



Kent Local Medical Committee

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

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Making Connections in Dartford Gravesham & Swanley CCG September 2016

Drs Ian Jones, Prav Kasinathan joined Mike Parks and Carlo Caruso at the recent liaison meeting with DGS CCG. Liz Lunt, Corrine Stewart and Patricia Davies attended on behalf of the CCG.

GP Variation

Following the previous meeting there have been discussions between DGS Health and the CCG about how it may be able to support GP peers with managing referrals. The CCG confirmed that there were issues with the referral data that made making judgements about variation in GP referral somewhat difficult.

The CCG has been looking at some of the recommendations made in the NHSE document, Demand Management Good Practice Guide, and how they may be adapted for local use. The document looks at range of formative approaches to managing referrals such as peer review and referral management centres. The CCG is also looking at local developments such as the MSK service in Ashford. A range of options will be considered by the Clinical Cabinet after which the CCG will report to member practices.

The group discussed how an intermediate care GP led model of care may be used to reduce referrals to secondary care.

Estates Technology & Transformation Fund

The CCG is still awaiting the outcome of the process and will feed back to participating practices when more is known.

GP Forward View

The CCG continues to explore how the Bolton Contract (<http://tinyurl.com/z64svc8>) may be adapted for general practice in DGS. The CCG was also in the process of formally considering the GPFV document

and how it may operationalise the recommendations contained therein.

The CCG was of the view that any new and significant investment from the centre is likely be dependent on how plans align with the 5 Year and GP Forward View documents. The CCG and Federation agreed to meet and explore what models of care may be appropriate for DGS and how they might be realised.

New Requirements on hospitals in the NHS Standard Contract 2016/17

The group discussed the new standards set out in the standard contract, governing secondary care to general practice interface (please see the following letter from NHSE for more information:

<http://tinyurl.com/gw26pce>

The group discussed how practices can highlight instances when the new standards have not been followed. It was felt that a single contact for informing both DVH and the CCG would work the best. The LMC agreed to pick this up at its next interface meeting with DVH and invite the CCG to attend the meeting.

Sustainable Transformation Plans (STP)

The CCG reported that the STP is looking at a variety of initiatives to address the deficit in the healthcare economy. This includes, but not exclusively, acute sector reconfiguration and centralising of specialist services. It was also looking at out of hospital care, including how community nursing can be reintroduced into general practice.

Support for patients in Nursing and Residential Homes

The CCG reported that it is currently involved in a pilot that looks at developing a single and coordinated approach for palliative and End of Life

Care patients. The aim of the scheme is to keep patients in the community for longer and not to put them in a care/residential home or hospital as the first option.

The CCG intends to work with Virgin around the management of frail patients, particularly having district nurses complete care plans and DNAR forms.

The LMC was supportive of the initiatives made by the CCG in respect of End of Life care.

Wound Care (aka Treatment Room) LES

The CCG confirmed that the final version of the specification will be going out to practices imminently. The LES was developed after practices expressed a preference, through the CCG's survey, for an enhanced service focussing on complex wounds, and not suture removal or post-operative wound dressing.

The CCG cautioned that if a significant number of practices did not sign up to deliver the service, either individually or through collaboration, the CCG may have to consider commissioning the wound care service from another provider.

The LMC felt that it would be entirely appropriate for the results of the survey to be made available to practices. The LMC understood that practices had sought a Treatment Room LES to provide for a basket of unfunded work.

Both the CCG and the LMC agreed that the Wound Care LES was not a perfect solution, but it did begin the process of recognising the unfunded work that practices were carrying out and providing some funding for it. The LES this year will be for 80p per patient. The CCG needs practices to read code the work they carry out so that the workload implications for practices can be properly calculated when the specification is reviewed. The CCG agreed to share the Wound Care LES with the LMC for comment before it is sent to practices.

The CCG agreed to recognise the work identified as being non-contractual in the BMA's Quality First literature

(<http://tinyurl.com/jefh8dl>). The CCG would arrange a meeting with the federation to discuss the Treatment Room LES and how primary care can be expanded to take on more work from secondary care.

CEPN

There was no significant update to make regarding the CEPN in DGS. HEKSS is continuing to encourage the formation of a North Kent CEPN, preventing the CCG from exploring the possibility of joining the West Kent or East Kent CEPN. The CCG continues to see the CEPN as an important way to address the demographic challenges in the area.

The CCG has explored the possibility of DVH hosting the CEPN. However, because it is not a foundation trust, this is not possible.

GP Staff Training Team

The CCG confirmed it continues to be supportive of a pan Kent service.

Advanced Nurse Practitioner (ANP) Referrals

LMC reps reported that referrals made by ANPs were being rejected. It was agreed that referrals that were co-signed by a GP would be accepted. ANP referrals would also form part of the discussions around GP Variation.

E-referrals

Practices had reported that a combination of staff training, increased length of consultations and familiarity with the system was making it increasingly challenging to adopt the new system.

The CCG felt that e-referrals supported good governance and reduced DNAs. It intended to explore the reported issues when considering GP variation.

Date of Next Meeting:
17th January 2017

Carlo Caruso
Deputy Clerk