

21 MARCH 2014

Leeds Local Medical Committee Limited

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12 March 2014

BY POST AND EMAIL

Mr Julian Hartley
Chief Executive
Leeds Teaching Hospitals NHS Trust
St James's University Hospital
Beckett Street
Leeds LS9 7TF

Dear Mr Hartley

Re: LTHT five-year strategy

On behalf of Leeds Local Medical Committee, the professional body which represents all GPs in the area, I am writing to respond to the consultation regarding LTHT's new five-year strategy document. I appreciate that the preferred feedback method is via the website but although I have made several attempts to respond online, the site continually crashes.

In this response the LMC has focused its comments primarily on Goal 4: Integrated Care and we would draw your attention to the following points:

1. The strategy document notes that many patients do not need to be in hospital and there is a requirement to reduce admissions and re-admissions. The LMC agrees with this view but we must point out that many patients are now being discharged without proper care being in place. For example, patients are being sent home without arrangements for appropriate anticoagulant monitoring in the community and there is a lack of thought regarding social care issues. Also, GPs have frequent experience of patients being discharged without complete investigation of their problem, often caused by sub-specialists just focusing on their area and then passing the patient back to the GP without any attempt to resolve the problem. Specialists should attempt to follow up investigations they have initiated.
2. Integrated care must start in the way specialists break down silo working in hospital. Closer collaboration between all clinicians is essential, if integrated care is to become a reality, and the LMC believes there is a need for a smoother referral process between specialities within secondary care.
3. The strategy document refers to 'good links to your GP' and we question what this means in reality and is it a two-way relationship? The LMC believes there is a need for better links in shared care with the ability for a far quicker response for advice or intervention from consultants, when GPs need help. In addition communication to GPs needs to be quicker and often with more clarity.
4. We note the references to providing better care closer to home and the right aftercare, particularly for elderly patients and those with long-term conditions, and the LMC supports this approach. However this will require appropriate funding and a step change in resources.

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5. The strategy document refers to expanding LTHT's specialist portfolio but this cannot be at the expense of providing a high standard – and cost effective – secondary care service for Leeds residents.
6. We note that key deliverables include reducing urgent admissions for frail elderly patients and those with long term conditions by up to 20% but we question how this will be achieved. Will consultants be truly integrated with practices and be available and willing to visit patients in care homes or do more clinics in surgeries alongside GPs? Will LTHT support local GP-led service development? Practices developing or considering developing community based services want to work in collaboration with LTHT specialists but often find this difficult to achieve. Practices have reported that they cannot get agreement for consultants from LTHT to work with their AQP service. How will LTHT deal with the perceptions that they are blocking competing services?
7. With reference to treatment and community based services, what does this mean? Will elderly patients expect less of a service, being less likely to be admitted and/or investigated? If LTHT struggles for beds now, how will it cope with fewer beds in the future?
8. We note the plan to implement the Leeds Care Record programme and Leeds LMC supports the use of electronic records which could be accessed by both primary and secondary care. However we have concerns about the issue of consent and lack of appropriate communication with patients about this project.
9. With regard to Goal 5: Finance, we note that LTHT needs to ensure that they are paid correctly for the work they do. Does this mean that LTHT expects more funding for current activity and if so, what impact will this have on CCG budgets?

I trust that you will find our comments helpful. I would emphasise that Leeds LMC supports the development of more integrated care, closer to home, but the services must be adequately resourced and, crucially, GPs should be involved and engaged with the process from the outset. It is disappointing to note that the LMC was not formally consulted about this strategy document, prior to the matter being brought to our attention at a recent LMC committee meeting, and we are concerned that this does not bode well for future partnership working.

Leeds LMC believes that strong professional relationships and good communication between primary and secondary care colleagues will be essential in developing an integrated care approach which can benefit all our patients and make the best possible use of available funding.

Please acknowledge safe receipt of this response.

Yours sincerely



DR RAJ SATHIYASEELAN
Medical Secretary

cc: Dr Yvette Oade, Chief Medical Officer, LTHT