



# Kent Local Medical Committee

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

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## Making Connections in NHS West Kent CCG February 2020

Drs I Jones, M Ironmonger, S Westerbeek, K Philipp, R Claxton, K Tan and N Potter joined Mrs Liz Mears & Mrs Donna Clarke at the recent Joint West Kent/DGS CCG/LMC liaison meeting. Dr Bob Bowes, Gail Arnold, Ruth Wells and Funmi Owolabi attended on behalf of the CCGs.

### Housebound Flu

It was reported that some housebound patients have still not had their flu vaccination done by Virgin. The CCG are aware of one practice who have not yet had any housebound patients vaccinated and they are in the process of liaising with Virgin to ensure they are given as soon as possible. They have also asked Virgin to look at whether there has been any patient harm (i.e. anyone contracted flu) as a result of the delay.

### QoF QI

The CCG reported that Eclipse has been set up for pre-defined audits and they understand the practices are using this.

### Physio Re-Referral Pathway

Gail Arnold has passed this onto MSK team and understands they will be rectifying the situation, so GPs are not asked for re-referrals.

### Medicines Optimisation (Branded Generics Issue)

The LMC confirmed they have spoken to the LPC who are working on a scheme whereby community pharmacists may use alternatives when there are stock issues.

### iPlato for emails

Currently iPlato cannot be used for emailing patients but iPlato are prepared to develop in the future if there is enough demand. A discussion took place about the different digital workstreams, including online consultations, and that they all need to embed before any further work is done with iPlato as it may not be necessary. Ruth Wells explained the rollout of DoctorLink and that there is a project team working with practices as they sign up. Concerns were raised that online consultations may add to GP workload. Ian Jones commented that it can reduce workload if used with a multi-disciplinary team. Ruth Wells commented that this will be a 2-year programme so practices can come on board as they are ready.

### Direct Booking for Hospital at Home Team (DGS)

No examples of Hospital at Home issue had been sent to CCG. DGS LMC representatives reported that Virgin have now advised practices that they will no longer do Blood Pressure readings for housebound patients. The CCG requested examples to enable them to follow up.

### Primary Care Network (PCN) Update

The LMC reported that the new draft of the PCN DES Service Spec looks much better than the first. There will be a special LMC conference on 11th March where this will be debated further. The Additional Roles Reimbursement Scheme (ARRS) 100% reimbursement is welcomed but there is a workforce shortage which means not all PCNs will be able to take advantage of this. Also, prescribing Clinical Pharmacists are in short supply and commanding pay rates that are higher than the maximum reimbursable rate.

A discussion took place about issues around recruitment and employment of PCN staff. The LMC asked how the CCG planned to support this. The CCG stated that they are currently looking into this and trying to come up with a K&M approach. They are also looking at how the CCG manages the risk.

Bob Bowes reported that the other system providers want to see PCNs becoming an integrated part of ICPs.

The LMC raised the issue that those PCNs with many care homes are anxious about the fact that the £120 per bed will not be as much as is available under current schemes. The CCG are working on comparisons of current schemes with the PCN DES with a view to ensuring good schemes are maintained and possibly have a core and an enhanced offer, but these discussions are at an early phase. However, practices will not be paid twice for the same work. The CCG have also started working with PCNs on mapping the care homes.

Questions were raised about pathway 3 nursing home patients. The CCG responded they have a separate arrangement and practices will know if they have signed up to pathway 3 and if they haven't they do not have to register these patients.

### Primary Care Quality Standard (PCQS) Update

The CCGs reported that all 54 West Kent practices have signed up and 19/26 in DGS. They are in the

process of drafting the sub-contracting document template for practices who need it. They are looking at payment arrangements for sub-contracted practices in the hope that they can pay directly (unless Financial Instructions state they cannot).

Pilot sites are testing the data extraction system before wider rollout.

Phase 2 specifications in draft. The PSA spec is almost ready to be rolled out.

### **Local Care Update West Kent MDT Update**

Bob Bowes commented that it seems the model in West Kent is not capturing all the patients that it should. There has been an audit and a track and trace and from those have been some really positive case studies. However, the CCG are not seeing the impact on the mental health service they had hoped for, but they can see an impact on Local Care in its entirety, of which the MDTs are a part. They are also seeing similar evidence starting to emerge in DGS.

Richard Claxton reported that the PCN DES has worked in parallel within his practice, however, he does not feel the MDTs have made a difference and wondered whether there is any data on a practice level.

Concerns were expressed that the MDT may be detracting Community Nurses from day to day work. The CCG commented that it does not receive reports from KCHFT on Community Nursing.

The LMC asked whether it would be possible to revert to the old-style meetings held by individual practices with their allocated staff, as it enabled better conversations about more patients.

After a discussion and agreement that this is not really working the LMC asked what the future will be. Bob Bowes responded that he hopes ICPs will enable better MDT working.

### **Mental Health Update**

The LMC are very concerned about the state of the service and are holding regular liaison meetings with the providers. Generally, assurance is given at these meetings by the Trusts that things are improving but GPs report that it does not feel like that on the ground.

Richard Claxton commented that the biggest problem is acute situations and KMPT have told the LMC that they are not commissioned to provide an emergency service. This been raised over the past year with the CCG, but nothing appears to have changed.

It was suggested that a separate meeting be held with the Mental Health commissioner and KMPT. The LMC has a liaison meeting arranged and will invite the CCG.

### **Direct access for radiologists (DVH)**

All agreed that any doctor initiating a test should be responsible for dealing with the result. Ian Jones confirmed that Steve Fenlon agreed with this. Therefore, when it does arise the letters should be sent to Steve Fenlon who is happy to receive them.

### **DGS Dermatology Service**

Two concerning incidents were reported with the current service. The CCG requested examples to be forwarded for investigation.

The LMC commented that it would be useful for GPs to know what the KPIs are for the service so they know what to expect. Gail Arnold commented that the current provider inherited some significant issues from the previous provider.

Medway CCG commission the service on behalf of the 3 North Kent CCGs so Gail Arnold will take these issues back to them.

### **Midwifery Referrals to physiotherapy and SPD (Symphysis Pubic Dysfunction) (MTW)**

Gail Arnold agreed to look into whether a pathway can be commissioned to allow midwives to refer patients to physio and also a pathway for them to deal with SPD.

### **New Prescribing Incentive Scheme**

Concerns were expressed that practices with lots of patients with multiple co-morbidities will be disadvantaged using Astro-PU as a measure. Gail Arnold commented that it has been approved by all Governing Bodies and asked whether this comment had been fed back. Ian Jones commented this has been a problem in previous schemes and he has raised in the past but had not seen this until last week.

### **Coronavirus**

Neil Potter reported an issue with 111 giving false reassurance to a patient with relevant history so the patient ended up going to their GP surgery. Donna Clarke agreed to feedback to system call and seek assurance 111 providers have given all staff correct instructions.

The CCG are planning to put some comms out for practices and patients. Concerns were expressed that GPs and practice staff cannot get swabbed. The CCG commented that they are on a national weekly webinar and these issues are all being looked into.

**Date of Next Meeting:** TBA