



# Kent Local Medical Committee

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

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## Making Connections in Swale CCG September 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 Jim Loftus joined on behalf of the CCG.

### **KIMS**

This relates to the issue regarding complex patients being deemed unfit for surgery by the pre-referral clinic at KIMS. Patients that are rejected then restart the waiting list for a new provider. The CCG is working with the lead commissioner, West Kent CCG, to resolve issues with the provider.

The CCG has investigated whether it would be possible for affected patients to have their position on the waiting list preserved following a rejection. However, this was not possible within the eRS framework.

The LMC posited whether the pathway could be developed in such a way as to ensure that the provider determines the suitability of the patient for treatment at independent treatment sector providers sooner in the referral process. The CCG agreed to investigate this and has asked for the LMC to provide examples that it can use.

### **eRS**

There appears to be a general issue with rejected referrals being returned to the GP to inform the patient, but the GP is not being informed that the rejection had taken place. This is a significant issue because it is being done via eRS and this process has not been agreed with practices.

The CCG advised that this is because this is a feature of how eRS works and practice staff should be reviewing the 'work list' on eRS to monitor for rejected referrals so that the GP can then decide on how to manage the patient.

The LMC recognised that there were occasions when referrals are rejected for appropriate reasons. However, there does appear to be an issue with appropriate referrals being rejected which led to there being particular concern about how these referrals are triaged. The CCG was of the understanding that all referrals would be reviewed by a clinician before being rejected. In view of this the LMC agreed to share examples with the CCG and raise this at the next MFT interface meeting to ascertain how referrals are triaged.

The CCG has also asked practices to raise any issues they are experiencing regarding eRS with the CCG via [swale.ccg@nhs.net](mailto:swale.ccg@nhs.net)

### **Onward Referrals**

The group revisited the issue regarding Community Services' teams asking GPs to make onward referrals to related specialties in secondary care. The LMC was clear that this was an unnecessary step that wasted resources in primary care and increased the complexity of, and therefore the risk in, the pathway.

The CCG noted the national driver to transform outpatient services and indicated it would review the links between community and related secondary care services. The current issue is that Virgin does not have eRS, which the CCG is seeking to rectify. A joint Medway & Swale Outpatient Transformation programme is currently underway with a number of specialities prioritised for phase 1 and phase 2. A series of workshops and task & finish groups are being held with patients and clinicians within acute trusts and community in order to generate optimal pathways and improvement initiatives. The aim of the Outpatient Transformation programme is to reduce the number of 1<sup>st</sup> outpatient appointments across the selected specialities by 6%.

The programme provides a greater opportunity to embrace an integrated approach with clinicians from primary, secondary and community organisations to develop the redesign to maximise the opportunity to transform the way the pathway can be changed.

This programme is also interlinked with the national Right Care and Getting It Right First Time (GIRFT) programmes.

Specialities that are being reviewed under Phase 1 are, Cardiology, Respiratory, Neurology, Urology, Clinical Haematology. Phase 2 programme will review, ENT, T&O, Gastroenterology, Gynaecology and Paediatrics

The CCG would welcome the involvement of a Swale GP to support this work. GPs can choose to work with any of the aforementioned specialities and the CCG can reimburse GPs for their time via the PAF form.

For more information please contact the CCG and ask for Sarvi Cornell or e-mail [Sarvinoz.cornell@nhs.net](mailto:Sarvinoz.cornell@nhs.net)

### **Primary Care Network (PCN) Update**

Swale has established 3 PCNs all of which are performing well both individually and collectively. There has been positive engagement with colleagues in the Integrated Care Partnership (ICP) and Medway PCNs.

There was significant support for PCNs via the Sustainability and Transformation Partnership and details will reach the PCNs soon.

### **Local Care**

The CCG was pleased to report that the MDTs are running smoothly, with good engagement from stakeholders. MDT Co-ordinators have been employed and the number of patients being referred through this are increasing. The CCG is exploring how to develop MDTs further by having mental health and palliative care also involved.

The Community Navigator service is in place with numbers of patients being seen already above year 1 target. The CCG is still collecting outcome data so is unable to comment on the impact of the service. However, there are general indications that it has been positive for patients and practices, and the CCG will be carrying out a survey in due course as part of the evaluation.

The CCG is exploring how the Home Visiting service can be targeted to supporting practices on days that MDTs are held.

Delays to recruitment have delayed the mobilisation of the Rapid Response Service. The CCG has made an additional investment to recruit two additional therapists to the service. It has also funded a Community Geriatrician. It was initially planned that they would be recruited via Virgin but that approach has been unsuccessful. MFT has since successfully recruited Geriatricians and Medway CCG has been using these to support its Integrated Locality Review process (these are equivalent to MDTs), and to support the development of GPs with a special interest in frailty. Swale was keen to explore this approach also.

### **Protected Learning Time (PLT)**

The CCG was pleased to report that Drs Monell and Martins have agreed to become the GP Tutors for Swale.

The CCG is also exploring how PLTs could also be used to support allied health professionals; and holding occasional joint PLT meetings with colleagues in Medway.

### **Primary Care Quality Scheme (PCQS)**

Practices have voiced significant reservations about the complex wound care element of the service. Swale practices currently do not have enough

physical and nursing capacity for this element of the service, and there is also concern about whether there is enough funding to sub-contract this element of the service to another provider.

The LMC advised that the feedback across Kent and Medway has been mixed. Overall, it has resolved a significant proportion of unfunded work that occurs in general practice across Kent and Medway. However, it will seek more detail about what the issues in Swale regarding complex wound care are, and how they may be overcome.

The system is also recognising that there is a significant proportion of activity that is still unfunded that will be looked at as part of phase 2 of the PCQS. This includes spirometry and shared care prescribing.

### **Single CCG**

Swale CCG voted to support the merging with other CCGs in Kent and Medway to form a single CCG. The CCGs expect to know if the application to form a single CCG has been approved by the end of the year. The CCG thanks the LMC for the support given during this process.

The single CCG will be seeking to appoint Governing Body members from each of the current CCG constituencies. The post is currently expected to involve 1 to 2 sessions per week. The LMC indicated that it would be supporting the election process.

### **North Kent Pathology Service (NKPS)**

Issues with NKPS continue and practices are asked to continue to report their experiences of the service to the CCG so that they can be taken up with the provider where appropriate. This also assists the CCG to understand the impact this has had on practices and, therefore, the resource support that may be given to practices in recognition of the assistance they have given. The CCG hopes to confirm details of this shortly.

The CCG will be inviting NKPS to locality and/or a PLT meeting in the future.

### **Health and Social Care Network (HSCN)**

Practices have reported that the installation of HSCN has not resulted in increased performance of clinical systems. The LMC and the CCG were keen to hear from practices on what impact installation of HSCN has had and whether speed issues persist.

### **Flu supplies**

Some practices have reported experiencing issues getting hold of the under 65s flu jabs, with some practices having to find alternative sources.

There appears to be an inequality with Pharmacies apparently already received and commenced their vaccination plans.

#### **Data Protection Officer**

As per the 2019 GMS contract settlement the CCGs have collectively appointed a DPO service for general practice. This is hosted by Medway CCG and can be contacted via <mailto:mccg.northkentgpdataprotection@nhs.net>.

#### **EU Exit readiness**

The LMC has become concerned that there is a gap between the support that general practice has been given to prepare in relation to system partners. Practices have thus far been advised to review business continuity plans. Practices had also been asked not to stockpile medicines. Practices are now being asked to consider holding a 'buffer stock'.

The LMC stated that it would write to the Primary Care and Emergency Preparedness leads in Kent and Medway for guidance on what is being done to support general practice preparedness. The LMC will share further details once they are known.

**Date of Next Meeting:** to be confirmed

**Carlo Caruso**  
**Deputy Clerk**