about how best to monitor this group of patients up going forward. The CCGs and EKHUFT agreed to consider this and feedback before the next meeting.

Onward referral of patients seen in private treatment centres
GPs are reporting that there appears to be a significant issue with private providers making onward referrals. and issuing an FP10 or Med3. The LMC's view is that, if the provider that is commissioned to deliver these aspects of the service is not doing so, and the activity is transferred onto another part of the health service, then the funding should follow the activity.

The CCG confirmed it has regular performance meetings with other providers and is grateful for practices reporting issues of this nature so they can be raised through this forum.

Community Hub Operating Centres (CHOCs)
The group heard that the CCG will be investigating whether patient information from the psychiatric liaison service could be added to the eCAS card.

Rapid Access Clinics Chest Pain Clinic
The Trust confirmed that it has resolved the issue, in which patients that were over 80 were excluded from accessing this clinic.

The Trust is also reviewing the Raid Access referral form because it was found to be rather cumbersome to use. The group discussed whether the clinic could be put on eRS. The LMC felt that this would be very helpful to GPs. Currently, the view of the Trust was that it could not put it on eRS because it is a nurse led clinic. However, it agreed to review this again alongside the review of the referral form.

New Standard Hospital Contract 2017/19
The CCG and Trust have been in contact regarding the audit of primary to secondary care interface carried out by practices in Faversham. The CCG and Trust agreed to take forward the following issues:

- Practices being asked to provide Fit Note certificates relating to hospital admission or attendance;
- Practices being asked to supply medication for patients following hospital admission or attendance; and
- The production of clear and timely discharge notices.

The LMC added that practices are also being asked to follow up investigations initiated in A&E. GPs felt that it was risky to refer patients back to them as it creates additional steps in the patient pathway. The Trust agreed to arrange a clinical interface meeting to specifically look at A&E and GP interface. CCG Clinical Chairs will also attend.

The Clinical Chairs would also explore setting up a combined PLT event as a forum for primary and secondary care clinicians to meet.

The Trust recognises that the issue of consultants making onward referrals, although improving, is something that has to be regularly calibrated.

The LMC reported that the overall volume of work being transferred into primary care continues to be significant and is impacting upon general practice's capacity to deliver what the health system wants it to deliver. If funding was shifted with activity it would support general practice to respond to the additional demands being placed on the service. It would also create a financial incentive for secondary care to change. General practice is usually the first port of call when patients' needs are not met and GPs are obliged to respond, when it is safe to do so. The LMC suggested that this could be addressed by introducing a QIPP, incentivising the Trust to perform against these standards.

The CCG responded that the destination for the health service was integration and collaboration. Patients only perceive one NHS and all parts of it should review their areas of work. It was also difficult practically to run a QIPP. The CCGs' ambition is to move away from Payment By Results to reducing overall spend.

According to the LMC, the NHS Standard Contract was developed with patient involvement, so it is focused on best care. GMS contract is for essential services and not urgent care, and this is reflected in its funding. The LMC agrees that clinical interface is part of the solution and, as such, the LMC and Trust has been holding interface meetings for some time. Adopting a QIPP would incentivise behavioural change and support transformation.

Lost Referrals
A GP had reported that 2 referrals made between February and May 2018 had not been processed. This was discovered after patients returned to practices to chase the referrals. The LMC was keen to know whether this is part of a systemic issue.

There was also a concern that there may be some referrals that were not completed during the transfer from paper-based referrals to ERS. The group discussed whether there may be a similar impact from PAS going live. The Trust confirmed it is working to ensure all generic email addresses are properly monitored and maintained, and technically retired if no longer being monitored.

Rheumatology Services
There appear to be patients that have been transferred between London and local services that have needed biologics activated. These patients are attending their practice because of the difficulty they are experiencing in accessing local services.

The Trust confirmed that it has made a series of recruitments recently and the CCG will publish the contact details for the service on the Referral Support Tool.

The CCGs are also rolling out a new community service, with patients gradually being moved from secondary care into the community. This has begun in South Kent Coast and will be rolled out across the rest of East Kent in time.

The LMC also reported that practices are concerned about having to care for tier 3 DMARDs patients because they are not assured that there is adequate access to support from specialty doctors. The CCG advised it was working to resolve issues with the service and that it was considering developing shared care arrangements to support GPs to take on this work.

Rapid Access Referral Pathway (2ww referrals)
There have been issues with the switchover to

PAS and eRS. It was reported that the Rapid Access Team had been asking patients to return to their GP if they had not heard from the Trust within 48 hours.

The Trust is reporting improving compliance with 2ww standards. The Trust reported that 95% of rapid access referrals in October were within threshold. The exceptions appear to be due to connectivity issues.

The Trust is developing an access policy which includes operational procedures for eRS.

GPs asked the Trust about what work is being done to develop urgent referral pathways. GPs are currently advised to refer patients using routine pathway but to enter text identifying the referral as urgent. GPs are concerned that this system is inadequate and risky in both medico-legal and patient safety terms.

The CCGs and Trust advised that this is a national issue. The impact on 2ww is recognised and there is work ongoing to develop an urgent pathway for 4-6 weeks.

Orthotic Referrals
The LMC raised what appears to be a commissioning gap at present. Podiatry appear to have a strict criteria for seeing patients and this has resulted in a significant number of patients being referred to orthotics.

For example, patients with one leg shorter than the other, find themselves having to be referred year after year because the service discharges them, despite the fact that their circumstances are unlikely to change. The Trust agreed to look into this.

Contacting Hospital Teams
Practices are experiencing difficulty with contacting the acute medical when trying to admit patients in an emergency. On occasion when there is a response GPs are often directed to send patients to casualty, which is neither good for patient experience nor good use of medic time.

EKHUFT has responded to this by changing how it takes and triages calls. A senior nurse from the acute medical team now answers the phone. The group agreed to explore this in more detail at the clinical interface meeting discussed under the New Standard Hospital Contract item.

PSA Monitoring
The CCG reported that there may be an enhanced service to support practices to undertake cancer reviews. This will be considered as part of the work to create an East Kent Offer (it is anticipated that this will the Bolton Quality Contract or the Somerset Practice Quality Scheme). Currently it is anticipated that the enhanced service would have the Trust carry out the active surveillance and general practice to monitor post treatment patients.

Colonoscopy follow up
GPs have reported that they are being asked to arrange colonoscopy follow up 5 years following treatment. The CCG agreed that there had to be a distinction between discharge and ongoing monitoring, even for a 5 year follow up. Neither practice or Trust systems are equipped to track this group of patients. The LMC's view is that the clinician that requests the test needs to ensure that it is done.

There was an agreed principle that if the patient requires follow up, they would not be discharged. The Trust would explore this further.

Feedback on issues reported to Trust by GPs
The Trust informed that the number of issues being reported by GPs appear to have plateaued. Many of the types of issues that are reported are also discussed at the CCGs, EKHUFT and LMC liaison meeting.

The GPs were complimentary about how it is working.

Date of next meeting
The next meeting will be held on 14th March 2019.

Carlo Caruso
Clerk on behalf of Kent LMC