



Kent Local Medical Committee

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Highlights from Kent & Medway Partnership Trust/Kent Local Medical Committee Interface Meeting January 2019

Drs Katja Philip, Kevin Tan, Zishan Syed and Caroline Rickard joined Carlo Caruso at the bi-annual KMPT/LMC interface meeting. Dr Matthew Debenham attended on behalf of KMPT.

Liaison with NELFT/Think Action

The LMC recently met with Dr Qazi from NELFT, who are now providing the Children and Young Person's Mental Health and Eating Disorders Services.

There is some collaboration between KMPT and NELFT for Eating Disorders Services. With the Early Intervention team sitting within KMPT.

NELFT reported that it was making progress with the ADHD waiting list. NELFT has given notice on Little Brook hospital. NELFT need to have arrangements for safe place for patients in crisis to go but the alternative provision has not yet been arranged. Patients are being diverted to Essex or London currently.

The following article recently published in HSJ about Kent County Council (KCC) taking back contracts from WK CCG relating to NELFT was noted. KCC Social Services staff have also been pulled out of KMPT. This appears to indicate a general move towards KCC centralising its services around itself again. It was felt that the partnership working between Social and healthcare services have been valuable.

Incorrectly addressed letters

KMPT uses RiO for its patient records system. KMPT has investigated whether it could be modified to ensure that letters are sent to the referring or named GP. However, it appears that this is not possible because the system is populated with information from the Spine. The system has been set up this way to ensure compliance with IG

requirements and the Spine populates RiO and so KMPT have no way of correcting this. However, KMPT agreed to ask for the salutation to reflect the referring or responsible GP.

Feedback from meeting with Helen Greatorex & Catherine Kinane

The LMC recently met with Helen Greatorex and Catherine Kinane to discuss concerns that have been raised by GP colleagues regarding referral rejection rates; the Single Point of Access (SPA), and the Primary Care Mental Health Team.

There was a guidance about providing guidance for referrals instead of a referral form. This was thought to be helpful. It would also be helpful to have this discussed at a PLTs.

The SPA is currently running an urgent admin triage, that will refer patients to the appropriate team within KMPT. This is under review and may change in the near future.

The group discussed the arrangements for having consultants available by telephone. Currently they are available for one specified hour during the day. It was felt that this may not be sufficiently responsive to the needs of GPs. In view of this KMPT agreed to look at setting up an email address for GPs to contact at the Community Mental Health Teams.

There is recognition that there will be occasions when a consultant is required because the patient is in front of them. However, this may not always be possible due to business/availability.

In West Kent Kinesis is being trialled for older people Mental Health Services. Although it was noted that not all practices are signed up to this.

KMPT advised that the Primary Care Community Mental Health Workers service is currently out for tender. Two services will be commissioned: East Kent and West Kent (including North Kent). KMPT intends to bid for the East Kent contract, and West Kent appear to have indicated that it will commission KMPT to provide the service, and the CCG has indicated it will seek to invest additional funds to increase provision.

New Standard Hospitals Contract 2017/19

The group discussed the various recommendations in the Implementation toolkit for local systems document.

The group showed enthusiasm for GP and Consultant colleagues shadowing each other. KMPT has experience of doing this internally and had found it helpful. The group is keen to ensure that any learning that arises from this is shared and the LMC will explore what happens in Wessex, which has been running this scheme for some time.

KMPT opened a discussion around shared care. It experiences difficulties when GPs refuse to partake in shared care arrangements for patients. KMPT is now developing its Care Planning Approach, which means that all patients will be issued with a structured care plan. The LMC advised that GPs would expect patients to remain with KMPT until their health has improved sufficiently so that they can be discharged. KMPT, however, occasionally has patients that, despite numerous attempts, do not engage with the service.

GP requirements for dementia referral

The group agreed to postpone discussion of this issue until the next meeting, to which the CCG mental Health Leads will be invited.

NHS Long Term Plan

The group discussed how KMPT and general practice can work closer together. There was agreement that there was scope for developing pathways that benefit patients and the system, but that there had to be adequate support from commissioning to formalise these where they are agreed.

KMPT indicated that it would be grateful for GP input when it is developing plans on how to deliver strategic objectives. The LMC was committed to supporting such initiatives where it can.

Date of Next Meeting

Tuesday 30th April 2019

Carlo Caruso
Deputy Clerk