



# Kent Local Medical Committee

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

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## Making Connections in South Kent Coast CCG October 2017

Drs Penny Barley, Jeremy Newman and Julian Mead joined Liz Mears and Donna Clarke at the recent liaison meeting with South Kent Coast CCG. Drs Jonathan Bryant Chee Mah and Mr Ray Berry attended on behalf of the CCG.

### **Community Medicine Referral (CMR) Form/Buff Sheets Update**

The electronic form appears to be working well and easy once you know how it works on your clinical system. The LMC suggested some training would be useful. Diluents have now been put on a PGD so no longer have to be rewritten on buff sheets.

### **PSA**

The LMC commented that GPs are still doing this unfunded work and it is not only PSA that is an issue - haematology asking for follow up electrophoresis is another example. The LMC suggested having a locality nurse-led PSA service with a proper recall system. This could then be replicated for other disease areas. A discussion took place about possible models and the CCG agreed to consider the feasibility of a project working with consultants to work out the care pathway and how resource would transfer.

### **KCHFT Nursing service**

It was noted that good community nurses are still leaving because of issues within the organisation. A discussion took place about the need for them to be based within practices. The CCG reported that discussions are taking place in Alliance meetings and things will change but not immediately. The CCG commented that KCHFT contract has one year left to run then can be renegotiated to address these issues. A discussion took place about the complications of changing how the service is delivered.

### **Integrated Accountable Care Organisation (IACO)**

The ACP (Accountable Care Partnership) is working on this. There are also some good

developments in practices working at scale such as the commencement of the Home Visiting service with early positive feedback. The next step will be the creation of Hubs.

### **General Practice Forward View (GPFV)**

The CCG reported that there are some new staff that are working on this under the umbrella of the IACO.

- Online consultations - the CCG is looking at E-consult. They have agreed to ensure the cost would match the GPFV funding. Oaklands have been using this and find it very useful.
- Reception and clerical staff training - active signposting training has taken place at PLT. Also, workforce optimisation training is taking place.
- Resilience funding - planned to be used for Romney Marsh and Folkestone.
- ETTF - Cedars project has been completed and Sandgate Road has started.
- Digital interoperability - Black Pear is being used. The CCG are looking at the possibility of moving practices to using the same clinical system where acceptable. The CCG are looking to find a locality to pilot this. The LMC commented that this should not be necessary if interoperability works properly. The CCG confirmed that they are not looking to push practices to do this, rather would support any locality that wanted to.

### **Primary Care Strategy**

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

The LMC asked for an update on Enhanced Services. The CCG reported they are below average with funding provided through Enhanced Services compared to other CCGs. There does need to be a review but nothing is planned in the immediate future. This will need to tie in with the other work going on around new models of care.

### **New standard hospitals contract 2017/19**

#### **Update on process for reporting breaches**

There is an email address for EKHUFT, but the CCG also need to know about any breaches. The LMC suggested that the CCG

should put something in their GP newsletter about how practices can report breaches to them.

## **IT**

### **Maintenance Contract**

The LMC reported that the CSU are not providing a good service and they do not fix things properly. The CCG meet with the CSU every month and put a lot of pressure on them but the CSU are reporting a lack of capacity. There is an escalation process that practices can use and Ray Berry has been escalating things for practices that email him.

## **Wifi**

Not all practices have this yet. The CCG reported that the CSU have experienced a delay due to third party technical reasons. Phase one is for staff, but there is national money coming for patient access which will be a must do for CCGs. St James surgery is due to go live next week.

### **Referral Proforma for combined paediatric therapies**

The CCG reported that the clinical cabinet have rejected this form. They confirmed it has not been designed by GPs and the format discourages use. There is information requested that should not be provided by the GP. The LMC asked for advice on how to deal with refusals to see a child and the CCG suggested parents should be asked to complete the form. The CCG is asking that the service accept letters from GPs and they are committed to issuing a statement to this effect to practices.

### **Folkestone Practices Update**

The CCG reported there are two issues in Folkestone - firstly the patients from Folkestone East and secondly the practices' issues meaning they are managing their lists. The CCG is holding a registration event for the Folkestone East patients with the two practices with open lists. The LMC asked what happened to the requests by Folkestone practices to close their lists. JB reported that the PCOG (Primary Care Operational Group) voted to refuse all the applications. The LMC explained the allocation regulations. A discussion took place about the fragility of General Practice.

## **Violent Patient Scheme**

The CCG is not taking this on at present until the issue around the CCG receiving Patient Identifiable Data is ironed out with NHS England and a provider for SKC found.

**Donna Clark**

**Practice Liaison Officer**