



# Kent Local Medical Committee

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

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## Making Connections in East Kent CCGs November 2018

Drs Gaurav Gupta, Manuel Fernandes, Sadia Rashid, Mark Speller, Raj Thilla, and Mr Carlo Caruso joined Mrs Liz Mears at the joint East Kent CCGs liaison meeting. Drs Simon Lundy, Navin Kumta, and Ms Lorraine Goodsell and Louise Matthews attended on behalf of the CCGs.

### Terms of Reference

Terms of reference were discussed and it was agreed CCG would be represented by Managing Director and/or Deputy Managing Director, Clinical Chairs and Deputy Clinical Chairs where diaries permit. It was agreed the clinical perspective is a valuable contribution to discussions.

The East Kent joint liaison would replace the previous individual CCG liaison meetings.

### East Kent Delivery Board

The East Kent Delivery Board has been adjourned indefinitely.

The CCG is, with the support of Price Waterhouse Coopers, undertaking a review of its governance structures. The review will also consider how back office functions may work across EK in order to maximise human and financial resources.

The CCG agreed to share details of the governance structures with the LMC.

### Rapid Access Pathways

The group discussed the process for Rapid Access Pathways. There appears to be inconsistency with how these referrals are processed by secondary care clinicians, even within same dept, with some treating referrals as requests for diagnostic or investigation and referring the patient back to the GP to decide whether to refer patient for treatment.

GPs indicated preference for a simpler pathway for patients, with secondary care

taking the decision whether to refer patients for appropriate treatment rather than returning the patient to the GP. The group agreed to refer this matter to the CCG, EKHUFT and LMC liaison meeting.

### Orthopaedic referral - KIMS

The LMC has recently commenced a liaison meeting with KIMS and has raised this issue via that forum. KIMS have established an email address that GPs can use to raise interface issues: [KIMS.feedback@nhs.net](mailto:KIMS.feedback@nhs.net).

GP colleagues are reminded that the NHS standard contract applies equally to KIMS as it does to EKHUFT, and that interface issues can be raised with both the CCGs and KIMS. Further details of how to raise issues with the CCG can be found below.

### Reporting Contractual Breaches: Quality Inbox

The CCG has established new email addresses for reporting breaches of the interface standards for both hospital and community contracts:

For all EKHUFT contract issues:

[acute.contractteam@nhs.net](mailto:acute.contractteam@nhs.net)

For all Community contract issues:

[community.contractteam@nhs.net](mailto:community.contractteam@nhs.net)

The CCG advised that these email addresses were not to be used for sharing patient information when, for example, seeking to raise serious incidents.

GPs were concerned about lack of feedback on how issues raised are dealt with. The CCG agreed to invite Sarah Vaux, Lead for Quality and Safety for the East Kent CCGs, to the next meeting to explain how the CCG processes these in more detail.

Furthermore, GPs are uncertain where to send quality issues and where to send contracting issues. The scale and scope of the issues that GPs are experiencing on a

regular basis go unreported because the process for raising issues is cumbersome and results in little to no feedback. Inefficiencies in one part of the service impact the effectiveness of other parts of the service. GPs would benefit from the process being centralised and simplified. The CCG agreed to take legal advice about how to overcome the issues with sharing patient data and then work with the LMC to develop a simplified reporting process for practices.

#### **BMA prescribing in general practice (buff forms issue)**

The position has been clarified by the BMA and KCHFT and the LMC have worked together to develop a new protocol for issuing buff sheets, therefore minimising the need to involve GPs. The CCGs were grateful for the efforts made by all parties to address this issue.

#### **CSU/Optum liaison and performance**

The CCG confirmed that practices have now signed up to the new data sharing agreement and was grateful for the LMC's support in this matter.

#### **SKC CCG - Gender reassignment**

The CCG advised that it will be having a conversation with NHSE regarding the pathway for patients undergoing gender reassignment. This issue is particularly challenging because of the conflicting advice GPs are being given by the GMC currently.

#### **New Rheumatology service**

The CCGs have recently launched a Nurse Led Tier 2 Rheumatology Service in South Kent Coast. It is anticipated that this will be launched in the rest of East Kent over the coming months. There are some teething issues as the service is mobilising, but these are being gradually resolved. The service is being run by Connect Health.

GPs have reported that patients are struggling to understand the change and appear to want to continue to access the service via their GP. GPs are stepping in to meet patient demand, but this is causing significant pressure on core GP services. The CCG agreed to look into this issue.

The LMC was concerned that practices have been disenfranchised from delivering a

service that has been very well received by patients for a long time. This has created the risk that once capacity has been decommissioned from practices it will become increasingly difficult and costly to re-establish it in general practice again.

#### **Special Measures - LMC offer of support**

The LMC was asked to support a proposed communication to GPs regarding Over the Counter medications. The LMC felt unable to support it in its current form because it did not reflect the LMC's homely remedies policy.

The CCG hopes that what it proposes helps practices to distinguish those patients that have a regular need for OTC medications, therefore may help to ease GP workload. However, the LMC is of the view that the legal position is that GPs are obliged to prescribe where they feel it is clinically appropriate. The current proposed communication needs to change in tone to be advisory in nature. The LMC agreed to share this with its representatives following this meeting for feedback.

#### **Enhanced Services Review**

The CCG is undertaking a review of the enhanced services that have been commissioned across East Kent. The CCGs and the LMC have been in regular dialogue regarding the review. Currently, the CCGs are in a processing of auditing the range of enhanced services that are commissioned across East Kent. The CCG will then review them to consider their continued relevance and seek to simplify the process for claiming. The CCG is committed to levelling the funding for services upwards, assuming there is value for money in doing so. The CCG is looking to bundle the services, with practices unable to deliver elements of the contract to other practices or their federation to ensure equality of access for patients.

The LMC was supportive of the approach the CCG is taking, but wanted assurance that there would be an element in the contract that takes into account inflation. The prices for the current raft of enhanced services has remained the same for 10 years. Practices are approaching a moment where pressure is such that they are having to decide what to do and not to do. This is both for work that is funded and unfunded. For example,

in South Kent Coast the funding for carrying out heart tapes has been reduced and this has resulted in practices unable to continue to provide them. Patients are now being referred to William Harvey Hospital. This has resulted in increased waits for patients and increased costs to the CCGs. The CCGs already benefit from significant savings for services delivered in general practice compared to the hospital tariff. The CCG should focus on value for money and not the price of the service.

The LMC also raised the issue of the decision in Thanet to cut the funding for the anti-coagulation service. The CCGs agreed to review the decision and feedback to the LMC before the next meeting.

#### **East Kent Primary Care Standards**

This was mainly discussed in the previous item.

The group expected that this could be developed through the Primary Care Board (PCB) of the Sustainability and Transformation Partnership.

The group agreed not to delay establishing an EK standard whilst waiting for the rest of Kent to align itself.

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

The group received the following documents regarding the secondary to primary care interface.

#### [Clinical Guidance: Onward Referral Implementation toolkit for local systems](#)

The CCG will be writing to the EKHUFT regarding the primary to secondary care interface standards, sharing the output from the recent audit carried out in Faversham and the GP interface diary. The CCG will update the group following the meeting.

The group recognised that the Trust is somewhat struggling because of its heavy reliance on locums who are not familiar with local policies and protocols. However, the group recognised that addressing these issues will improve capacity in primary care. Ensuring that there are appropriate incentives to help bring about change.

#### **Electronic Referral Services (eRS)**

The group have reported a steady improvement in performance of eRS. However, issues with the DOS and the availability of slots continue to put pressure on practices that are having to adapt their systems to compensate for these issues.

There have been system issues that have caused significant challenges for practices. For example, a recent system outage for a number of days has led to practices being asked to hold onto 2ww referrals. The group agreed that this was not acceptable.

It was also reported that patient appointments had been cancelled by EKHUFT and GPs were left to advise patients. The group agreed that this should not have happened. The LMC would continue to raise issues on behalf of GPs to ensure that they are heard at the highest level. GPs are asked to share issues they encounter with the LMC office.

#### **Podiatry & Orthotics Referrals**

The LMC raised what appears to be a commissioning gap at present. Podiatry appear to have a strict criteria for seeing patients and this has resulted in a significant number of patients being referred to orthotics.

For example, patients with one leg shorter than the other, find themselves having to be referred year after year because the service discharges them, despite the fact that their circumstances are unlikely to change.

The CCG will look into this as a contracting issue and report back at the next meeting.

#### **Catheter Clinic Pathway**

This issue relates to a change in the pathway for catheters. The new pathway states that patients with long term catheters should receive their reviews and routine catheter changes from their own GP practice.

It was confirmed that this issue has been resolved. The issue arose due to an apparent misunderstanding. There was an agreement between Ashford Clinical Providers (ACP) and Kent Community Health Foundation Trust (KCHFT) but this is not apparent in the pathway. The wording has since been reviewed.

### **EKHUFT Quality Concerns**

GPs have reported that there appear to be significant delays with diagnostic reports.

### **Update on Community Dressing Requests**

District Nursing staff have been asking GPs to prescribe dressings for non-ambulatory patients being cared for by the District Nursing service.

The LMC and KCHFT agreed a new system for distributing dressings that does not involve Primary Care. The CCGs and the LMC will be communicating this to practices shortly.

### **GPC DDRB letter**

The group discussed the letter from Richard Vautrey, Chair of the General Practitioner Committee, asking CCGs to implement the recommendations of the DDRB. It was noted that NHSE wrote to CCGs directing them not to acquiesce to the request.

The CCG had considered this request but with the health economy being £98m in deficit there was no scope for exercising its discretion on this occasion. However, the CCGs were encouraged by the warm sentiments from the new Secretary of State for Health and the announcement in the Autumn Budget Statement pledging further investment in the NHS. That said, the group noted that the sentiment of politicians often leans towards the hospital sector.

### **Public Consultation**

The group wanted to draw attention to the East Kent listening events ([click here for more info](#)). These events precede the formal consultation and give stakeholders the opportunity to provide early feedback. Some of the themes arising from the events thus far regard access and travel times, and the locations of Accident and Emergency, Paediatrics and Maternity services.

The feedback regarding the number and location of listening events was noted and the CCG will be considering holding further events.

The CCG will also be using CCG consortium meetings to discuss these issues. However, it was noted that this will only have a relatively small number of GPs, and so the CCGs will explore having a GP event in each patch to maximise participation.

### **Business as usual capital 2019/21**

The group noted the invitation from the STP inviting bids from practices for capital funding. The applications are to be made to CCGs, with the deadline for the CCG to review and submit practice bids to the STP by 28 November 2018.

The group noted the frequently brief timeframes given to practices to submit these bids and suggested that practices should prepare bids for capital funding in anticipation of further opportunities arising.

### **ADHD**

It was reported that NEL is running the Childhood ADHD programme and that it was being inundated with referrals and patients are experiencing long waits. The CCG wants to avoid the scenario where GPs are pressurised into an inappropriate shared care arrangement so is working to resolve this. The CCG is considering whether GPs may be able to take on an extended role to enable them to take part in shared care for this group of patients.

### **Training and Development Fund**

The CCGs have put forward £50k each for training and development of GPs as a thank you for assisting with the winter pressures last year. It is being proposed that these monies are invested in the following initiatives:

1. Leadership Training to support the development of MDTs;
2. The First Five Programme to assist newly qualified GPs to adapt to independent practice; and
3. Training for GPs seeking to develop Extended Roles.

These will be evaluated and if there is a benefit then it is hoped that the CCG will continue to fund programmes.

There was general agreement that these initiatives would help to make general practice in East Kent a more attractive and exciting place to be.

### **Date of Next Meeting**

Wednesday 13<sup>th</sup> February 2019

Carlo Caruso  
Deputy Clerk on behalf of Kent LMC