



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 February 2019

Drs Gaurav Gupta, Thilla Rajasekar, Sadia Rashid, Senthil Balasubramaniam, Alicia Watts, and Manuel Fernandes joined Mrs Liz Mears at the joint East Kent CCGs liaison meeting. Drs Simon Lundy and Jonathan Bryant, Mr Bill Millar, Mrs Caroline Selkirk and Mrs Oena Windibank attended on behalf of the CCGs.

Reporting Contractual Breaches: Quality Inbox

The CCG was asked to consider setting up an EK quality in-box for issues surrounding onward referrals, med 3 etc which continue to be passed inappropriately from secondary to primary care. This could provide useful information around themes for clinician discussions. The audit carried out in Faversham has demonstrated the loss of time in primary care of approximately 10%.

The group discussed the Lightfoot contract which could be used to collect information and themes. The CCGs agreed to come back to the LMC when this work is more developed.

The CCGs agreed to update the LMC when this EK process and inbox would be available.

New Rheumatology Service

Issues around communications to patients have provided learning for other areas.

Anticoagulation Service

Dr Gaurav Gupta thanked Bill Millar and the CCG for stopping the proposed change to the specification that was out for procurement of anticoagulation. This has meant that practices will be in line with the specification and funding arrangements in Canterbury and Ashford.

Podiatry & Orthotics

Examples of patients with permanent disabilities for orthotics referrals were raised at the last meeting. The LMC reps felt this could be a cost neutral/saving to the CCG where annual reviews are inappropriate. E.g. hearing aids. CCG to consider inserting changes to the contract.

Update on Community Dressing Requests

The LMC thanked the CCG for setting up this new systems for distributing dressing as this is saving considerable practice time.

NHS Long Term Plan

Dr Gaurav Gupta asked how the requirement for 30% reduction in outpatient capacity will be planned, the requirements around e-consultation and management of patients with long term conditions. The CCG described the work of the EK outpatient's transformation programme and the intention to stop a significant proportion of first to follow up activity. This requirement could be delivered in different ways and therefore its not a given that the 30% of appointments will move into the community.

Oena Windibank outlined the integrated caseload model which are based around 30-50,000 groupings. GP involvement with all elements of pathway design e.g. end of life model in South Canterbury. The group discussed the work hidden in primary care.

GMS Contract 2019/24

The LMC reported on the webinar from Richard Vautrey at the GPC to the CCG, outlining the changes to the contract including the development of PCNs. Bill Millar would like to develop a PCN checklist for practices to help them consider how to proceed and agreed to share with the LMC and consider sending out a joint message.

The detail of the PCN DES and associated guidance is due out on the 29th March 2019. There are good resources on the BMA and Kent LMC websites. In year 1 the PCN will need to ensure 100% extended hours coverage and appoint/agree a Clinical Director.

East Kent Primary Care Standards

The Kent Primary Care Standard is proposed for 2020/21. There is significant work to get to this point. Want to look at certain areas e.g. frailty and work them through. The CCG is working with the LMC to agree a phase one for the enhanced services for 2019/20. Some basic principles have been agreed across Kent and Medway:-

- No practice will be disadvantaged
- pricing will be levelled up and not levelled down
- some phasing may be required to enable contractual arrangements to be changed.

Primary Care Budgets

The LMC has written to all CCGs asking what the plans are for any underspends in the primary care budgets and are awaiting responses. There is a proposed underspend of £1.3m in Thanet CCG.

The CCG confirmed that for Canterbury and Ashford CCGs the £50k per CCG is in the baselines. It is anticipated that funding from Thanet and South Kent Coast will also continue for 2019/20. This has been very welcomed in 18/19 and discussed how its value could be demonstrated. Alicia Watts agreed to gather some feedback. The First 5 should morph into the young practitioner's support group.

Mental Health Services

The additional primary care mental health worked should be in post in July/August this year. There is still significant concern regarding the mental health services across Kent and Medway. There is a task and finish group established to look at referrals. However, services do not appear to be improving yet. There is a 2 year wait for psychological treatment. Many GPs are managing complex patients in primary care with little support. It was agreed to invite Jackie Mowbrey-Gold the new Chief Operating Officer to the next meeting.

The CCG will look into the use of Lightfoot data in Mental Health.

Electronic Referral Service (eRS)

There still appears to be insufficient urgent appointments which results in either an admission or 2 week wait. There are significant IT issues and computer crashes whilst using eRS. The LMC reported that there is no Kent-wide business continuity plan and raised concerns about IT, infrastructure and speed. The LMC raised this at the last PCOG as practice managers are reporting losing approximately 1 to 1.5 hours per day of their time!.

There are constraints in the system as Docman cannot be used in the Hubs. Agreed that Phil, the new IT lead to be invited to the next meeting.

NHS Property Services (NHSPS)

There continues to be significant issues with charging for the practices and the CCG.

GMC approach to complaints based on a patient request/OTC Medications

A draft OTC letter has been prepared for further comment.

The NHSE Letter of Comfort can be used by practices. There is a plan for leaflets and posters to support the stance.

Follow up US Scan Appointments

A blanket policy is required for both small and large providers of US services.

Pro-formas

Concern were raised that pro-formas are being imposed on practices to use and EKHUFT then sending back referrals if these are not being used. Dr Gaurav Gupta reported that a motion was agreed at the GPC conference that LMCs must be consulted before new referral forms are introduced. The CCG would take this to the clinical care pathways meetings.

Conflicts of Interest (COI)

Dr Gaurav Gupta raised an issue around the membership meetings, and everyone being asked for their COI's as this is a non-decision-making group. The LMC has raised this with the CCG who agreed to investigate.

Retiring Consultants

Issues were raised where an EKHUFT consultant who is retiring has written to all his patients to advise they go back to their GP for referral back to the hospital to another consultant!

Inappropriate Transfer of Work

An example of inappropriate transfer of work was highlighted, whereby a patient had been advised by Dr Fenton to go to GP who would explain the technical language in Dr Fenton's letter!!

Date of Next Meeting

The next meeting will be held on Wednesday 29th May 2019.

Mrs Liz Mears

Director of Operations