

Kent Local Medical Committee

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

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Making Connections in Medway CCG November 2016

Drs Julian Spinks, Emma Simmons, John Allingham, Navin Rishi, Om Singh and Mr Carlo Caruso attended the recent liaison meeting. Dr Peter Green and Caroline Selkirk attended on behalf of the CCG.

Care Home Team Update

The group discussed examples in which practices had been asked to visit patients that have moved outside of the practice area temporarily for residential rehabilitation care. There was a concern that visiting this group of patients resulted in GPs spending a significant amount of time travelling which could otherwise be spent on patient care.

Both the CCG and the LMC agreed that practices are not obliged to visit these patients. Instead, patients should be registered as a Temporary Resident with a nearby practice or the homes should be advised to approach MEDOC to attend instead.

Specialist to Specialist Referral

The group discussed the recent change to the NHS Standard Contract in which hospital consultants are expected to make an onward referral for a related condition without referring to the GP. The patient is only referred to the GP for onward referral if there is an unrelated condition. It appears that, despite the change being introduced in April 2016 this continues to be a significant issue impacting on the workload of practices.

The CCG reported that it has been trying to resolve this through the Medway and Swale Centre for Organisational Effectiveness (MASCOE), which has been working with MFT to develop the understanding around when it is and when it is not appropriate to refer patients back to the GP for onward referral. It is hoped that this will, in part, be achieved through the redesign of local care pathways.

Locum physicians also appear to contribute to the volume of inappropriate requests for GPs to issue referrals. The CCG agreed to discuss with MFT about how its locum induction process could be used to address this issue.

The LMC and the CCG asked practices to share examples when this, and the other <u>standards</u> <u>for secondary care communications</u>, with general practice, have been breached with both organisations so that they can be taken up independently with MFT.

Sustainability and Transformation Plan (STP)

The CCG is expecting the STP to be published on 23 November 2016. The CCG indicated that the plans are expected to provide a broad outline of the changes that the healthcare economy in Kent and Medway need to undergo to achieve sustainability and to continue to meet the needs of patients into the future.

The LMC reiterated its concern that it has not been involved in the development of the plan thus far. General Practice will be a crucial pillar of the success of the STP and therefore it is important that it is represented. CCGs are unable to fulfil this role because they are commissioning and performance management organisations and are only focussed on their discrete geographical area. The LMC represents general practice as providers and has the same foot print as the STP.

General Practice Forward View

The group discussed the BMA's Safe Working in General Practice (Click <u>here</u> to download). The CCG felt that the locality hub model that the BMA proposes in this paper is not dissimilar to the service provided by MEDOC and its work around a Local Care Team model.

The CCG is currently going through the process of determining the distribution of services across the different Local Care Teams of Medway. It anticipates publishing its proposals around Christmas with the consultation occurring between then and May 2017. As the work progresses the CCG will explore the opportunities and challenges that will be influenced by national work on the

<u>Multispeciality Community Provider (MCP)</u> Contract.

The LMC felt the paper presented the beginning of a discussion around the need to control workload to protect both patients and healthcare professionals. There are doubts that the new MCP contract will address this. Furthermore, there are concerns about the contract in terms of its impact on the GMS contract and contractors' right of return, as summarised in a recent In Touch article concerning the MCP contract. Ultimately the success of it will depend on the protections that practices are given.

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

The discussion on this item was subsumed under item 4(b).

The group also discussed how the LMC might develop a tariff covering workload that is transferred to general practice that secondary care is contracted to undertake. The LMC representatives agreed to explore this further.

Estates and Technology Transformation Fund (ETTF)

Medway CCG confirmed it was successful in securing £3m in funding for developing a Primary and Community Care Hub in Chatham.

The CCG was also successful with its bid for Strata Health, which is a big data software solution that would assist with prediction of demand and the allocation of patients to services. The CCG also received funding to support practices to move to EMIS web which helped the CCG release some of its own funds previously allocated for this.

The CCG emphasised that support is available for practices wanting to move to EMIS web.

K&M GP Staff Training Team

The LMC is currently in discussions with two new providers for the service from April 2017. It is expected that the new service will introduce a new and more efficient IT platform and training delivered more conveniently to practices. This will also be delivered with a significant cost saving for the administration of the service.

The LMC wrote to CCGs for continued support for the costs for the administration of the service so that the top slice can continue to be used for staff training. The CCG suggested that the LMC prepares a proposal for the Accountable Officers to consider.

Flu Vaccines for Housebound patients

The LMC is concerned that requiring general practice to vaccinate housebound patients is putting a significant strain on the service. In all other CCG areas in Kent and Medway housebound patients are vaccinated by the Community Services provider.

The CCG reported that MCH had previously agreed to include this in the 2017/18 contract for MCH.

Unfunded Services

The group discussed the impact of providing unfunded services to patients. This affected the workforce and financial resources practices have at their disposal to meet their core contractual responsibilities.

The CCG anticipated that new MCP contract may address the issue of unfunded services and the group agreed to defer the discussion on this item until the next meeting.

Next Meeting

The next meeting will be held on 23 March 2017, at the Village Hotel, Maidstone, following the Protected Learning Time event.

Carlo Caruso
On behalf of Kent LMC