



Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB
Tel. 01622 851197 Fax. 01622851198

Highlights from the NELFT/ Kent Local Medical Committee Interface Meeting April 2019

Drs Mark Ironmonger, Katja Philipp, Simon Lundy and Mrs Donna Clarke attended the first NELFT/Kent LMC interface meeting. Dr Afifa Qazi, Medical Director Children's Services and Eating Disorder Services and Gill Burns, Director Children's services and Eating Disorder Services attended on behalf of NELFT.

NELFT Service Update

Gill Burns reported that NELFT had the Children's Mental Health Service and Adult Eating Disorder Service transferred in September 2017, a new service model commencing on 1st April 2018. Each CCG has a locality team with consultant psychiatrists and a multi-disciplinary team.

For Neuro developmental conditions NELFT are commissioned to see children over the age of 11 in West Kent, in East Kent they are commissioned to see from 0-18 years. Over the course of the year they have gone from over 3000 open cases to 12000 open cases for Mental Health and neuro development. 7000 of the total caseloads are neurodevelopment only, so they have created a dedicated service for this. The service sees patients with ADHD, ASC and LD and offers a diagnostic pathway for ADHSD and ASC. NELFT inherited a waiting list of 4 years for ADHD and ASC which has now reduced to 2 years.

In East Kent NELFT have subcontracted under 11s work to EKHUFT paediatric service who have historically provided this. This is currently working well, and the community paediatricians see this as part of their role.

There is now a smooth pathway from 0-18 but demand for the service continues to increase. It was noted that the service is completely self-referral and people do not have to go to their GP.

NELFT are working on a pilot with 4 GP practices in East Kent on a shared care pathway, this would support patients who are stable to move to primary care management with support hence allowing new patients to access the service in NELFT. The pilot will start in May 19.

Patients awaiting ASC diagnosis are proving challenging with many different models nationally. NELFT are keen to use new models and consider a non-medical model to assist with demand.

It was noted that the drugs used for ADHD are such that many GPs will not be comfortable prescribing, and many practices are not equipped to do all the testing required. Adequate funding and prompt specialist support will be needed for a tier 2 service to be delivered in primary care. NELFT responded that they are looking at different models but need the Commissioners to accept that this piece of work needs to be done and the model agreed and funded appropriately. NELFT will be running 4 shared care pilots in conjunction with primary care and commissioners in East Kent

Gill Burns and other senior staff have been attending PLT sessions to discuss and update on the service. A lot of focus now is on supporting families re expectations when they do or do not get a diagnosis and what support is available. Dr Ironmonger commented that these are children who do not fit with the current ways of schooling children. It was noted that often the children need to be diagnosed in order to access benefits and school statementing.

The other part of the service covers general mental health e.g. anxiety and depression, looked after children (LAC) etc. There are currently around 6500 open cases in this category. Waiting list for CYPMHS (non neuro) is making good progress despite the volume of referrals

Eating Disorders is an all age team. NELFT reported that they inherited a waiting list of 200 and that is now virtually cleared. However, there are 3 times as many referrals as the service expected based on population data. The service is doing really well with positive feedback. Issues were reported on follow up requests and the LMC asked NELFT to reconfirm that monitoring is their responsibility and they are monitoring as they should. Gill Burns confirm this and that any issues raised have been and will continue to be dealt with promptly.

Concerns were raised about what happens when patients are over 18 and transferred to SLAM who provide a reasonable service but do seem to have a different criteria, so do not accept all transfers from the children's' service. It was noted that in West Kent there is no commissioned adult ADHD service. Gill Burns reported that she has been

raising this at STP events and asked Dr Simon Lundy to also raise with the STP.

A discussion took place about the Tier 4 service in Staplehurst which SLAM have given notice on. NELFT are in negotiation to take over the contract if it is financially viable. This would enable them to run a seamless service with some remodelling.

Dr Lundy commented that GPs are likely to be very reluctant to prescribe melatonin as its use in children is off licence. Dr Qazi responded that very few children are on melatonin.

NELFT reported that they feel they have made significant progress and improvements to the service and have doubled the number of patients receiving treatment and the SPOA is processing over 1400 referrals a month.

NELFT are keen to find GPs who have an interest in psychiatry who would like to work with the service. Gill Burns offered to attend a Full LMC meeting if that would be deemed useful.

Date of Next Meeting

Tuesday 5th November 2019

Donna Clarke
Practice Liaison Officer