



Kent Local Medical Committee

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

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Making Connections in NHS West Kent CCG June 2017

Drs Richard Claxton, Mark Ironmonger, Neil Potter, Robert Blundell, Katja Philipp and Daniel Kerley joined Donna Clarke at the recent LMC/CCG liaison meeting. Mr Ian Ayres and Dr Bob Bowes attended on behalf of the CCG.

Inappropriate Work Transfer/Junior Doctors' Induction Programme Update

The CCG stated that 30-40 items have been raised as inappropriate work transfer since the last meeting, and the CCG have been back out to practices and obtained a good sample to be able to see the common themes. Meetings with MTW have become much more developmental and they are taking on board the issues raised.

Mark Ironmonger concurred and said there was a very positive meeting with Peter Maskell last week and he had suggested that the Trust consider including the LMC leaflet about how to communicate with GP's and what is and is not reasonable in terms of follow up, fit notes, prescribing etc. and what to expect from your referral in their induction booklet. He agreed to look into that and felt it was a good idea. There has still been no progress on getting GP liaison presence for the junior doctors' induction programme. It was suggested they could use a few practices to carry out some detailed monitoring of workload transfer and Ian Ayres agreed, and believes the issues are not Trust wide but confined to specific doctors and feels it is better to target those doctors rather than all doctors in the Trust.

Non-prescribable items progress (CCG)

The CCG reported that the team have been looking at the following options - 1) KCHFT could do it at a cost (awaiting quote); 2) The internal CCG ordering service could be used but deliveries would then come to CCG offices and would need onward transport to patients; 3) community pharmacy (they are looking at 30% margin!) or 4) no change. It was agreed

that only the first three are viable options for GPs.

Hospital Standard Contract inappropriate transfers of work - hospital contact for practices

The GPs reported that there is still a significant delay in getting the discharge/clinic letters to GPs. The CCG asked whether GPs had come across discharge letters where clinically significant investigation results from the admission are not reported on the letter as he has had several instances of this and others confirmed they had also experienced this. The CCG will raise this issue.

Concerns were raised that some MTW departments are now insisting on e-referrals only. The CCG understood that they had been told they have rolled back these changes. It was also reported that KIMS are also rejecting written referrals. Ian Ayres agreed to raise this issue with them.

It was reported that MTW have issued changes to their non-obstetric ultrasound forms unilaterally. Practices only found out about this when forms not sent through DORIS were rejected. This point is for the CCG's information as the LMC have already raised it at the MTW liaison meeting.

It was noted that physios are completing a course of 4 treatments, progress is being made and then the patient is told to go back to the GP for another referral. Can the physios not authorise an agreed amount of additional sessions? The CCG agreed to investigate further.

The issue of diabetes funding was raised, and the fact that whereas funding is given for insulin initiation, the starting of the new sglT2 inhibitor drugs which are cost effective non-injectable alternatives to insulin should be rewarded in the framework. The CCG agreed to look into this.

Richard Claxton raised the issue that ear syringing is not part of GMS, but it does happen and avoids referrals and takes a lot of nurse time so some practices are stopping and referring to ENT. Could there be a LES for this? The CCG asked if the LMC could draw up a list of things that are not currently funded in WKCCG but are in other parts of Kent and nationally. It was noted that a national list already exists at:

<https://www.bma.org.uk/advice/employment/gp-practices/quality-first/assess-and-negotiate-your-workload/enhanced-services>

The CCG will investigate as they are keen to invest in Primary Care.

PMS Premium release investment

Last year the value was c£35k, this year c£44k. This is in the pot of ring fenced money for Primary Care commissioning, but not separated out. At year end the CCG will be able to provide yearend total spend on Primary Care to show how that compares with previous years. A lot of the work in the last 12 months has been on premises development.

Pre-referral investigations template form - issue with the need for manual completion

It was noted that this has been taken up at MTW liaison meeting.

Rapid Response Team apparent change in referral criteria

Ian Ayres has checked and the criteria has not changed but they have tightened up the eligibility and only allow health care needs as they were being used as a dumping ground for social care needs that were not being met. LMC Representatives reported a case where a patient with a medical crisis that had some social care elements to it, and another case of being passed back and forth between rapid response and social care, each claiming it was the others responsibility. Richard Claxton believes GPs are using the service responsibly, but getting no response and therefore admissions are occurring which is costing the CCG money. Ian Ayres stated this will be taken up at the local care strategy board.

Sustainability and Transformation Partnership (STP)

The STP has appointed a Chief Executive but not yet confirmed the appointment. A general

discussion took place re the work of the STP. The feeling is that the STP will become the strategy for a larger strategic commissioner. It will be important to ensure Federations are established and prepared before this system change occurs to help sustain General Practice. There will be a local care plan for West Kent and this will detail how they will work to strengthen Primary Care including how out of hospital care will be provided and how care homes are looked after. This will all need to include assurance that appropriate funding will be made available.

General Practice Forward View (GPFV)

Nothing new to report. Dan Kerley asked about the funding for electronic consultations from the GPFV and reported that other CCGs in other areas have got on with implementation. Donna Clarke stated that there is still no national guidance. The CCG agreed to look into this.

Estates and Technology Transformation Fund (ETTF)

Nothing new to report.

CEPNs (Community Education Provider Networks)

Neil Potter reported that the West Kent CEPN is funding some innovative training but it is still early days. WKCCG are still hosting the CEPN and suggested Tony Jones might update the meeting. LMC to investigate this possibility further.

Commissioning Plans 2017/18

Local Improvement Schemes

The CCG has given the Federation a list of suggested schemes for their opinion. These will also then be shared with the LMC. The CCG has agreed that as the scheme will be starting late in the year practices will not be penalised. It was agreed to save time the sharing of details of the suggested scheme/s can be done virtually.

Late QoF payments

Katja Philipp reported that her practice has had problems with this. Ian Ayres confirmed any issues should be reported to Reg Middleton. The LMC agreed to ask Practice Managers whether they have problems and let them know how to report them to the CCG.

Quality Issues

Richard Claxton asked about a clinical quality issue and where it should be reported to. The CCG said it should be sent to the quality team email account and it will be picked up immediately.

Mental Health Communications between organisations

West Kent LMC representatives all shared concerns to do with responsiveness from the adult mental health team. For example difficulties and a lack of responsiveness when patients are referred for urgent assessments, and single point of access/community Mental health teams not communicating properly. The CCG agreed to look into this.

Date of Next Meeting

Tuesday 24th October 2017

Donna Clarke
Practice Liaison Officer