



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 January 2017

Drs Ian Jones, Prav Kasinathan, Jill Kent and David Lawrence joined Mike Parks, Caroline Rickard and Liz Mears at the recent liaison meeting with DGS CCG. Liz Lunt, Corrine Stewart and Patricia Davies attended on behalf of the CCG.

Sustainability & Transformation Plan (STP)

The LMC had met with Michael Ridgewell from the STP Board following a letter to Glen Douglas, STP Chair, to request LMC involvement with the STP. The LMC is now in receipt of the Governance structure and it is suggested the LMC sits on the partnership board. The LMC thanked the CCG for supporting LMC involvement in the STP. The group felt strongly that the LMC should attend the Programme Board at least for the first few months.

The LMC Chairman has written an open letter to the STP Board highlighting its concern about the lack of clinical involvement, lack of investment in primary care and LMC involvement. The CCG felt that the LMC letter was helpful and that input into the clinical board would also be appropriate.

There are national STP figures available in the HSJ and it would be interesting to see how Kent compares.

A question was posed as to whether the STP will address East Kent and West Kent historical funding variance.

The LMC and CCGs are keen to work together and not undermine each other moving forward, particularly around membership representation.

GP Forward View

Safe Working in General Practice

The group discussed the need to work safely in primary care, and Liz Lunt

described how some practices for example were offering some 15 minute appointments. Having acceptable limits will help understanding on what work could go into primary care hubs.

It was noted that thought must be given to how best to spend valuable but limited resources, and the challenge may be when hubs are overflowing with work.

It was felt that younger GPs could find hub work attractive. There would have to be rules of engagement for in house work and what work can be passed to hubs.

Three locality hubs are being explored. Urgent care data has shown that A&E activity is constantly high from 9am - 9pm and the majority of attenders are aged between 15-64 (invariably minors) with 26% being admitted.

The recently held Patient engagement events highlighted that patients mainly recognised the terms 999/111/hospital. The CCG focus is on making primary care sustainable to deliver urgent care and delivery safe working in general practice.

GPFV Requirements

Dr Kasinathan highlighted that most trainees would prefer not to work the significant hours that some GPs are currently doing. The CCG reported that the workflow optimisation system to be introduced in general practice will require a staggered implementation due to funding constraints.

Liz Mears reported that the CCG GPFV document was clearly presented and covered all areas. The CCG were asked when this document could be shared with GPs and/or the federation.

The CCG confirmed that approximately £40k GPFV implementation monies had been awarded to the CCG.

Enhanced Services

Wound Care (Treatment Room LES)

The CCG reported that all practice have signed up to the specification. The CCG have issued a letter to outline how to claim first 50%.

The Primary Care Workforce Tutors would be running wound care training for nurses at the February/March PLTs. The CCG are keen to support practices delivering this service.

The CCG is looking at MIU activity, and the HISBII wound care data. The CCG previously confirmed that the service would be funded from April 2016, however this was now from October 2016. Six months data is required to enable a review in early April 2017. It was felt that negotiations have been unnecessarily protracted and the LMC was disappointed that it took 12 months to draft the service spec, whilst practices continued to provide the service for free.

The CCG highlighted the financial risk, but are still keen to invest in primary care.

Kent & Medway GP Staff Training Team (GPSTT)

The LMC are still awaiting official confirmation from CCGs regarding the administration funding. West Kent CCG have agreed to host the service for the rest of Kent & Medway should they require it.

National Diabetes Prevention Programme (NDPP)

Bev Dennis, Diabetes Project Manager was working with the HISBII dashboards for Diabetes information and pre-diabetic information. Three practices have been put forward as champions.

There is funding of £1.50 per referral to Ingeius.

The CCG are piloting a diabetic nurse helping practices with pre-diabetic 6 month pilot, which has been extended

for a further 6 months. Every practice has been visited.

Syrian Vulnerable Persons Relocation Scheme

The LMC asked the CCG if East Kent are leading this on behalf of Kent & Medway. The actual process is a little unclear and both the LMC and CCG agreed to follow up.

Benenden

It was noted that practices are being asked to provide two referrals, one for the NHS and one for Benenden. West Kent have experienced similar issues and Ian Ayres is following up. The CCG agreed to pursue with West Kent.

Date of Next Meeting: 16th May 2017

Liz Mears

Clerk on behalf of Kent LMC