



Kent Local Medical Committee

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

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Making Connections in Swale CCG June 2018

Drs Reshma Syed and Awadh Jha joined Dr Mike Parks and Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Fiona Armstrong and Mrs Rachel Jones attended on behalf of the CCG.

Multiple blood tests (CCG)

The CCG is still attempting to make progress in relation to this issue, which needs to be resolved because it has potential implications for patient safety.

General Practice Forward View (GPFV)

The LMC was keen to hear how the CCG is implementing the objectives set by the NHS England GP Forward View.

The CCG staff changes with Vicky Mason having left the CCG were noted, with Rachel Jones now looking after Primary Care pending the appointment of a new interim Head of Primary Care. Rachel has been very involved in clinical variation work and is positive about how practices have been engaging with this.

The CCG is working on a number of projects to support general practice:

1. Providing external support to the federation to aid the development of its governance and leadership.
2. Developing an elderly care strategy looking at how general practice can be developed to support this group of patients.
3. The CCG has been supporting individual GPs by sponsoring them to attend the Faculty of Medical Leadership and Management.
4. Working with the local GP body to develop a 5-year vision for general practice.
5. The CCG is also working with the GP population to look at how technology can contribute to the delivery of care. The LMC recognises that there is a role for innovation in technology to assist clinical work. However, it is keen that the CCG ensures that the basic IT infrastructure is sufficiently resilient because this has a very real impact on the efficiency and effectiveness of general practice. The CCG

agreed to undertake an audit of primary care IT and agreed that Dan Campbell will attend the next meeting to report on progress.

6. The CCG has been successful in receiving some funding for the adaptation of the community hospitals to support the development of community hubs.
7. The CCG has also been successful in bidding for S106 monies to support development of healthcare infrastructure.

New standard hospitals contract 2017/19

The group received and discussed the new guidance from NHS England, and the BMA regarding prescribing. Please click on the following links to access the documents:

1. [Responsibility for prescribing between Primary & Secondary/Tertiary Care \(NHS England\)](#)
2. [Prescribing in General Practice \(BMA\)](#)

The CCG has referenced the NHSE document with the work it has been doing in reviewing the Adult ADHD pathway. It has also helped the CCG to clarify with non-GP providers their responsibilities around prescribing.

The group discussed the benefit of having the CCG attend future LMC/Medway Foundation Trust interface issues. The group agreed that many of the issues discussed overlap with the [standards for primary and secondary care interface](#) that are in the NHS Standard Contract. The CCG would be invited to the next meeting.

The LMC advised that it is looking to put together a video for the Junior Doctors induction programme regarding interface issues.

Electronic Referral Service (eRS)

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 eRS](#)

2. [Dr Gupta speaks to Pulse regarding concerns with eRS](#)
3. [Dr Gupta speaking to KMFM regarding eRS](#)

The LMC has met with NHSE, Acute Trusts and the CCGs in an attempt to address the concerns held regarding the switch off of manual referrals.

The CCG has reported that there has not been a lot of feedback. The CCG is also concerned that for the system to work effectively there has to be a full directory of services available at all times for 100% of appointment slots. In the absence of an appointment slot being available GPs should be able to make a referral via email, and once made it should be for the trust to complete the process. The CCG will ensure that their concerns about eRS are fed back to NHSE and the Trust.

NHS Property Services (NHSPS)

There are a number of practices in Swale that are tenants of NHSPS. The LMC is supporting tenants of NHSPS through legal advisers Weightmans.

The CCG advised that NHSPS wrote to them regarding the arrears practices have. The LMC's advice remains that practices need to be certain about what they are paying and the legal basis for that payment, or to withhold payment pending clarification.

Spirometry in Primary Care

The LMC shared the General Practitioners Committee statement regarding [Spirometry in Primary Care](#). The statement confirms that it is not part of the core GP contract. The LMC was keen to know what the CCG's commissioning plans are for Spirometry.

The CCG agreed with the distinction between core and non-core general practice. However, it was also mindful of its responsibilities to achieve financial balance. It is in the process of reviewing COPD services and recognises that there was significant variation in relation to its delivery in general practice.

The CCG is looking at the possibility of putting together a pilot that enables practices to support patients that are significantly unwell with COPD. It was also looking at the number

of referrals being made by the Community Services provider to specialists. The CCG is keen to see how a Spirometry service delivered in the local care space can support patients and limit the requirement for intervention from specialists.

The CCG will be looking at this over the next 12 months and is hopeful that the review will identify an opportunity cost from developing Spirometry in Primary Care. It was also possible that this was a service the federation might consider taking on.

Prescribing Unlicensed ADHD Medications

The CCG is optimistic that it has found a way to resolve this issue. It is working on a solution for shared care prescribing as has been adopted in East Kent. It is keen to develop a service that is separate from general practice. In the meantime, there is a shared care protocol with SLAM, who will provide support and training, but with the GPs taking responsibility for the prescribing.

The CCG is in agreement with the GP body in that it would prefer for it to be done by a specialist service. However, it is also keen to explore whether this could be provided in general practice, either through practices individually or through the federation. The CCG is also considering commissioning a service outside of Swale as a backstop. The CCG will consult the GP body and report back to the next liaison meeting.

CCG GP Remuneration

The CCG is reviewing the remuneration scheme for GPs with a view to ensuring that GP clinical involvement is equitably funded. The CCG has asked for the LMC to be involved, which it has agreed to.

Primary Care Workstream

Fiona Armstrong (Swale CCG) and Mike Parks (Kent LMC) will be co-chairing the Primary Care Workstream of the CCG, and the STP has been persuaded to do a deep dive into primary care. There was agreement that this was good news and would ensure that the STP would retain focus on and achieve greater understanding of primary care.

MFT referrals to Community Services

GPs have reported that MFT is referring patients to community services incorrectly. It is also communicating the referral to practices even when the referral was not initiated there. The CCG agreed to look into this.

KIMS pre-assessment clinic

There was a concern that complex patients attending KIMS' pre-referral clinic may be being deemed unfit for surgery where they might otherwise be accepted by another provider. These patients are returned to the GP and then referred to an alternative provider and are being bounced back and out to the beginning of the waiting list. The CCG agreed to look into this.

Date of Next Meeting:

5th October 2018

Carlo Caruso

Deputy Clerk on behalf of Kent LMC