



# 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 February 2018

Drs Gaurav Gupta and Alicia Watts, joined Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Simon Lundy, Mr Bill Millar and Ms Lisa Barclay attended on behalf of the CCGs.

### East Kent Delivery Board

The LMC will be contacting Louise Dineley to enquire about LMC representation at the East Kent Strategy Board. The LMC has been attending the Medway, North and West Kent Delivery Board since the early meetings but has not been invited to the East Kent meeting, which has been meeting for some time.

### Diabetes/Shared Care

The CCGs have been discussing the specification for the enhanced Tier 1 diabetes service with the LMC in advance of the meeting.

It appears that the specification being developed will base the service model on practice clusters. The LMC was of the view that it was essential that these services remain list based as this ensures continuity of care and accessibility for patients, whilst supporting the development of local care based on general practice.

The CCG is looking at commissioning services at a cluster level because it is seeking to ensure local access for 100% of patients. The CCG also feels that any services commissioned on this basis should be categorised as "Tier 2" services so there is parity of esteem with services commissioned from other providers, rather than "Tier 1+" for example.

The CCGs will continue to discuss the development of the service with the LMC.

### Rapid Access Pathways

The Cancer Lead for the CCGs, Jack Jacobs, was unfortunately unable to attend the meeting. The LMC will follow up with Jack Jacobs before the next meeting.

### Podiatry Update

This issue relates to the Podiatry department requesting GPs to issue MED3s, prescribe, refer

or request x-rays. There was feedback from KCHFT that appeared to indicate that they felt the NHS Standard Contract did not apply to them. The CCGs and the LMC agreed that the NHS Standard Contract is nationally mandated and applies to all NHS providers except for core general practice.

There also appeared to be a shared sense that this was an example of how a tier 2 service can go wrong. CCG will take this up with KCHFT.

### Sleep Study Pathway

The CCGs have not had the opportunity to discuss the recently introduced sleep study pathway with EKHUFT. The CCGs have not held a performance meeting with the trust since November but is expecting to meet again imminently when it will take the opportunity to bring this up.

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

The contract with KIMS is with SKC CCG and GPs are able to refer in this area. The LMC will take this up with SKC and feedback.

### Reporting Quality Issues to the CCG

The LMC is concerned that it is very difficult for GPs to raise their concerns. This is particularly pertinent in the light of the recent Bawa-Garba case. Practices are not getting feedback from the concerns raised by them and if there these might be systemic issues. It is important for CCGs to have a process to deal with individual concerns and sharing learning with practices and wider system. CCGs agree this needs to work better and will look at how the system can improve.

### Future of CCG/LMC liaison meetings

The CCGs are awaiting the official confirmation of the Senior Responsible Officer ("SRO") for the Sustainability and Transformation Partnership ("STP"). Bill Millar is currently the interim director for urgent care and primary care for the East Kent CCGs. The reorganisation will see CCGs working increasingly collaboratively and to develop a set of incentivised clinical standards.

The LMC's view is that CCGs have been somewhat closer to practices than previous arrangements of the NHS commissioning architecture have been, and the benefits of this should be maintained in any future arrangements. However, the LMC has recognised that many issues, such as primary to secondary care interface, are best dealt with on an East Kent basis.

The CCGs indicated that many of its committees are becoming joint committees with other CCGs. The clinical leads for the CCGs are now meeting with their equivalents from the larger providers to discuss strategic clinical issues. The CCGs agreed to arrange for an invitation to be sent to the LMC to attend these meetings in future.

LMC will consider holding a joint Liaison meeting with East Kent CCGs to see if this can be a sustainable way of working in the future.

#### **General Practice Forward View/Primary Care Strategy**

The CCGs shared its Primary Care Operating Plan which details how it intends to invest the GPFV monies and develop primary care. One key area the CCG will be focussing on is to support the development of local care. The published document can be found [here](#).

The LMC is keen for the CCG to ensure that the ambitions it has its members are realistic and generally reflect the hopes and aspirations of individual practices. The LMC is keen to contribute to the evolution of the document.

#### **GP Federation Update**

Details of how the CCG is supporting the development of federations can be found in the operational plan referenced under GPFV.

#### **NHS Standard Contract 2017-2019**

The CCGs will be providing practices with reams of [this leaflet](#) to give to patients that have been referred. It has been adapted to take into account where local standards have been varied, such as the minimum length of prescriptions.

Practices will also be receiving approximately 100 copies of the unaltered leaflet from the BMA to use for the same purpose.

At the last meeting it had been agreed that GPs can raised contractual breaches through the Quality Inbox but there were some issues with regards to the high volume of reports coming through to CCG. If practices are unable to report breaches with patient identifiable data

it creates an extra layer of administration which will deter GPs from reporting issues. GPs need a single point to raise issues unredacted using the same letter to inform the trust and the CCG. CCGs were not aware of GPs having problems with sending letters to Quality inbox and will ensure that practices can send these letters to the Quality inbox with patient identifiable data.

The LMC sees this issue as being crucial. It wastes a lot of capacity in general practice, leading to a reduction in available appointments which could contribute towards reducing pressure in other parts of the system. If the trust is not performing against its contract and passing costs onto other parts of the system, then the CCGs need to implement a system for general practice to charge for undertaking non-contractual work.

#### **Out of Area Registrations (OfAR)**

The LMC was concerned to know what arrangements there are for patients who are registered with an online GP who find themselves in the unfortunate position of being unwell and needing a visit at home.

The CCG has been out to practices to gauge interest for signing up OfAR scheme but there has been very limited interest, and so the CCGs plan to approach IC24 to see if they will provide cover for these patients on a case by case basis. This was felt an appropriate option because it is expected that very few patients will fall into this category. The CCG will provide an update on these discussions at the next meeting.

#### **GP OOH service**

The LMC had started liaison meetings with IC24 who are keen to engage with LMC and GPs. They have also created an email for GPs to report any concerns with them directly [ic24.Quality@nhs.net](mailto:ic24.Quality@nhs.net). Some concerns have been raised by GPs that patients are being redirected to practices after having contacted OOH service. CCG will investigate this.

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

Wednesday 23 May 2018

Carlo Caruso

Deputy Clerk on behalf of Kent LMC