



Kent Local Medical Committee

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

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Making Connections in Swale CCG February 2019

Drs Reshma Syed and Awadh Jha joined Mrs Liz Mears and Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Fiona Armstrong and Mr Jim Loftus attended on behalf of the CCG.

Multiple blood tests

The CCG is aware that practices continue to experience a lack of feedback from Virgin Care regarding patients that have been referred for blood tests.

Virgin has advised that it undertakes hundreds of blood tests every month which make it impractical to report on each patient contact. However, it does have a policy of reporting when it has been unable to take bloods.

Virgin intends to introduce EMIS in the near future and is hopeful that this will overcome this issue.

Prescribing ADHD Medications

The CCG updated its Drug Monitoring in Primary Care specification which now includes support for monitoring this group of patients.

KIMS pre-assessment clinic

This issue relates to the concern that complex patients attending KIMS' pre-referral clinic may be being deemed unfit for surgery where they might otherwise be accepted by another provider. These patients are returned to the GP and then referred to an alternative provider and, as a result, return to the beginning of the waiting list.

The CCG agreed to look into this and report back at the next meeting.

The LMC also confirmed that it has begun holding regular liaison meetings with KIMS to discuss primary to secondary care interface issues.

MFT/Clinical interface meetings

The group heard that MFT will be inviting GPs to attend the grand rounds in future. The LMC will share the flyers when the grand rounds are announced.

Electronic Referral Service (eRS)

The group discussed the following issues:

1. The Answering Service for patient enquiries directs patients back to their GP regarding their eRS referrals.

2. there continued to be issues with the Directory of Services, with not all clinics listed.
3. There was a general concern with the processing of urgent referrals because there does not appear to be an appropriate pathway to use.

The CCG agreed to look into these issues and report back in advance of the next meeting.

Onward Referrals

The LMC reported that there was an issue with the Community Services, such as Cardiology and Respiratory teams, not making onward referrals to Acute colleagues and, instead, referring the patient back to practices to make the referral.

The CCG is grateful for GPs that raise these issues because it enables the CCG to identify where patient pathways can be optimised. The CCG encourages practices to continue to raise issues as they are encountered as this information assists the CCG in its contract and performance management processes. The CCG and LMC recommended that practices consider using the BMA template letters to report breaches. These can be found here.

The CCG agreed to consider assisting practices to integrate these notices into the clinical system to facilitate reporting.

Enhanced Services

The CCGs of Kent and Medway are reviewing the basket of enhanced services that are commissioned in the area with a view to creating consistency in terms of the scope and funding that is offered to general practice. It is anticipated that any changes will be phased in over a period of time from April 2019. This is likely to include services such as:

- 24hr ambulatory bloods
- 24/48hr community ECGs
- Complex Wound Care
- Phlebotomy
- Women's health (IUCD insertion and removal)
- Treatment Room

The aim will be to create a 'Kent offer', akin to the Salford Standard in terms of structure and content. This is not expected to be a process of equalisation through levelling down of funding and range of funded services.

The overriding principle will be to ensure consistency of offer available to patients across the population. Practices that do not want to deliver an aspect of the bundle of services will be able to sub-contract these to neighbouring practices.

The group agreed that this was a very positive thing for general practice, although there were some concerns about the timeframe for delivering this. There was also caution because there were still many questions about what will eventually be offered to practices.

NHS Long Term Plan

The group enthusiastically discussed the NHS Long Term Plan and the new GP Contract. The group remarked at the way in which the two documents complemented each other.

The state backed indemnity scheme is anticipated to have a positive impact on recruitment and retention. It will cover all GP staff for all negligence claims in relation to NHS work. It will not cover legal support and advice nor will it cover private work such as medical reports for gun or HGV licencing. GPs are encouraged to review their indemnity arrangements to ensure that they remain appropriate for their scope of practice.

The new contract also confirmed dedicated funding to support general practice working at scale in the form of the Primary Care Network (PCN) Directed Enhanced Service. See [here](#) for more details. Further details will be posted on the LMC website as they become available.

The CCG and LMC committed to working together to support and advise practices where possible. The LMC will join the CCG locality meetings on the 12 and 14 March to discuss the new contract. The LMC will be attending the PLT on 21st March to discuss PCNs and the CCG agreed to explore whether PCNs could be put on the Swale Community Health Care AGM meeting on 5 March 2019.

North Kent Pathology Service Update (NKPS)

GPs continue to experience significant issues with the NKPS. The LMC asked whether there was any progress with securing funding for practices to recognise for the significant increased workload associated with the effectiveness of the NKPS, and what was being done to address these issues.

The CCG confirmed that it would undertake the following actions:

1. It would be raising this at Practice Manager meetings with a view to ascertaining the impact it has had on Swale practices.
2. It would discuss what support could be given to practices to help address the deleterious impact it was having on workload.
3. CCG to provide an update from the Quality Team on what was being done to bring these issues to a conclusion.

The LMC agreed to contact practices to ascertain the impact this has had.

Primary Care IT Update

Dan Campbell was unable to attend the meeting on this occasion and will be invited to attend the next meeting to describe some of the IT initiatives that the CCG is currently planning.

GPs indicated that they would welcome the opportunity to hear about what is being done to address some of the IT performance issues that are affecting practices. For example, Docman suffers from speed and connectivity issues, and internet speeds generally are slow. GPs are also keen to hear about what is happening with the HSCN rollout and plans for online patient consultations.

GP Numbers in Swale

The group discussed the recent reports in local and national press publications regarding the GP numbers in Swale ([click here](#) and [here](#) for more detail on these).

The CCG confirmed it has been trying to petition the system for targeted support to help with the recruitment and retention crisis. Swale appeared to not be able to take advantage of national schemes such as the Targeted Enhanced Recruitment Scheme (TERS) because it targets areas with low up take of training posts.

The LMC confirmed that it wrote to CCGs across Kent and Medway to suggest ways of using underspends, where there is one, to support recruitment and retention initiatives. Unfortunately, Swale CCG is currently forecasting an overspend. The LMC has also been working with the STP workforce group around recruitment and retention issues, and petitioning commissioners to develop a 'Kent Offer' (see item 5 of the notes).

The group agreed that recruitment and retention issue is multi-faceted and needs a multi-agency approach to addressing. It's not just about the CCG, there are things other agencies can do to make Swale a more attractive place to live and work.

The CCG was working on a Carousel scheme for recently qualified GPs. A typical post of this kind would involve 2 to 3 days work as a core GP and include funding to support GPwSI training. The CCG is seeking funding support from the Sustainability and Transformation Partnership and developing an Accreditation process to support GPwSI development.

Local Care Update

MDTs

The CCG has secured investment to support MDTs, including funding for Community Navigators. These roles are an amalgamation of the Care Navigator and Social Prescriber roles, and will support practices with pro-active identification of elderly frail patients.

The MDTs have been running with the support of CCG staff. However, in wanting to ensure the sustainability of the new MDTs, the CCG has procured a service for the longer term from KCC that ensures it has dedicated support. There will also be future developments to Social Prescribing, with a DoS of Community Services that patients can also access.

There will also be funding for a Community Geriatrician or associated specialist to run a weekly Rapid Access Clinic, provide a GP advice line, and to provide support to MDTs. There is also likely to be a clinical lead role for the MDT service.

Home visiting service

The service now has 2 paramedic practitioners and an administrator. This is to be used for on the day bookings only, although the service itself may decide to follow up patients if they deem it necessary.

Rapid Response Team (RRT)

The CCG has confirmed that it has agreed a contract variation with Virgin Care for the RRT. This has provided an extra 10 personnel including Physiotherapists, Occupational Therapists, Nurses, Mental Health Nurse and Support Workers. The CCG is hopeful that it will be able to announce details of the service.

GP Federation Update

The CCG is pleased with how the Swale Community Healthcare Ltd has been delivering Improved Access (IA). It is currently in discussions with the federation regarding Health Care Assistants providing services during the IA clinics, and whether practices can deliver enhanced services during these hours.

The CCG is keen to work with the federation to support the establishment of Primary Care Networks.

Terms of Reference (ToR) for Liaison meeting

The group agreed to review the ToR at the next meeting in light of the changes that are occurring in the commissioning structures in Kent and Medway.

Cellulitis pathway

GPs have reported that they are not able to access this service for their patients.

The CCG agreed to look into this and feedback before the next meeting.

Retirement of Megan Philpott

Both the CCG and LMC expressed warm wishes to Megan Philpott for a long and happy retirement; and gratitude for the significant contribution she made to general practice as a GP, a Swale CCG Governing Body Member, an LMC Representative, and a PLT Chair.

Protected Learning Time Chair for Swale

The CCG and LMC also noted the vacancy for the post of PLT Chair for Swale. The CCG is seeking expressions of interest from local GPs interested in taking on this role. The post is funded for 2 sessions a month and the post holder will make a significant contribution to GP education by chairing and development of the PLT agenda.

Attendance at PLTs

The CCG understands that GP colleagues are currently very busy which is making it difficult for practices to attend. However, the CCG is keen that practices send at least one representative to attend during this period of significant change.

Date of Next Meeting: Friday 21st June 2019

Carlo Caruso

Deputy Clerk on behalf of Kent LMC