



# Kent Local Medical Committee

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

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## Making Connections in Thanet CCG October 2016

Dr Sabin Kamal and Mark Speller joined Dr John Allingham and Mr Carlo Caruso at the recent CCG/LMC liaison meeting. Dr Tony Martin and Mrs Maria Howdon attended on behalf of the CCG.

### Hypoglycaemic Pathway

John Allingham described the presentation given by the Medical Director of SECAMB, Dr Rory McCrea, who himself is a GP. SECAMB is keen to work closer with primary care and sees the service as an extension of the community service provision.

### Recruitment and Retention

The CCG is looking to use vulnerable practice and resilience funds to create a package for targeting GPs to work in the area for a minimum period. The CCG is also looking at how it can retain first 5 and last 5 GPs in the area. This would also include creating mentorship roles and support for mentees. There is also recognition of the challenges with the recruitment and retention of nurses.

The group discussed the lottery effect of the way in which the HEKSS allocates trainees across Kent.

### Capita

The issues with Capita are persisting in Thanet. The LMC is collecting data on behalf of the BMA so that a broader picture of the scale of the issues can be presented to NHSE nationally.

Practices are encouraged to complete the returns and to continue to complain to Capita as and when issues arise.

### Delegated Co-commissioning

The LMC advised the CCG that its view about delegated co-commissioning has not changed. It remains concerned that CCG deciding to take on the delegated co-commissioning need to be assured that resources will be delegated alongside it.

The CCG has been advised by NHSE that if it does not take it on it will be offered to another CCG to deliver.

The CCG will be voting on this next month. Meanwhile the CCG will be getting on with setting up a shadow Primary Care Commissioning Committee (PC3). The group also discussed how the liaison meetings may develop in the future in anticipation of the PC3 being formalised. The LMC confirmed it will attend the vote if requested to do so.

### CCG Commissioning Priorities

The CCG is carrying out significant work around resilience and transformation. The LMC encouraged the CCG to consider supporting practices by seeking to enforce the new standards for hospital interactions with general practice.

The CCG introduced the new Frailty Scheme in October 2016. This will be introduced in phases with the Acute Response Team (ART) and interdisciplinary team coming online first. There was also a discussion about the potential recruitment of trainees that have failed RCGP exam to primary care teams.

### LMC Attendance at Membership meetings

The group discussed having the LMC present during significant votes to provide assurance that the vote is being conducted appropriately.

### Sustainability and Transformation Plan (STP)

The CCG reported that the STP is focussed on 3 main areas: the deficit in the acute sector, reconfiguration of and increased collaboration across the acute sector, and the expansion of out of hospital care. The Sustainability and Transformation fund is likely to be the only new significant investment available in the coming years and that accessing this will be dependent on the STP steering group producing a plan that is both sufficiently radical and realistic.

The LMC is of the view that to succeed in addressing the deficit in the acute sector there will need to be an expansion of primary care. Therefore, it is essential that general practice as a provider is represented on the STP steering group and only the LMC, which is coterminous with the STP, is best placed to do this. The LMC remains hopeful that it will be involved in the steering group.

#### **GP Forward View**

The group had a discussion around the hub model contained in the GPC's Safe Working in General Practice. The LMC was of the view that such a model may be supported by using the access funding identified for CCGs in the GP Forward View Planning Requirements.

#### **CEPN**

The CCG confirmed that work was ongoing to ensure its effectiveness. There was a discussion around whether there will be a Kent wide CEPN to match the STP footprint.

#### **Estates, Technology and Transformation Fund**

The CCG is expecting to hear the outcome of the ETTF process before the end of November 2016. The CCG had been asked to reprioritise its bids. General concern is that there are limited funds available and therefore some significant and crucial bids may not be successful.

The LMC is of the view that the CCG has developed some crucial and cogent plans and if it is not successful in the ETTF process it will need to find alternative ways to fund the projects.

#### **GP Staff Training Team**

The LMC reported the outcome of the referendum of its representatives about the future of the GP Staff Training Team. LMC representatives voted almost entirely in favour of it to remain a pan Kent and Medway service. The LMC will now proceed with a review of the service which will include looking at its long-term hosting arrangements and the model of delivery. Once the review is complete it will approach CCGs for continued support for the administration of the service.

#### **Frailty Scheme**

The group discussed some of the concerns that have been raised by CCG member practices about the scheme.

The CCG described the thorough consultation process it followed and confirmed that it would evaluate this scheme rigorously to assess its impact. The CCG will be working with the University of Kent and the Nuffield Trust to assess the scheme.

The LMC recognises that many services being developed by CCGs are evolutionary in nature and developed to meet the identified needs of local populations, and inevitably develop as an understanding of its impact develops.

Date of next meeting:

28th February 2017

**Carlo Caruso**

**Deputy Clerk on behalf of Kent LMC**