



# Kent Local Medical Committee

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

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## Making Connections in Canterbury & Coastal and Ashford CCGs September 2017

Drs Gaurav Gupta, Alicia Watts, Sadia Rashid and Senthil Balasubramaniam joined Mrs Donna Clarke at the recent LMC/CCG liaison meeting. Dr Simon Lundy, Mr Bill Millar, Ms Louise Matthews and Ms Alison Brett attended on behalf of the CCGs.

### Feedback on CCG actions

The LMC were able to confirm that a practice had received funding from the Syrian Vulnerable Persons Scheme. The CCGs shared details of the scheme including contact details of the scheme lead.

Louise Dineley is the new Director of the East Kent Strategy Board. The LMC will contact her to arrange LMC representation at the East Kent Strategy Board.

The CCGs reported that the Diabetes service spec is still being developed and not available for sharing yet. The LMC commented that it would be better to share earlier than later. Ashford GPs have already received presentations about the spec and gave positive feedback.

The CCGs have yet to send out a letter regarding Shared Care and not prescribing when there is a lack of capacity and/or competence.

### PMS Monies (update)

The CCGs are working on a proposal for reinvestment of PMS monies. There are 4 or 5 areas in which a CCG can use the money and the CCGs will have to demonstrate to their PCCC that they have considered these areas. The LMC suggested it could be discussed at a consortium meeting and that there should be membership engagement in this. The CCGs confirmed they have already started discussions with the LMC.

### Rapid Access Pathways

The issues previously reported regarding referrals still exist. The CCGs are going to ask their cancer lead Jack Jacobs to look into this and copy the LMC into their correspondence.

### Over 75's Scheme

The CCGs reported the Over 75's scheme has come to an end and any available monies will be fed into the Primary Care incentive schemes and linked to frailty. Originally it was planned that the over 75's scheme was meant to have been funded via savings made from reduced hospital admissions which did not materialise.

### Podiatry

The CCGs reported that the issues raised regarding prescribing, X-Ray requests and Med3s are currently out of scope of the service. The CCGs have suggested a Prescription Ordering Direct (POD) approach as used in DGS could help. The LMC stated that the service provided by KCHFT is covered by the Standard NHS Contract and therefore KCHFT are responsible for these things. The LMC requested that the CCGs pursue this matter with KCHFT.

### IT Support for Locums

This is a national issue. Practices need to escalate any specific issues to the CCGs.

### ETTF Update

The project is still subject to ongoing issues with NHSPS. The CCGs reported that the Canterbury project is moving to due diligence. In Ashford, a feasibility study has been carried out that considers the population growth and GMS need, and Section 106 monies available.

### **CCG Workforce Initiatives**

The CCGs are using data from the primary care web tool workforce data to inform their primary care operating plan and they are looking at joint working and increasing student pre-registration capacity. The LMC requested that any useful information gleaned be shared. It was noted that Kent & Medway CCGs had successfully bid for the GP International Recruitment programme.

### **Primary Care Strategy/GPFV**

#### **Funding for Primary Care Update**

There has been no change to the national formula as yet. The CCGs have completed the LMC GPFV template to show how the CCGs are using the various GPFV funding streams.

### **Premises**

Practices have completed various audits and the CCGs are using a surveyor to audit premises to help develop the CCGs' premises strategy. This will identify priorities for future premises investment.

### **New Standard Hospitals Contract 2017/19 - Update on Process for breaches**

The CCGs confirmed the Quality inbox ([accg.qualityinbox@nhs.net](mailto:accg.qualityinbox@nhs.net)) can be used by practices to report hospital contract breaches as it can receive patient identifiable information.

### **Funding General Practice for transfer of workload**

A discussion took place about what should happen financially regarding this transfer of workload. The LMC commented that practices cannot realistically send invoices for punitive amounts, it should be the CCGs that issue financial penalties. The LMC highlighted how much work is currently involved in pushing the work back to the hospital. There is to be a meeting involving the LMC/CCGs and EKHUFT in the next couple of months where this can be discussed further.

### **Primary Care Incentive Scheme**

The LMC asked whether the Herne Bay scheme was the same as the Encompass scheme and the CCGs confirmed they are and that they will be funded retrospectively to cover the whole year. Ashford has a draft document issued for

feedback with a view to starting their scheme in November for 6 months duration.

### **New Sleep Study Pathway**

The LMC provided copies of the new direct access sleep pathway that has been sent to GPs. The change has not been discussed with the LMC or CCGs. The LMC highlighted potential patient safety issues. The CCGs agreed to put onto the agenda for the EKHUFT performance meeting the CCGs have with them next week.

### **Orthopaedic Referral - KIMS (Private to NHS)**

The contract with KIMS is with South Kent Coast CCG and GPs are able to refer in this area. The LMC is to take this up with South Kent Coast CCG.

### **Gap Between IAPT & KMPT Services**

The LMC explained there is a gap in mental health services for patients whose condition is too serious for IAPT but who do not fit the criteria for referral to KMPT. The CCGs are taking this forward with KMPT to come up with some proposals to fill the gap on a Kent and Medway wide level. A meeting for all CCGs and KMPT is being organised by South Kent Coast CCG, as the lead commissioner, in the coming weeks.

### **Any Other Business**

The LMC asked how Significant events that practices raise with hospitals are being monitored by the CCGs and whether there is learning and trend analysis happening. The CCGs reported that if they are raised with the hospital the CCGs may not see them so asked that practices send a copy to the Quality inbox at the CCGs ([accg.qualityinbox@nhs.net](mailto:accg.qualityinbox@nhs.net)). The CCGs reported that when they do receive these they address them at the Quality committee and investigate further when necessary. Judith Marsh is currently working with practices across East Kent on Primary Care SIs and how to carry out root cause analysis. The LMC reported concerns at the lack of feedback from the Quality team. The CCGs commented that the CQRG (Care Quality Review Group) which has CCGs and EKHUFT reps, meets to discuss these issues. The LMC asked the CCGs to give the Quality inbox email address in their newsletter to practices

with criteria for use and the LMC will put it in their newsletter (currently the inbox is only for Canterbury and Ashford practices). The CCGs are to look at how the referral issues portal is being used and how this feeds into this piece of work.

The LMC asked about the extended hours DES and asked that if the CCGs come across any practices with queries about half day closures that they involve the LMC in any discussions.

The CCGs reported that there is a new contract for CAMHS which is hoped will address the historical issues with the service.

The CCGs reported that EKHUFT lost their Chief Executive last week and are entering a period of significant change.

The LMC asked how the CCGs feel about the future of these meetings with the changes in the way CCGs work. It is understood that CCGs in East Kent will be asked to work as one. Details of future changes are still unknown, but it is certain that there will be fewer meetings. For further discussion at the next meeting.

**Date of Next Meeting**

Wednesday 24th January 2018 - agreed to be chaired by a member of the CCG.

Donna Clarke  
Practice Liaison Officer