



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 May 2018

Drs Gaurav Gupta, Sadia Rashid, Thilla Rajasekar and Alicia Watts joined Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Drs Naveen Kumta and Simon Lundy, and Mses Lisa Barclay, Louise Matthews and Judith Ward attended on behalf of the CCGs.

East Kent Delivery Board

Caroline Selkirk has been appointed Managing Director for the East Kent CCGs and is seeking to rationalise the governance arrangements in place. For example, the CCGs intend to bring together the Clinical Strategy and Investment Committee (CSIC) meetings. This will not conflict with existing arrangements as the joint CSIC will only be responsible for making recommendations to the CCG governing bodies and PC3s, which will remain independent. The first meeting of the new CSIC will be in June and the LMC will be invited.

The review will also consider how back office functions may work across EK in order to maximise human and financial resources. Price Waterhouse Coopers is supporting the review.

This review will also take in the East Kent Delivery Board, which has not met for a number of months. There was recognition that the LMC and federations are engaged with the Medway, North and West Kent Delivery Board. The LMC is also co-chairing the Primary Care Workstream of the STP.

Diabetes/Shared Care

The CCG and LMC have been discussing the new Diabetes service. Recent discussions have been focussed on the role of tier 2. It is currently being debated at the Consortium and Clinical Strategy Meetings.

The CCG is keen to support the development of a tier 2 service in primary care with appropriate funding.

Rapid Access Pathways

The CCG has been seeking to resolve an issue for patients referred for upper GI for cancer. The service is only performing an upper gastroscopy. The CCG is developing a form to address the problem.

There was a discussion about the specification being developed for the Ultrasound AQP. The proposed specification requires the provider to replace the machine every 5 years. There was uncertainty as to whether this was clinically justified and may serve to prevent certain providers from being able to compete for to provide the service. The CCG agreed to investigate this.

Podiatry Update

KCHFT has confirmed that its Podiatry team can now issue Fit Note certification. However, the issue around the service being able to issue prescriptions remain. Both the CCGs and the LMC agreed that it was not appropriate for this service to rely on general practice to deliver its contractual requirements.

The group agreed to revisit this issue at the next meeting to ensure that changes are sustained.

Sleep Study Pathway

The CCG has corrected the change that was made to the pathway. However, the issue remains that the service has since decided that it would not accept manual referrals. This does not comply with the requirements of the NHS Standard Contract and the Trust's plans for switching off manual referrals. The CCG agreed to look into this.

Orthopaedic Referral - KIMS

The issue with Orthopaedic referrals to KIMS continue. The LMC will pick this up with South Kent Coast CCG in advance of the next meeting.

It also appears that KIMS is of the understanding that it is unable to refer to Social Services for care package because they are a non-NHS provider, regardless of whether they are providing NHS services. The CCG will seek to clarify that this with KIMS.

Future of LMC/CCG Liaison Meetings

The LMC is planning to arrange a liaison meeting with all East Kent CCGs. This reflects the way in which the CCG support functions are developing in EK. This is subject to agreement by all constituencies.

The LMC is developing a ToR which it will seek to agree with CCGs.

New standard hospitals contract 2017/19 Reporting Contractual Breaches: Quality Inbox

The group received a letter from Bill Millar that explained the way in which information could be shared with the CCG via its Quality inbox when reporting secondary care interface issues.

The LMC felt it was important that practices have a method of reporting that is simple and easy to integrate with practice processes. The referral support tool was not well taken up because it was cumbersome, slow and a significant administrative burden.

The CCGs highlighted that best practice and legislation require that patient identifiable information is shared with the consent of the patient. The Quality Team is able to discuss concerns without reference to patient identifiable information to assist with deciding whether to obtain consent and formally share information. In many cases the quality team can signpost the GP to the correct person in a provider to directly report the concerns e.g. incidents and serious incidents. The CCG recognises that having information on concerns about care is helpful to address the interface issues however, it must be mindful of its responsibilities under the data protection act.

The CCG remains of the opinion that it is best practice for issues about specific patients to be addressed provider to provider initially. This also gets around the issue that the CCG cannot have patient identifiable information except in very clear circumstances.

The LMC felt it was not sufficient to address the interface issues between providers because and that it was essential that the CCG retained its responsibility to performance manage providers. The LMC has asked that a simple and clear process is defined and communicated to practices for reporting issues across East Kent to the CCGs.

Responsibility for prescribing between Primary & Secondary/Tertiary Care

The group agreed that the CCGs funded a scheme for shared care which was viewed as being generally successful.

BMA: Prescribing in General Practice

The group noted the advice on buff forms and the LMC agreed to meet with the CCG to review the east Kent process.

Electronic Referral Service (eRS) and Cancer referral pathways (2WW)

The LMC has significant concerns regarding the roll-out of e-RS across Kent and Medway. For more information click on the following links:

1. [Letter to CCGs and Trusts regarding implementation of e-RS](#)
2. [Dr Gupta speaks to Pulse regarding concerns with e-RS](#)
3. [Dr Gupta speaking to KMFM regarding e-RS](#)

LMC has been meeting with CCGs, Trusts, and NHSE and will be involved in developing the governance of the e-RS system. The LMC's Medical Secretaries will be invited to the East Kent e-RS Implementation Board. The local Trust will be seeking to adapt the national suite of SOPs for local use and the LMC will get to see them before they are adopted.

There appears to be recognition in the system that there has to be engagement with GPs and that GPs need to have confidence that the IT is stable and that 100% of appointment slots are available.

Out of Area Registration Scheme

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. Patients have not been clear that registering with an online GP results in their removal from their GPs list.

Due to a lack of GP practices expressing an interest the CCGs have been in discussions with IC24 about providing cover for these patients on a case by case basis.

LMC agrees with the CCGs' approach to find a provider with a broader territorial scope and capacity to look after these patients. It was also agreed that practice should carefully consider whether to register OOA patients unless there was confidence that these patients had access to home visits.

CSU/Optum liaison and performance

The CCGs acknowledged that practices have been experiencing some difficulties with the changeover of Commissioning Support functions from NELCSU to Optum. There have been issues with Community Contracts invoices, with practices experiencing delays in receiving monies. The CCGs advised that Optum has received a contract performance notice regarding the issue of payments and will share a copy of the letter with the LMC.

Data sharing agreement

Since Optum is now responsible for the Kent Integrated Dataset (KID) it has been approaching practices to sign up to a new data processing agreement. The LMC has been supportive of data sharing with the KID. However, it is now concerned that the new agreement opens up the possibility that data may be used for contract performance monitoring.

The LMC recently met with Optum who agreed to seek assurance from commissioners about how the data would be used. The CCG agreed to provide clarification on how the data would be used.

GPs Prescribing for DN dressings

GPs are being asked to prescribe dressings for patients because the District Nursing Service does not have adequate prescribing support. There was agreement that, because of the workforce and workload pressures affecting general practice, GPs should only be involved where they add value.

There was agreement that all parts of the health service were under pressure and that this could be resolved by incentivising organisations to work closer in partnership and whether it might be appropriate to fund general practice for its contribution to

assisting other parts of the health service to meet their contractual requirements.

This might be preferable to the approaches taken with previous attempts to organise this work across providers has not been good for patient experience. The LMC were of the view that if general practice's involvement is required then it would be formalised and funded to ensure consistency of approach across the whole population.

The CCG agreed to look at developing a solution in the interim while the hub approach to working is introduced.

NHSPS update

The LMC is seeking assurance that the CCG will be supporting NHSPS tenants. It has the potential to make practices unsustainable and therefore at risk. It also affects the ability of those practices to recruit and retain staff.

The LMC is also aware of progress being made in Northumberland where NHSPS wrote off invoices.

CCG is hoping to resolve the issue with one particular practice and use it as the basis for resolving it for all affected practices.

The LMC is keen to support affected practices.

There was an understanding that there had previously been a subsidy made direct to NHSPS for 2 years following reorganisation, however this has since disappeared.

Local Enhanced Services

The enhanced services have not been reviewed for a number of years. The LMC is clear that these services are crucial to the sustainability of general practice and benefit patients through improved access.

The CCG has been working on a review of the enhanced bundle of services in the context of the local care agenda and tiers of care. It recognises the contribution enhanced services make to ensuring quality general practice.

LMC wants to engage in the process but wants to ensure the conversation focuses on funding, which has been static for years, and the variety of services that will be available to general practice to provide under

Enhanced Services. It was the LMC's view that general practice needs to be cherished unless the NHS wants an entirely different, horizontal, system, and that appropriate Enhanced Services were crucial to ensuring the sustainability of the current model of general practice. The CCG also recognised that supporting general practice supports recruitment and retention.

Spirometry

CCG recognises the clarity of this [statement recently issued by the BMA](#) and confirmed it will be considering how the service should be commissioned in the future. The CCG is not keen to have this service in a hospital setting. It sees its future in a community setting developed in line with the tiers of care agenda.

General Data Protection Regulations (GDPR)

The LMC wanted to draw practices' attention to [guidance](#) available on its website, and the guidance available on the [BMA's website](#).

CCG rolling back on AQP procurement

The CCG is extending AQP contracts for the short term while it works on developing the local care agenda. The new AQP contracts are likely to fall into this space.

First 5 Programme

The CCG will be making funding available for learning and development of GPs in the first 5 years following completion of training. This will include training for GPSI roles and leadership training for those involved in commissioning and roles in new provider organisations.

Date of Next Meeting

Wednesday 12th September 2018

Carlo Caruso

Deputy Clerk on behalf of Kent LMC