



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 July 2019

Drs Awadh Jha, Dan Kerley and Om Singh joined Dr John Allingham & Mr Carlo Caruso at the recent LMC/MFT interface meeting. Dr Ghada Ramadan, Mr Stephen Houlihan and Ms Dot Smith attended on behalf of the Trust.

Echocardiogram

At the last meeting GPs had expressed concern at receiving reports of results without confirmation that it is being dealt with by the clinician that initiated it. GPs indicated a preference in general not to be copied into results, but to have them available should they need access. GPs were concerned that if they received a result that required action and it was not clear that it was being dealt with, they would feel obligated to act upon it.

The Trust understood this predicament and has sought to implement steps to mitigate this. For example, correspondence should be labelled as being for information only, with the responsible clinician clearly identified.

The Trust would be looking at clinical correspondence in greater detail at the next Clinical Council and Quality Forum meetings in August and will feedback after these events. The Trust is investing significant effort in the area of Patient Experience and see getting patient communication right as being an important aspect to this theme.

The Trust has asked the LMC to collect identify key themes regarding primary to secondary care interface and share these with the Trust for its Quality forum.

NHS Standard Contract Medicines Queries

The Trust has established an email address for medicines queries: Medwayft.medsqueries@nhs.net. This is overseen by the Chief Pharmacist and is checked daily to ensure responses are prompt. GPs are asked to use this as the first port of call for medicines queries.

Additionally, all outpatient clinics have been given access to FP10s.

GP Concerns Email

The group discussed setting up an email address for GPs to raise concerns directly with the Trust. Its purpose would be to address general issues

relating to the administration of care, and not to discuss specific clinical issues. This has been adopted in other Trusts that have found that it assists with the identification of organisational issues. For example, a fracture clinic not issuing Med 3s.

The Trust agreed to consider setting up an email link for GPs to report concerns.

Grand Rounds

The Trust agreed to ensure that details of the Grand Rounds are regularly shared with the LMC for publishing amongst Medway and Swale GPs.

The Trust would also look at the possibility of making video streams of grand rounds available for GPs.

Electronic Discharge Notices (EDNs)

The Trust is making progress through the backlog of EDNs, and is putting together measures to ensure that the potential for the backlog recurring is minimised.

A review has identified that EDNs take approximately 22mins to complete. This is due to a number of factors: issues with IT; new JDs having to learn a new system; and capacity. The group will reflect on progress in around 6 months' time.
Action MFT

The group also agreed to have a standing item on future agendas: Outpatient Transformation. The Trust can then report on progress and GPs can share experience with outpatient services.

Midwifery

The group gave a warm welcome to Dot Smith, Head of Midwifery Services, who attended for this item only.

The group discussed how patients with a suspected UTI were managed. The Trust confirmed that, when the Midwifery team request a urine sample for analysis, they will check for the result to be returned and if action is necessary they would copy it to the GP to action. The Midwifery service finds itself unable to treat these patients because the result is returned after the patient has left.

GPs were concerned that there may be occasions when there is an acute infection that needs a

prompt intervention. If the result is sent over the weekend, then it may not be picked up soon enough. The Trust is then legally responsible for the patient until the GP has received and accepted the transfer of care.

GPs will not be as concerned with patients that are asymptomatic if there was a designated pathway. However, there is concern about receiving patients that are apparently symptomatic but without enough information, because GPs may decide to await the detail before acting. If the patient is symptomatic the midwife should speak to the duty doctor by phone to ensure that care is transferred.

The group also discussed recommendations for prescribing aspirin. GPs may feel unable to prescribe aspirin if it relates to a complication that is specific to the patient, as this may be outside of the GP's scope of practice. The Trust agreed that GPs should not be expected to prescribe aspirin or Clexane and this is Trust policy not to ask GPs to do this. The LMC commended the Trust on this practice.

Referral Quality

The group agreed that it would be helpful to have an educational event that would look at GP referral quality.

Ionising Radiation (Medical Exposure) Regulations (IRMER)

The LMC asked whether non-medical staff could receive IRMER training so that they could request x-rays. The Trust agreed to explore this and report back before the next meeting.

Pathlinks

The Trust will provide an update regarding the rollout of pathlinks to GP surgeries.

Date of Next Meeting

4th September 2019

Carlo Caruso

Deputy Clerk on behalf of Kent LMC