



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 February 2018

Drs John Burke, Richard Claxton, Katja Philipp, Neil Potter and Daniel Kerley joined Dr John Allingham and Mrs Donna Clarke at the recent LMC/CCG liaison meeting. Mr Adam Wickings and Dr Bob Bowes attended on behalf of the CCG.

Onward Referrals/Maidstone Tunbridge Wells Hospital (MTW)

The CCG confirmed that they have data which shows that MTW are doing onward referrals including to tertiary providers but the LMC commented that there are still many instances where they have passed this back to the GP with A&E often the worst offenders. All agreed it is a slow process to change a culture. The CCG commented that the Chief Executive of MTW is keen to work on this and have agreed this issue should be on the Junior Doctors agenda. The LMC reported that they will be given a 15-minute slot with Junior doctors but are also working on a video that could be used across Kent and Medway. The CCG reported that they are going to be working with MTW on A&E redesign, which the federation are also involved in, and this would provide a forum where this issue can be addressed.

There was a discussion about whether financial penalties could be imposed but CCG experience has shown that penalties in contracts are relatively ineffective as they do not directly affect front line clinicians. Clinical dialogue has proven much more effective.

Patient Leaflet: "What Happens when you are referred..."

The CCG have not yet put this in their GP bulletin but will ensure it does go out.

Rapid Response Team

The LMC reported there are still some issues with rejected referrals and also some confusion between the Rapid Response Team and the Home Treatment team. The CCG have put some additional resource into the Rapid

Response team for the winter and service redesign work is planned. The CCG agreed to invite the LMC to sit on the redesign group. It was suggested a survey of GPs be carried out to ascertain how many Rapid Response Team referrals are rejected by phone and therefore not counted as rejections.

Mental Health

The CCG has had discussions with KMPT and they have reported that it is difficult to align individual practitioners to clusters. Work is ongoing.

Childhood ADHD Shared Care Protocol

The CCG reported there is no feedback on this issue yet.

Local Incentive Scheme

The LMC reported that the LIS has been positively received by practices. There has been an issue, however, with phoning the patient to follow up the faecal occult blood result. The LMC requested that the CCG consider changing this to allow written follow up.

Flu Vaccination for housebound patients

The community staff did eventually provide these to housebound patients.

General Practice Forward View (GPFV)/ Primary Care Strategy Update

It was suggested that the CCG might consider a portfolio GP role that may attract GPs to the area. It was noted that the cost of indemnity is still an issue for sessional GPs.

The CCG asked for the LMC view on a non-practice based, on the day telephone triage service provided in hubs. John Allingham reported how the hubs work in South Kent Coast with practices able to directly book urgent patients into appointments at locality-based hubs. The LMC reported that most Kent and Medway CCGs are looking at variations of

this model. It was noted that in West Kent there are significant differences between central town areas and rural areas. A discussion took place and it was agreed that it would be worth piloting hub provision in Maidstone town but face to face appointments rather than telephone triage.

New standard hospitals contract 2017/19 Reporting breaches/DORIS

The LMC is looking into whether DORIS could count breaches, and agreed to arrange a meeting between the LMC, the CCG and DORIS representatives to discuss further.

Unfunded Work

The CCG have produced a first draft of a "Primary Care Resilience LES" that is intended to go part way towards addressing this issue. This is intended to provide monies to recognise unfunded work is happening in practices and the CCG will not require reporting on activity. The LMC felt that it is good that reporting is not required and that the draft LES recognises wound care as an increasing burden on primary care. The CCG has deliberately worded the LES recognising that the definition of "routine" will differ based on competencies within practices. The spirit of the LES is also to encourage cluster working.

The LMC asked whether there was any room to manoeuvre on the price as it only amounts to around £1 per patient to which the CCG responded that there is only a limited budget.

The LMC expressed concern that the wording and title of the LES may not bring the positive response required and that in these financially difficult times practices have to make hard decisions about how staff are utilised and that there is a danger that there will be a two-tier system where some practices will do this work and some will not. It was suggested that if this was relabelled a "treatment room" LES it might be more attractive. The LMC agreed to redraft the LES and the CCG agreed to consider it.

GP Federation

The LMC has offered help to get the federation underway in West Kent. The CCG will contact the federation representatives to discuss further.

West Kent MDT Scheme

The LMC expressed concern about the scheme. The restriction in numbers of patients that can be discussed, amount of notice required and problems with the IT (meaning the GP is unsure who is at the meeting), are particular problems. There is also concern that there has been little or no patient benefit since the scheme started. The LMC believes that the previous system of meetings in practices was much more beneficial. The CCG reported that the idea was to provide availability of a wider team to practices. The LMC suggested the CCG should survey practices already taking part.

Pathway 3

The LMC expressed concern about Pathway 3 patients being discharged from hospital to care homes with no apparent arrangements for medical cover. The CCG responded that they are piloting investing money into care homes to enable them to provide the additional nursing care required by these patients. The medical care is intended to come under the Care Home LES. Practices can challenge tier ratings of homes and may choose not to sign up to the Care Home LES. Concern was expressed that these Pathway 3 patients are often very sick and the CCG asked that practices report if they believe patients have been discharged inappropriately under this scheme. The CCG agreed to ensure that appropriate communication on Pathway 3 (and the role of the Care Homes LES) is distributed to practices.

Virtual Fracture Clinic

The LMC reported that the Virtual Fracture Clinic is sending patients to their GP for fit notes. The CCG confirmed that this should not be the case and agreed to take back to the provider and GPs should issue breach letters as they would to any other provider.

Practice Closures

Concerns were expressed regarding a recent near collapse of a West Kent practice and the CCG were asked whether they are confident that General Practice in West Kent has enough resilience. The CCG stated they are aware how fragile General Practice is at present but they are not aware of any other practice currently in this situation. The LMC suggested the CCG might consider having a debrief and look at learning from this issue. Discussions are taking place about joining forces with other CCGs to

address the fragility of primary care commissioning and differing levels of skill within the CCGs.

Section 106 Monies

A question was raised about Section 106 monies following a piece in the local press criticising the CCG for missing out. The CCG agreed to look into this and were unaware of the story.

Referral Management in Cardiology

The LMC reported that they are drafting a response to a piece of work happening around referral management in cardiology at MTW where all referrals would be triaged.

Date of Next meeting

Tuesday 19th June 2018

Donna Clarke
Practice Liaison Officer