



# Kent Local Medical Committee

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

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## Making Connections in Dartford Gravesham & Swanley CCG October 2017

Drs Ian Jones, David Lawrence, Kevin Tan and Prav Kasinathan joined John Allingham and Mrs Donna Clarke at the recent LMC/CCG liaison Meeting. Dr Liz Lunt, Vicky Mason, Corinne Stewart and Sarah McDermott attended on behalf of the CCG.

### **Benenden Update**

The LMC reported that Benenden have agreed with West Kent CCG (lead commissioners) that the GP makes a referral to any NHS provider and provides a copy to the patient. The patient then deals direct with Benenden and if accepted the patient is responsible for cancelling any NHS appointment.

### **Wound Care LES**

Concerns were raised at the lack of practices that have come forward to be a provider of wound care for other practices' patients. The LES ended on 30th September. The CCG reported that the clinical cabinet has suggested a 3 month extension be considered to allow the CCG to work up a longer term solution. The LMC commented that any payment should be based on activity rather than list size to ensure practices are appropriately funded for what they actually do. The CCG are setting up a local care delivery group that will be looking at issues such as this and other LESs. GPs and the LMC will be invited to be part of this group. Ian Jones commented that there needs to be a central vehicle for recruitment and other administrative functions to enable working at scale as practices have no time.

### **Pre-op anticoagulation requests**

Ian Jones reported GPs are still being expected to do this, but DVH are developing guidance and if it is decided that GPs should do this there should be funding allocated for this. The CCG

reported that Steve Fenlon from DVH has confirmed that this will now be done as part of the pre-op appointment, including any prescription required, and is in the process of implementing this.

### **General Practice Forward View (GPFV) - Update on CCG progress towards objectives**

Vicky Mason gave an update of the CCGs plan (available on the CCG intranet. The plan is partially assured by NHS England mainly because of a lack of specific delivery dates of projects and also the fact that the national online consultation guidance has yet to be published.

The CCG have created a workforce and workload delivery group to look at recruitment and retention and consider possible solutions.

There is a commitment for the CCG to provide an additional £3 per head in Primary care which has yet to be decided. The CCG wants to work with Federation leads to make plans for new models of care and how this money will be used.

A discussion took place about the different types of online consultation that members have seen in use or demonstrated. All agreed that an early implementation of a solution could provide real help to practices.

There is also Access money available from April 2018 and the CCG would like to engage with practices/federation to work out a plan, but if that could not happen the CCG will have no alternative but to commission extended access.

David Lawrence commented that practices are not seeing any real money and until something concrete materialises they are unlikely to engage

with the process. It seems now that there are some positive things about to happen which will hopefully encourage practices.

#### **GP Federation: update on development**

The CCG are keen to work with practices to help mobilise the federation and work on what services can be delivered by a federation.

Prav Kasinathan updated that the problem is that the federation has limited capacity and resources. The CCG asked that the federation tell them what they want and what they believe they can deliver. John Allingham also offered LMC assistance. Frustration was expressed that the federation have been trying to engage with the CCG but to no avail. The CCG reported that the federation could deliver wound care and extended access. The LMC suggested that the CCG could provide a project manager. The CCG agreed to write a business case to take to PCCC in November.

The LMC agreed to set up a meeting for GPs and PMs as they have for other areas of Kent and Medway to discuss the way forward for the federation. Early November in the evening.

#### **New standard hospitals contract 2017/19**

##### **Update on process for reporting breaches - single point of notification**

The CCG reported that in other areas of Kent CCGs have set up an email address that practices can use to report breaches. The CCG can use the emails to take up matters with the Trust. The CCG reported that they receive some feedback from practices and pass it to DVH.

Kevin Tan reported a particular problem with midwives ordering blood tests and asking GPs to deal with them, often inappropriately. John Allingham commented that this is a county wide issue and the problem is they do not have access to any other providers.

#### **Funding General Practice for transfer of workload**

The LMC reported that there is currently no mechanism for funding the transfer of workload that is happening from hospitals to GPs, e.g. sick notes, prescribing etc. All agreed that it is often junior doctors involved.

#### **Community Mental Health Team Referrals - inappropriate discharge**

A discussion took place about a letter regarding a patient with psychosis being inappropriately discharged back to the GP by Community Mental Health because of not engaging, but the reason for non-engagement was the psychosis.

The CCG agreed to take this issue back to the mental health commissioners.

The CCG are meeting to address the gap that exists between IAPT patients and Community Mental Health patients.

A discussion took place about the need for Primary Care mental health workers to help coordinate care for mental health patients e.g. Jackie Langford who is already in post and very helpful but has limited capacity.

A discussion also took place about the lack of shared care agreement for adult ADHD. The LMC reported that the SLAM service that did exist in East Kent has ceased and the Maudsley has set up a shared care agreement with a lead GP from each practice with funding. The CCG agreed to look into this.

#### *Medway, North & West Kent Delivery Board*

The LMC is now represented on this board and most of the discussions are confidential at the moment.

#### **CEPN - LMC Update on North Kent Progress**

John Allingham updated that he is now chairing the North Kent and Medway CEPN and trying to bring it together. Medway CCG have agreed to host it for now in order that the money for operating the CEPN can be drawn down. Things are looking really positive at last.

### **GMS Contract documents**

Practices have been issued with new contracts for signing. The CCG reported that this has been done in order to bring together all the variations etc. that have occurred over the years in one document and that the LMC have seen it and approved it. It is simply an up to date standard core contract and practices can sign.

### **Winter Planning**

The CCG reported that there will be monies available to help provide additional winter capacity. The CCG will be emailing practices to ask whether they can offer a higher percentage of same day bookable appointments, rather than pre-booked routine going into winter and over the Christmas/New Year period. It was suggested piloting the online consultation which may help. Vicky Mason will discuss with Dan Campbell. Practices may be offered extra funding to open on Saturdays and bank holidays, although this was offered last year and there was very little uptake.

### **Gluten free prescribing/IVF**

Some CCGs are asking GPs not to prescribe gluten free products. Ian Jones asked that the CCG issue a policy with clear guidance so GPs can pass patient queries to CCG. The CCG are also looking at how many cycles of IVF will be provided on the NHS.

Date of Next Meeting:  
16th January 2018

Donna Clarke  
Practice Liaison Officer