



Kent Local Medical Committee

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

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GPC
Kent & Medway ICPs
Kent & Medway CCGs
Kent & Medway STP
NHS England and Improvement

Dear Colleague

We, the undersigned, are writing with our response to the Draft Outline Service Specifications for the Network Contract Direct Enhanced Service.

We have spent the last 9 months forming our Primary Care Networks (PCNs) and developing the relationships to deliver services in the future. We were cautiously optimistic that PCNs could provide a vehicle to stabilise General Practice and deliver the local care agenda to the benefit of our patients. However, the draft PCN service specifications have given rise to significant concern.

Workforce and Recruitment:

We have significant workforce issues in Kent and Medway. To fill the roles described under the Additional Roles Reimbursement Scheme (ARRS) could be at the expense of other parts of the health and care system. The continued transfer of workforce risks destabilising local healthcare services. We cannot envisage this workforce being available in the near future.

PCNs are unable to directly employ staff which makes recruitment for practices burdensome, complex and attracts risk. PCNs are desperate to employ additional roles to support the delivery of core general practice, which has experienced years of underinvestment meaning that we do not have the infrastructure necessary to administer and co-ordinate larger teams working across PCNs. The investment proposed by the draft specifications fails to address this.

A significant proportion of the time spent by staff in these additional roles will be delivering the new demands of the Direct Enhanced Service (DES). This will not provide additional capacity in General Practice and the proposal that costs will be met from existing General Medical Services (GMS) funding is untenable. We call upon NHSEI to offer 100% reimbursement of staff employed under the ARRS.

Extended Care Home:

There is variability in the workload that this entails between PCNs. We propose that this service is commissioned in a manner that reflects this. There are existing care home schemes that are working well and can be built upon.

The proposal that every care home should have a fortnightly ward round by a GP is impossible to achieve with the current GP workforce. Imposing this will further destabilise General Practice. PCNs cannot oversee the training and governance of care home staff in ensuring delivery of the DES.

Structured Medication Reviews (SMRs):

The specification woefully underestimates the time and resource needed for SMR's to be completed. Some PCNs have been unable to recruit a Clinical Pharmacist and some have employed professionals whose training includes assessing undifferentiated illness or managing chronic health conditions, who will be de-skilled if their role changes to performing SMR's all day.

Personalised Care:

This proposal is not achievable and is unlikely to yield any benefit to patients. This should be removed from the DES.

Early Detection of Cancer:

We do not believe this is best delivered at PCN level and do not see how the current resources can achieve the targets outlined by the DES. Referring PCN's should not be held to account for outcomes associated with another provider's performance.

Summary:

PCNs need time to develop before they are compelled to achieve targets which risk destabilising General Practice

The draft specifications do not reflect the principle of PCNs, which are to enable small networks of practices to work in partnership to flexibly co-design with health partners services to meet their patients' needs.

The Kent and Medway PCNs have achieved a great deal in a short amount of time. There is a willingness to work with commissioners towards the aims outlined in the PCN DES. The proposals have the potential to undermine the good will and effort that has been invested.

Whilst the aims and aspirations may be laudable, the resources offered do not permit delivery and innovation is stifled by the prescriptive specifications.

There is a risk that as the draft specifications stand PCNs will be left with no option other than to serve notice on the DES and disband PCNs.

Yours sincerely



Dr Gaurav Gupta
Chairman, Kent Local Medical Committee



On behalf of
Kent & Medway Primary Care Networks (PCNs)

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Canterbury South
Canterbury North
Faversham
Herne Bay
Whitstable
Ashford Rural
Ashford Stour
Margate
Ramsgate
Coastal and Rural East (CARE)
Deal & Sandwich
Dover
Hythe, Lydinge, Cheriton & Hawkinge
Total Health Excellence East
Total Health Excellence West
The Marsh
Dartford Central
Dartford MODEL
Garden City
Gravesend Alliance
Gravesend Central

LMN
Swanley & Rural
Sittingbourne East
Sittingbourne West
Sheppey
Medway Rainham
Rochester
Medway South
Gillingham South
Strood
Medway Central
Medway Peninsula
Tonbridge
Tunbridge Wells
Maidstone South
Sevenoaks
The Weald
Malling
ABC
Maidstone Central
The Ridge