



# Kent Local Medical Committee

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Medical Secretaries: Dr Mike Parks

Dr John Allingham

Clerk: Mrs Di Tyas

## Making Connections in South Kent Coast CCG June 2014

Drs Penny Barley, Gary Calver and Julian Mead, Mrs Di Tyas and Mrs Kelly Brown joined Ms Hazel Carpenter and Dr Darren Cocker at the recent LMC/CCG liaison meeting. Sharon Gardner-Blatch attended for the item relating to the Radiology Imaging System.

### Radiology Imaging System (RIS)

Concerns were raised around the ongoing delays in reporting. Sharon Gardner-Blatch reported that the Trust have resolved issues following the implementation of the RIS, and are attributing delays to workforce issues,

The links between workforce and quality were highlighted. Concerns were raised as to why locum staff were not utilised to mitigate the current recruitment issues. SGB commented that it is the CCGs expectation that the Trust performs according to contract measures, and that they will be visiting the department to address issues with the Trust around possible outsourcing, potential impact and how they are mitigating risks.

HC reiterated the importance of feeding live information to enable the CCG to address issues to aide performance discussions with EKHUFT.

The CCG are developing a reporting system using Survey Monkey to enable practices to click on an icon on their computer system and submit information directly to the CCG. It is anticipated that this will help with trend and theme issues, which can subsequently be discussed with EKHUFT alongside hard data as part of quality assurance and contract performance management.

There were discussions around the reporting of Serious Incidents, and it was noted that the rate reported is lower than the national average. The CCG stressed the importance of ensuring information is logged to avoid reoccurrence. If a GP is concerned one of their patients may have been affected by an incident

which has caused harm to the level of a serious incident they are encouraged to report it to the CCG via [SKCCCGQuality@nhs.net](mailto:SKCCCGQuality@nhs.net).

### Tri-Partite meeting with LMC/CCG/AT

The LMC hold regular liaison meetings with the Area Team and it was agreed that it would be beneficial to arrange a tri-partite meeting between the LMC, Area Team and CCGs to resolve common issues, eg. collaborative arrangements.

The CCGs meet with the Area Team at their quarterly Kent & Medway Commissioning Assembly and suggested this may be an appropriate forum to discuss these issues.

### Flu (Housebound)

The LMC still have serious concerns around flu vaccination for housebound patients in East Kent. Currently KCHT only administer to housebound patients already known to nursing teams and those on their active caseload. KCHT will provide vaccinations for any family members in the same household who are present at the time of the nursing team visit. This excludes housebound patients not on the DN caseload, who will continue to be the responsibility of the GP. GPs present at the Full LMC meeting held on 12<sup>th</sup> June were not aware of any consultation process whereby agreement was reached with KCHT.

The problem does not exist in Medway, as housebound patients, including carers, are vaccinated by the DN team. It was noted that West Kent also intends to negotiate along these lines. It was agreed that it would be unacceptable to have two different contracts with the same provider. SKC CCG agreed to re consider the position with members.

The definition of a 'housebound patient' was deliberated. The LMC commented that Medway have defined this as 'a patient to whom the

person providing nursing care would normally offer home visits as this is the only practical means of enabling the patient to access the service 'face-to-face'. A patient is not housebound if s/he is able to leave their home environment with minimal assistance, for example unassisted/assisted visits to a hairdresser or supermarket.'

It was suggested that the new contract should clearly state 'caseload to be determined by the GP' or the word 'caseload' should be removed altogether to ensure that all housebound patients are vaccinated.

The importance of resolving this issue in a timely manner was stressed.

### **Enhanced Services Update**

Practices are still experiencing difficulties keeping track of payments, and one practice has identified erroneous payments for MH assessments that have not taken place. Darren Cocker commented that SBS rolled out the system in its simplest form, and that the next iteration will be more user-friendly and will enable practices to easily identify the source of payments. Practices experiencing difficulties should contact Peter Hodgson, Finance Planning Accountant ([peterhodgson@nhs.net](mailto:peterhodgson@nhs.net)).

There were discussions around IUCD monitoring and criteria/recommendations. Concerns were raised at the potential cost to practices in providing this service. It was acknowledged that this was a Local Authority Service and will be raised with Wendy Jeffries following a discussion with Mike Parks.

### **Mental Health Interface Meetings**

The LMC have re-established interface meetings with the Kent & Medway NHS & Social Care Partnership Trust, the first meeting will be held at 1.00pm on Wednesday 23<sup>rd</sup> July 2014. Practices who wish to raise concerns should contact Liz Mears ([liz.mears@kentlmc.org](mailto:liz.mears@kentlmc.org)).

There was a level of anxiety expressed around mental health services. It was noted that Tier 1 is generally provided by GPs for the treatment of patients with less severe mental health conditions, Tier 2 provides assessment and interventions/counselling and tier 4

services are usually provided in specialist units for patients with severe mental health conditions (psychotic/suicidal). Gary Calver commented that there was little provision for Tier 3 patients, who have eating disorders/autism/ADHD that do not fall under the remit of counselling but require expert input outside of GPs. The gap in service was previously highlighted with the PCT to no avail.

Darren Cocker commented that the contract for MH Services will be CCG specific from next year, and that it will be robust enough to ensure that it meets local needs and adequately provides MH services across all tiers.

### **East Kent Hospitals University Foundation Trust Meeting 8<sup>th</sup> May 2014**

There were discussions around a local enhanced service for pre-operative assessments. It was noted that Ashford CCG is currently undertaking work on behalf of all CCGs around low risk patients who can theoretically be triaged by telephone. The need to ensure adequate funding was highlighted.

Concerns were raised around the responsibility for test results. Examples were given where abnormal results were included in A&E reports and not subsequently actioned, which could potentially result in a serious incident. Hazel Carpenter highlighted the importance of involving the CCG as commissioners, and requested that practices send examples to Sharon Gardener-Blatch, Chief Nurses, for further investigation.

### **£5 per Patient Resource**

The CCG have received individual and collaborative bids, and they are currently being signed off.

Frustrations were expressed at the complexities within the committee structure to approve bids. The CCG stated that submissions are clinically scrutinised and approved by a small group of three GPs and a PM - further information is subsequently requested on local issues if required. Hazel Carpenter welcomed feedback and commented that it is a membership process (rather than top-down),

where membership organisation decisions need to be made collectively by members.

The LMC highlighted the importance of having some mechanisms in place to ensure outcomes are achieved and money is available next year.

#### **Anticoagulation**

There was a debate around the tendering process for Anticoagulation in East Kent. It was noted that Canterbury & Coastal CCG (as Lead Commissioners on behalf of the EK federation) have rolled over the anticoagulation LES for Pharmacy providers until October 2015, enabling pharmacists to undertake any necessary training in time for tendering next year.

The CCG were not aware of the position in regard to pharmacy providers. Concerns were raised regarding potential clinical safety issues.

It was agreed that the current situation does not provide a level playing field for all potential providers, and both the LMC and SKC CCG will challenge this decision.

#### **Promoting Collaborative Working in Primary Care**

South Kent Coast practices have formed their own off-shoot of Invicta, sitting under the company umbrella but functioning as a separate entity. To date 29 of the 31 practices have joined the organisation. The LMC offered continued help and support moving forward.

#### **Date of Next meeting**

The next LMC/South Kent Coast CCG liaison meeting will be held at 12.30pm (1.00pm for CCG representatives on Thursday 30<sup>th</sup> October 2014 at 227 St Richard's Road, Deal CT14 9LF.

Kelly Brown  
LMC Liaison Support Officer