



Kent Local Medical Committee

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

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Maidstone & Tunbridge Wells NHS Trust/Kent LMC Interface Meeting Newsletter May 2019

Drs John Burke, Richard Claxton, Dan Kerley, Katja Philipp, Zishan Syed and Helen Smart joined Donna Clarke at the recent LMC/MTW interface meeting. Dr Peter Maskell, Zara Martin (head of Performance and Delivery, Planned Care & SRO for eRS), Amanjit Jhund (Director of Strategy Planning and Partnerships) attended on behalf of MTW.

Midwifery service

Discussions are ongoing regarding access to GP systems.

Virtual Fracture Clinic Med3

Peter Maskell reported the department should now be writing Med3s so believes this should no longer be an issue.

Outpatient correspondence delays

Peter Maskell reported the situation remains unchanged. The Trust are currently working on the admin support and the backlog and it is hoped that by the next meeting they should be back to the 7-day turnaround.

Rapid Access Ophthalmology pathway

Peter Maskell reported that the department are looking at whether more patients could be seen in the Primary Care Ophthalmology Service. This service sees a lot of follow up patients who have been seen at MTW, but the service will not currently take glaucoma patients. The Trust are working on a virtual service which should be available in June.

Urology post op emergencies

Peter Maskell reported that due to HR changes there has been some confusion around the on-call arrangements. These are being worked through

2WW referral requests to GP for suspected malignancy found at MTW

An example was provided where a 2WW had been completed following an imaging report which was reviewed by the MTW MDM, who decided it was not malignant so wrote back to the GP requesting a routine referral. It was felt this could be due to issues around eRS.

Electronic Referral Service (eRS)

Zara Martin SRO for eRS joined the meeting.

Slot availability

This has improved due to some successful recruitment. Utilisation is also improving, and work is ongoing on managing DNAs. There are still some issues with demand particularly for 2WW referrals. The management team discuss appointment slot issues on a weekly basis.

Consultant triage of referrals

Previously administrators printed referrals for consultants to look at. The consultants are now being trained to work online and have been given smart cards. Four specialties are already live triaging on eRS. This should improve the rejections issue and all specialties should be live by June. Zara Martin asked that GPs use the eRS generic email to report any problems.

Urgent slots

There is a national issue in that any appointments made available on eRS can be booked directly by patients. They are therefore manually checking for urgent referrals and the admin team will then contact the patient and bring the appointment forward.

A&E direct referrals

Peter Maskell stated that he believes there should be less instances of A&E asking GPs to do referrals, but it is difficult to change such a large problem. It was reported there does appear to have been an improvement.

Shared Care Agreement issues

Dan Kerley reported examples of patients being discharged without the relevant Shared Care Agreement being signed by the consultant. There is clear guidance on Shared Care, and this is a patient safety issue.

It was reported that it feels as though GPs are bearing the brunt of the patients' frustrations over the way the system is not working. There is also a capacity issue in practices for patients that need weekly appointments.

Peter Maskell commented that all examples sent to him are forwarded onto the relevant

consultant. It was reported that little by little things are improving.

Concerns were raised that some GPs may simply comply with a consultant request without an SCA in place. It was suggested that there may be an educational need. Peter Maskell agreed to discuss with one of the consultants who follows the guidance closely and ask whether they can help educate colleagues. He will report on progress at the next meeting.

Richard Claxton commented that there is some ongoing national work being undertaken by the GPC with a view to providing national policy.

Primary to Secondary Interface Issues GPs being asked to arrange follow up chest xrays

Peter Maskell commented that the consultants should be arranging these. He is meeting with the lead radiologist after this meeting and will discuss the process with them.

Copy abnormal results being sent to GPs with lack of clarity over actions

It was noted that these results are copied mainly from A&E without any comment about whether anything has been done about it. It was also reported that a GP had received an urgent result by phone which they had not requested. Peter Maskell agreed to investigate further and to bring to the hospital policy to the next meeting for discussion.

Availability of images at clinics

Several instances had been reported where GPs have ordered MRI scans and they are not available at Out Patient Appointments. MTW had previously undertaken some work on this but there was uncertainty about where this has got to. Peter Maskell commented that it could be a problem if the image has been taken elsewhere, and agreed to investigate further.

Endoscopy Histology

Zishan Syed reported that he has had patients come to him who have had an endoscopy where histology has been requested, and the patient is told to see their GP for the result. This puts the GP in a difficult position and it was suggested the patient could instead be told that the Trust will contact them with results. Peter Maskell agreed to investigate.

Integrated Care Providers (IPS)

Amanjit Jhund reported that he is leading this work in West Kent. He explained that they are currently in the development phase, identifying leaders across the system. They are setting up

a Development Board which will be led by senior managers from MTW and KCHFT plus Dr Sanjay Singh as clinical lead. There will also be representation from KCC and the West Kent GP Federation. The Board will report into the West Kent Improvement Board. The Board will discuss which commissioning decisions lie at ICS level and which at ICP level.

Date of next meeting
Tuesday 29th October 2019

Donna Clark
Practice Liaison Officer