



# Kent Local Medical Committee

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## Making Connections in Canterbury & Coastal and Ashford CCGs August 2014

Drs David Grice, Gaurav Gupta, Jim Kelly, Vidya Krishna, Simon Lundy, Sadia Rashid and Mark Speller joined Mike Parks and Mrs Liz Mears at the recent LMC/Canterbury & Coastal and Ashford CCG liaison meeting. Dr Mark Jones (Canterbury), George Vattakuzhiyil (Ashford), Sue Luff (Ashford) and Claire Boraston attended of behalf of the CCGs.

Dr Fernaz Huma (GP Trainee) was welcomed to the meeting as an observer.

### Mental Health Services Update

The first LMC interface meeting has been held with the Chief Executive and Medical Director of Kent & Medway Partnership Trust. The meeting will be held six monthly and focus primarily on interface issues.

### Primary Care Workforce Tutor

Recruitment is underway. The link to Community Education Provider Networks was noted.

### Workforce

Although the Area Team have now established a primary care workforce group progress to date has been rather slow. EKHUFT have received a national grant to work together with CCGs on workforce development across primary and secondary care. Various stakeholders, including the LMC have been asked to become involved.

Canterbury CCG have established a Primary Care Strategy Group as an internal group to address the development of primary care. Ashford CCG may be doing the same. The need for CCGs to accept the need to support the development of primary providers in the same way they do in secondary care was discussed.

Not only is this an urgent piece of work because of the current recruitment and retention crisis but is also essential to ensure

that the right workforce with the right skills is developed.

The CCGs were asked what steps they could take to reduce the pressure on Primary Care. Modification to the 'Avoiding Unplanned Admissions DES' were suggested. The CCGs responded that this is really the province of the Area Team. This might be an area that could be addressed as part of co-commissioning. It was noted that there seems to be a lot more interest in relieving pressures in secondary care.

Canterbury CCG pointed out that they have invested money in primary care through the EPO scheme and the five quids (£5 per patient for the over 75s).

Both CCGs have expressed an interest in co-commissioning and are awaiting a response from the Area Team. Member practices in Canterbury & Coastal CCG have expressed interest in level 3 (direct commissioning of primary care). However there will be another opportunity for practices to vote once more detail is known.

Both CCGs recognise that they need to work hard to build trust with their member practices. It was suggested that they need to pay particular attention to the big losers from the MPIG changes and PMS reviews. CCGs with co-commissioning might be able to address the needs of particular demographic/populations.

The risks of co-commissioning and the demand to preferentially support secondary care in a time of budgetary pressure was noted. However it was reported that both CCGs see primary care as a vital part of the solution to the problems in health care.

A discussion of some of the other pros and cons of co-commissioning took place. In particular the way holding the GP contract or at least managing it will change the relationship between a CCG and its member practices and introduce a whole lot of new conflicts of interest.

The LMC will be writing to CCGs to express our concerns about co-commissioning.

### **IT Steering Group**

The LMC has been involved in this group. The focus is mainly on the replacement of hardware. All practices will have benefitted by March 2015. Interoperability is felt to be an important consideration especially with the prospect of 8 to 8 opening. Although practices will not be pressurized into changing their systems the CCGs will be sympathetic to requests from groups of practices to move to a single system to enable more collaborative working.

### **Flu (Housebound)**

It was noted that housebound patients in Medway will be vaccinated by the district nursing team and that West Kent CCG are currently negotiating a similar system with KCHT. The care home scheme in Ashford will mean that all patients in care home will be offered vaccination by the community matron. The CCGs were asked to resolve this issue with KCHT so that all housebound patients are immunised by the district nurses. It was noted that practices need to know very soon. Although the CCGs will clarify with KCHT which patients will be immunised practices were encouraged to plan on the basis of last year's outcome i.e. only housebound patients that are on the district nurses' current case load will be vaccinated.

### **Five quids (£5 per patient for the over 75s)**

Both Canterbury & Coastal and Ashford CCGs requested bids from practices. Clarification was sought in some cases and as a result the majority of bids were approved. Schemes will be reviewed at the

end of the year and where needed will be improved and funding made available for next year.

Some issues were identified in Ashford. At the start it was not clear whether the funding available would be based on an actual or weighted population. The arrangements for part year payments was also felt not to be entirely clear. In both CCGs payment will start when the service starts. It was pointed out that where there are agreed KPIs for March 2015 then it was not reasonable to pay in this way. It will however be possible for schemes to straddle more than one financial year. It was agreed that practices should raise their concerns with the relevant CCG. The LMC office will provide support as needed.

### **Re-organisation of CCGs**

The member practices of both CCGs have voted in favour of a merger. The CCGs are currently in the process of completing an application to NHS England. This will be similar in nature to the process of authorisation. Assuming NHS England agree there will then be a period of organisational development to include the redrafting of a new Constitution. The LMC will be involved in this and in undertaking the electoral process to the new board. Practices will also need to know how this will affect the contracts held with the CCGs.

### **Anticoagulation**

Canterbury & Coastal CCG have brought the existing procurement to an end whilst they reconsider the specification. The CCG is committed to identifying what lessons can be learnt so as to minimise the chance of this happening again. This is felt to be an opportunity for the CCG to look at their governance processes. However it is quite clear that the CCG membership needs to be more engaged in the development of clinical pathways and the service developments that result from them.

### **Mental Health Services (ASD)**

Some long delays have developed in the assessment of Autistic Spectrum Disorder, particularly in Ashford. The CCG are investigating ways to address this. The Mental Health Team in Ashford has also been reporting itself as being in 'urgent measures'. The CCG are unaware of this and will be looking into it.

### **Out of Hours Procurement**

The existing contract with IC24 has now been extended to April 2016. A working group across East Kent is working on a new specification. This will need to include GPs in A&E and co-ordinate with 7 day primary care.

### **Shared Care Guidelines**

Concerns were raised about the imposition of Shared Care Guidelines particularly dementia drugs. Canterbury & Coastal CCG Share Care Group have been doing some work on which drugs can be sensibly shared between secondary and primary care and how this can be adequately resourced. It might be possible to extend this initiative to other shared care/interventions. This was welcomed.

### **Out of Area Registration**

Some guidance from NHS England was noted as was the potential impact on the university and rural practices. The Area Team are responsible for putting in a consultation and visiting service for patients registered out of area by October.

### **CCG 360 degree Stakeholder Survey 2014**

Both CCGs are considering the responses and will be putting in place measures to address any issues identified.

### **EKHUFT Liaison Meeting 8<sup>th</sup> May 2014**

The perennial issue of who is responsible for following up tests was discussed. It is absolutely clear (and agreed on umpteen occasions by EKHUFT) that this is the responsibility of the requesting clinician.

When this has not been the case GPs are asked to report incidents to both EKHUFT (email: [ekh-tr.gpinfo@nhs.net](mailto:ekh-tr.gpinfo@nhs.net)) and the CCG (email: [Ashford.CCG@nhs.net](mailto:Ashford.CCG@nhs.net)).

### **EKHUFT CQC report**

Both CCGs have written to EKHUFT. The question of whether EKHUFT will be put in special measures will be determined by Monitor in the next few weeks. An action plan has been required from EKHUFT. It is felt to be important that the local health community support them through this process.

### **Claire Boraston**

Claire is leaving the CCG and returning to the Elysian fields of primary care. She was heartily thanked for her time working with

us at the CCG. We look forward to working with her in the future. So farewell and a big welcome back!

### **Date of Next Meeting**

The next meeting will be held on Wednesday 28<sup>th</sup> January 2015 (venue tbc)

Dr Mike Parks  
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Kent LMC