



Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB
Tel. 01622 851197 Fax. 01622851198

Making Connections in NHS West Kent CCG December 2018

Drs John Burke, Richard Claxton, Daniel Kerley, Neil Potter, Caroline Rickard and Zishan Syed joined Mrs Liz Mears at the recent LMC/CCG liaison meeting. Dr Bob Bowes and Mrs Gail Arnold attended on behalf of the CCG.

Rapid Response Team

The merge with home first team is imminent, and it is hoped that it will improve services to patients. Additional investment was approved at the September Governing Body meeting, which should provide demonstrable savings in terms of reduced admissions. Recruitment is underway to expand capacity. A template for GPs to use to raise concerns, through to the primary care CCG inbox is being established.

Childhood ADHD Shared Care Protocol

The CCG will invite the LMC to a meeting with KCHFT. Further update at next meeting.

Virtual Fracture Clinic

MTW are aware the responsibility to issue certificates lies with them and there are now fewer requests coming to primary care.

West Kent MDT Process

The current MDT model is evidenced as being more effective. There is a drive to increase referrals into MDT from professionals other than GPs. The LMC reported a lack of universal support from GPs and the CCG acknowledge not working as well as it should. CCG report evidence that people discussed at MDT are demonstrating reduced admissions.

Podiatry Reporting

It appears that podiatry is no longer providing reports for diabetic foot checks. This may impact upon practices' QOF performance and patient care. The CCG agreed to look into this.

Diabetic Retinal Eye Screening Service

The service appears to be referring patients with non-diabetic pathology back to their GP for onward referral. It was agreed that this

may not be appropriate use of GP capacity and the CCG agreed to explore a solution to this.

iPlato & mJog

Some practices appear to be running out of credit. Practices find these services make a very helpful contribution to the effectiveness of practice operations. The CCG agreed to look into this.

Annual Uplift to Enhanced Services

The CCG confirmed an increase of 1.5% to all enhanced services will be backdated to April 2018 and paid in December. The LMC thanked the CCG for actioning this.

New standard hospitals contract 2017/19 - Interface between Primary and Secondary Care: Key Messages

The ongoing issues of transfer of work from secondary care to primary care was discussed and how can we move forward. The LMC suggested a CQUIN to ensure the Acute Trusts delivered their contracts rather than expecting general practice to do so. Planning guidance is that nationally the CQUIN monies are being reduced. CCG are continuing discussions with trust around contracting for next year and aligned incentives. Recent review of discharge summaries has changed the wording to 'GP to consider...'

AQP running NHS Clinics who are not adhering to the contract. Issues were raised with pre-assessment and lack of issuing med 3s. Patients are being bounced back to the end of the que when they are unable to do the surgery. Cancelling operations at short notice due to systems issues and misinterpreting NHS contract. The CCG agreed to take it up with provider as the lead commissioner CCG suggest use of Kinesis to assist with urgent referral issues.

AQP Physiotherapy - Spine and neck only, commissioned historically when funding was better. The CCG cannot afford to continue

with AQP physio services and limiting the service to spine and neck is a reflection of this.

Mental Health -concerns were raised around interface issues with crisis and acute teams, where it is felt they are completely unaware of obligations to prescribe in clinics and timeframes for letters to primary care. The shocking rejection referral rates from KMPT were highlighted. The LMC briefed the CCG on the outcome of a recent meeting between the LMC/KMPT/CCG leads. Feedback was positive from practices for the Primary Care MH team and the plans to significantly expand.

Concern was raised that referrals being rejected following use of the telephone triage service seem incorrect. GPs are concerned at the lack of staffing and resources in mental health. There is an implication of increased A & E attendances and concerns regarding poor patient experience of SPOA. It would appear that mental health funding is lower in West Kent per patient than other areas in country. The CCG will review current funding to see if assertion is accurate.

West Kent Pathology Incident

The CCG confirmed a payment will be made to practices to contribute towards the amount of time wasted in practices to address the duplicate results issue.

Unfunded Work

News regarding the Enhanced Services uplift was welcomed. Meetings with LMC are required to pursue the ongoing work. West Kent are working with East Kent and are looking across all 8 CCGs comparing specifications and funding and looking at appropriateness and pace of change. The LMC have collated data from BMA Enhanced Service list and compared with Enhanced Services commissioned by each CCG and the associated rates. Agreement has been reached to level up Enhanced Services in East Kent. The Kent Offer, based upon the Salford model, is being discussed. It was agreed that changing QoF would not be agreeable. Practices are having to make hard decisions around funding. Concern were raised around how this will sit within an ICP set up with a capitated budget. East Kent is proposing an enhanced service offer to provide services to the population with ability for practice to subcontract it out if they are unable to provide it themselves (e.g. to the

federation). This proposal was welcomed in principle.

Shared Care

Cinacalcet relies on consent of the GP to agree to prescribe, and it was highlighted to CCG that pressure should not be put on GPs to prescribe outside of their clinical competence. CCG agreed to discuss with Medicines Optimisation Group.

NELFT Eating Disorder Service

The LMC highlighted the transfer of work regarding monitoring of patients in primary care (fortnightly bloods/ECGs) with no ability to follow up with secondary care. This is not shared care, not within the scope of primary care and is unsafe. Change in letters from provider asking GPs to monitor patients in primary care. This is being taken up by GPC nationally. CCG to look into this change.

Electronic Referral Service (eRS)

The impact on general practice in processing the referrals was highlighted to the CCG. Directory of Service (DOS) issues, highlighting lack of named consultant facility, urgent triage stream experience is that appointments offered are no faster than routine. Is improving slowly as MTW add to the DOS and GPs gain more experience of the system. CCG to speak to providers regarding onward referral for retinal screening, ophthalmology and podiatry.

NHSPS Update

Progress is slow. A Motion was passed unanimously at the LMC Conference England to pursue the issues nationally. There is a group across Kent working with solicitors to resolve the issues locally in the absence of a country-wide approach. The LMC are extremely concerned and could not recommend practices going into NHSPS buildings at this time.

Care Home Service Update

Pathway 3 - Early discharge from hospital to nursing homes which cause issues in primary care. The CCG confirmed that pathway 3 is continuing and being evaluated. Notification of pathway 3 is sent to receiving GP and funding is attached for this work. Pilot is being evaluated (6 months) and will be fed back.

IC24: Unsafe Overnight Service

Recent press coverage and concerns that IC24 service is unsafe were discussed. It was noted

that no patient harm came from the incident. IC24 are addressing their capacity problems, and the CCG have looked into it and are assured.

Babylon Effect

Improved Access was aimed to help pre-planned appointment availability outside of working hours. The remit has changed centrally to make these book on the day appointments.

Online consultations

The procurement has collapsed, and the funding may have been lost. The CCG/LMC agreed to investigate how the funding can be retained.

Estates Update

The CCG provided an update regarding estates, General Practice Estates Strategy Nov 2018 - extensive piece of work by West Kent CCG who have met with every cluster. Planning for future, growth and mapping information from clusters and district councils. District councils are liaising with the CCG around planning applications and assisting as much as possible with forecasting of growth. Document represents identification of the priorities in each cluster area from an estates perspective. Should enable the CCG to bid for STP and National Capital/SIL and S106 funding as it becomes available.

Date of Next meeting
Tuesday 5th March 2019

Mrs Liz Mears
Director of Operations