



Kent Local Medical Committee

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

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Making Connections in Swale CCG October 2017

Dr Reshma Syed joined Mrs Liz Mears and Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Fiona Armstrong, Ms Gerrie Adler, Ms Vicky Mason and Ms Marie Boxall attended on behalf of the CCG.

Acute Referrals to Medical Team at MFT Update

Reshma Syed shared the significant event form with the CCG who will look at adapting it as part of the Significant Event Reporting system it is seeking to develop in Swale.

Practices are encouraged to continue to report issues of primary to secondary care interface to the CCG.

Multiple Blood Tests

The CCG provided an update on the following two issues:

GPs were referring patients to the community team for blood tests but were not receiving any feedback. The CCG are awaiting a response from provider.

GPs were being asked to order blood tests for colleagues in Medway Foundation. The CCG has raised this with the Trust but the challenge has been to affect a change in behaviour.

The LMC raised that there appears to be an issue around fit note certification being issued for 2 weeks regardless of the patient's prognosis. The LMC and CCG agreed to raise this via their respective interface meetings with the Trust.

The CCG thanked practices for continuing to raise issues regarding MFT.

Adult ADHD prescribing

The CCG has not yet managed to settle the issue of GPs prescribing ADHD medication. The CCG had surveyed member practices about the current arrangements and there were 2 responses.

The LMC was clear that GPs continued to be concerned about taking clinical responsibility

for prescribing the medication that many GPs will not be familiar with.

The CCG has commissioned a service with SLAM. However, GPs are concerned that there appears to be little activity after patients have been referred. The CCG will be reviewing this service. It will be discussing this with member practices at their PLT on 19th October.

Issues with the childhood ADHD service were also discussed. There was some uncertainty around the role that school nurses had. The CCG has made information about changes to ADHD services for children available through its website. If it is found that schools are not following the correct procedures then Amanda Kenney of the CCG (a.kenney@nhs.net) will help with resolving them.

General Practice Forward View

The CCG reported progress on its investment plans for the GPFV monies.

Online Consultations

This has stalled because there has been a lack of national guidance on what is required of CCGs.

GP Access Fund

This is recurring funding, the CCG has to commission what is commonly referred to as 7/7 services. The CCG is still working towards achieving the target of commissioning access to routine appointments 7 days a week for 100% of the population by April 2019. The CCG is mindful that any commissioning decision it takes will have to be sensitive to the challenges that general practice currently faces.

The LMC added that there was no requirement for practices to participate in GP Access Fund associated initiatives.

Care Navigators

Two care navigators have been appointed. However, these were in place as part of a CCG backed initiative rather than being driven by the GPFV. The CCG is currently undertaking a review of their impact before seeking to embed them in practices across Swale.

Resilience Programme

The CCG is extremely disappointed that it has not been successful with any bids for resilience funding this year, however there will be another opportunity to bid for funding for next year and the CCG will be preparing for this in advance.

Transformation funding

The CCG will be investing £3ph to support the development of the federation. It will be doing this through the GP led Local Care Delivery Board. The LMC will be invited to this meeting.

Primary Care Strategy

The CCG is developing its local care plans, recognising the need for significant investment in order to shift activity from the acute sector into primary care.

The LMC is of the view that it may be necessary to have some double running of services to ensure that local care models can be established in a way that is safe and sustainable. Any attempt to transform the model of care without first ensuring the sustainability of core general practice services has the potential to adversely affect CCG plans.

The CCG agreed to share the plans it is developing around local care.

Workforce Strategy

The CCG has been successful in a bid to participate in the International Recruitment scheme.

The Workforce Strategy runs across the CCGs GP Forward View and Operational Delivery plans, and seeks to establish the following elements:

- What is the workforce baseline
- What are the risks amongst providers
- How does the workforce plan align with other initiatives
- What are the challenges around recruitment and retention
- What other workforce models are there

The CCG has recognised how some models, eg. those presented by the Richmond Federation recently at a PLT, have led to improvements in recruitment and retention and the CCG was

keen learn from them. The CCG is also looking at developing portfolio roles for GPs.

The LMC felt that it is key to improve the GP conditions so the job becomes more attractive. The CCG may see significant benefits to recruitment and retention from addressing issues such as inappropriate workload transfer from secondary care, and seeking to reduce the administrative burden GPs are faced with.

GP Federation

The LMC was concerned that some CCG member practices felt that there was unequal access to support from the CCG.

The CCG was clear that its focus was on the whole membership and not any individual practice or federations. Equally, it was of the view that general practice would be strengthened through collaboration. The federation is still in embryonic mode and the development of a shared vision will support its development.

The CCG is operating in a procurement framework that will put increasing pressure on it to procure whole-population services on a single contract, as opposed to individual contracts with willing practices. For this reason, for general practice to benefit from any opportunities it has to collaborate.

The LMC was concerned that a lack of maturity put the federation at a disadvantage when having to navigate a competitive procurement process. General Practice has a distinct and unique advantage by holding registered lists covering a CCG population.

The CCG are keen to support development of local care and a collaborative model of General Practice. Indeed, it has realigned its structure for this purpose. However, it has to be mindful of potential conflicts when tendering for services.

Medway, West and North Kent Delivery Board

The CCG reported that the Delivery Board, which was a sub-regional body of the Sustainability and Transformation Partnership, was in the process of developing a system care

transformation strategy. The Board was mindful that any ambitions around transformation will need to be matched with a focus on ensuring the sustainability of core general practice services.

NHS Standard Contract 2017/19

Funding for General Practice for inappropriate transfer of workload

The CCG said there were no funds to pay general practice for this. They are working with their providers to ensure the Standard contract is adhered to.

Anti-Coagulation

The CCG reported 10 out of 18 practices have signed up to deliver anticoagulation monitoring to their patients under a community contract, including one willing to offer to other practices patients (more may follow).

Two community pharmacies have also signed up to deliver, and will manage the patients for practices not signed up, alongside any practices willing to do so. Pharmacies are helping to manage home visits.

The CCG is purchasing “group” licences, which includes analytics (for CCG to monitor) and access to monitoring results from non-participating practices. The CCG will be working with practices and the Acute Trust (MFT) to safely transfer patients to the local community provision - there are a still a significant number on postal service to be repatriated.

There is a fall in numbers requiring INR monitoring due to increase in patients using NOACS.

The CCG is working with MFT to ensure that results for patients monitored in MFT are visible to GPs in iLab.

Date of Next Meeting

The next meeting will be held on Friday 16th February 2018.

Carlo Caruso
Deputy Clerk