

Response from Dr Mark Ironmonger

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It is without doubt that there is a requirement to move services from secondary care into the community where provision is made closer to home and where it is generally more cost effective. For this to occur there is usually a requirement for consultant input, either as a direct provider or supplying clinical governance. Any limitation on consultants providing such an input will make local, community-based services difficult to initiate and establish. In West Kent, for example, for the last 2 years consultant radiologists working in their own time have enabled the provision of a highly successful and cost effective service that has provided diagnosis and treatment of DVT's without the need for most patients to visit the DGH's and use their resources. GP's now manage these cases in their surgeries, providing prompt, efficient and patient-centred treatment. We are also able to provide some x ray services by a similar pathway.

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