



# Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB  
Tel. 01622 851197 Fax. 01622851198

## Making Connections in South Kent Coast CCG December 2017

Dr Julian Mead joined Mike Parks and Carlo Caruso at the recent liaison meeting with South Kent Coast CCG. Dr Jonathan Bryant Hazel Smith and Ray Berry attended on behalf of the CCG.

### PSA

There was a discussion regarding the different possible options for commissioning a community PSA monitoring service. There was a concern that a practice based service may lead to inconsistency in terms of both standard and accessibility for patients, and that a locality level service may be the best way to address these issues.

The CCG agreed that it was not part of the core contract to provide PSA monitoring and it is considering contracting for this via a quality/incentive scheme. However, it recognises that there is also a case to say that routine monitoring for patients that have recovered is not necessarily effective care.

### Enhanced Services

The CCG also reported that it is reviewing its suite of enhanced services. It feels that waiting for the service delivery model to transform will not bring about change at sufficient pace, and that investment in the enhanced services can drive the desired change in the service delivery model.

The LMC agreed that it is essential that the CCG invests in primary care. This was not previously done as effectively in South Kent Coast, and raised the example of the anti-coagulation enhanced service which is funded 20% lower than in other CCGs in East Kent despite sharing the same specification.

There was also a discussion that developing an ACP will lead to the development of enhanced services on an East Kent basis and that they had to be sufficiently flexible in nature to allow for the different infrastructure and workforce challenges and opportunities that exist across East Kent.

### Referral proforma (Children and Young People's Therapy Service)

There was agreement that the referral proforma that was developed asked for lots of information that was not easy to complete without the patient and or guardian present, including the parent/guardian's signature. The LMC felt that it would be more effective if the service liaised directly with the parent or guardian to obtain any information necessary to process the referral.

The LMC was disappointed that it was not involved in developing the proforma otherwise some of these issues could have been addressed prior to it being issued.

The CCG agreed to follow this up and provide a report to the following meeting.

### Violent Patient Scheme

The CCG has renewed the agreement with South Ashford Medics to include capacity for additional patients. Currently there is no local provider of the service. The CCG is working with other East Kent CCGs to develop a new specification and will then look again at commissioning a service locally.

### General Practice Forward View Update

The CCG has made significant progress with practices in the Romney Marsh area regarding the future shape of general practice services in that area.

### NHS Standard Hospital Contract 2017/19

Note - the discussion in this section focuses on the secondary to primary care interface standards introduced by the NHS Standard Contract 2017/19. More details on what they are can be found by clicking [here](#).

CCGs in East Kent are looking to create a system whereby patients that have been inappropriately discharged into general practice will be given a leaflet and a telephone number through which they can contact the hospital to resolve their issue.

The LMC made the point that it is essential that the issue of inappropriate delegation of work from secondary to primary care is resolved by the CCG. There is evidence to show that access in general practice has a direct impact on numbers of patients attending A&E, and so there will be benefits to both parties if the issue can be addressed.

There was a discussion around the level of progress being made with addressing secondary to primary care interface issues. The LMC felt that the CCG was not fully aware of the increased workload this caused GPs. Many GPs have been discouraged from reporting the issues because they may feel unsupported by their CCG.

The group considered whether the hospital could be charged for shifting workload onto primary care. It was felt that prior to the contract being introduced this would not have been possible because the division of labour between secondary and primary care was unclear. However, the new contract has brought with it clarity and that this would give the CCG the leverage needed to address this issue. The LMC contended that this issue may give way to a feeling that the CCG might not be supportive of general practice. Members may feel that if this was a GP service money would be clawed back from practices, such as how the CCG handled the over 75s scheme.

The CCG was sympathetic about the concerns of general practice. However, the CCG was accountable to NHS England and NHS Improvement and the policies they confer on the CCG can limit the contractual leverages it has to deal with contractual breaches. Equally, the CCG is concerned that general practice may be in such a condition that it cannot continue to take on this work on an unfunded basis.

The LMC felt that it was important that the CCG has a dialogue with NHSE and NHSI about this issue. It may be necessary to influence the perception of the CCG amongst member practices. These issues are endemic and do impact upon the capacity of general practice.

The CCG agreed to look at how EKHUFT can collate this information both qualitatively and quantitatively and report on themes. The CCG will also look at how it can develop this into a performance indicator around patient experience and quality.

### **Rheumatology Service**

The CCG advised that there would be some changes to how the service will develop in future. It does not anticipate this resulting in additional pressure being put on core general practice services. The service will be developed in line with the tiers of care framework.

Tier 1 will be based upon an enhanced service. Tier 2 will be a nurse led community based service. GPs will not be expected to work outside of their scope of practice.

GPs will be able to refer to a consultant led service in tier 3 for rapid access. It is expected that patients will remain with the consultant for 6 months, or until stabilised, after which they are discharged to the tier 2 nurse led service. There will be shared governance between tier 2 and 3. This will likely present a significant departure from the current approach and reflects the current strategic direction of expanding local care service provision delivering routine services with hospitals being increasingly limited to dealing with acute patients.

### **Folkestone Practice Update**

The CCG reported on the meeting it held with representatives from the Folkestone practices about the issues arising from the closure of the Folkestone East Family Practice. The LMC thanked the CCG for holding this meeting. It felt that it was not easy to face one's critics.

The CCG confirmed that it would be working with the practices to develop a town plan. It will be providing external clinical leadership to support this happening. In the meantime, the CCG will continue to provide support for the running of locality meetings, and will continue to consider what support it can give individual practices so that they can register affected patients.

The CCG is continuing with the work to ensure that patients affected by the closure are registered with a new practice as soon as possible.

There LMC also asked if the CCG would recognise and look positively upon the fact that practices have registered many patients in short order and pay practices a proportion of capitation associated with a large number of new registrations from the day that they were registered. The CCG recognised the impact registering large numbers of patients has had on practices and is willing to consider acknowledging this by paying a proportion of capitation from the date that patients registered.

*Post meeting note - the CCG felt that this was accounted for by the additional payment made to practices for registering patients affected by the closure of Folkestone East Family Practice.*

#### **East Kent CCG Structure Update**

The group discussed the changes that are being proposed to the East Kent commissioning arrangements.

It is anticipated that the 4 CCG governing bodies of East Kent will continue because they are statutorily constituted. The CCG was mindful that a move to an East Kent organisation might bring about a homogenous view of primary care services across that territory and therefore might risk overlooking the particular challenges and opportunities each locality has. However, there was an expectation that primary care contracting continuing to be delivered at a current CCG level and that this was advantageous. The LMC certainly agreed that CCGs were much closer to primary care than preceding organisations and this was beneficial and was a characteristic that should be retained.

#### **GP Clinical Systems**

The LMC was concerned that practices may be forced to change IT system. The LMC was of the view that practices had the right to self-determination and that a change of IT system would lead to significant disruption to the operation of those practices affected by such a decision.

The CCG confirmed that it remained committed to GP System of Choice and that the priority was to develop interoperability across clinical systems to support collaborative working, and not to dictate which systems practices had to adopt.

#### **Post-exposure Prophylaxis with Antiviral drugs for influenza**

The LMC made reference to the recent letter from David Geddes seeking assurance that CCGs had arrangements in place for providing this for patients with flu like symptoms, as this was not deemed to be part of the core GP contract. The CCG advised that it was in the process of developing an East Kent specification for this.

#### **Out of Area Registrations**

With the advent of GP at hand in London the LMC was concerned that some patients may fall ill and require a home visit. GP at Hand is being delivered via the Choice/Out of Area registration scheme and so patients who use this service will be registered as out of area patients with a practice in London and they will therefore be deregistered from their practice in Kent. The new practice in London will not have an obligation to visit.

Inevitably there will time when these patients require a visit at home. As the responsibility does not sit with their original practice nor is this obligation covered by the existing GMS/PMS practices. Therefore, the LMC sought assurance from the CCG that affected patients would be able to access a home visiting service should it be necessary.

The CCG agreed to confirm that home visiting arrangements were in place for this group of patients and publicise them.

#### **Date of Next Meeting:**

22 February 2018.

**Carlo Caruso**  
**Deputy Clerk**