



Kent Local Medical Committee

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Making Connections in Swale CCG October 2014

Dr Megan Philpott, Mrs Liz Mears and Mrs Kelly Brown attended the recent LMC/Swale CCG liaison meeting. Dr Fiona Armstrong and Mrs Debbie Stock attended on behalf of the CCG.

DNR Policies

There remain ongoing issues with the two DNR policies currently in place in Swale. The Medway Foundation Trust policy enables specialist nurses to sign it without the requirement of a countersignature by a GP, whereas the KCHT policy requires countersigning by a GP within 72 hours. It was agreed that a single policy across Kent & Medway would be beneficial. The CCG agreed to discuss the KCHT policy with Marion Dinwoodie. The difficulties in seeking patient consent with the Medway form was highlighted. Debbie Stock and Megan Philpott agreed to follow up with Ian Gould.

Swale CCG are currently reviewing community services.

Flu (Housebound)

Swale CCG have agreed with KCHT the provision of flu vaccinations to housebound patients. The CCG confirmed that all housebound patients, including those not on the District Nursing caseload, should be eligible for the flu vaccination. The CCG were thanked for getting this in place and acting on the membership's behalf.

Delay in Reporting from MFT Radiology Department

Delays in reporting have improved, and the CCG were not aware of any ongoing issues.

Anxieties remained around the 2 week wait pathway, with abnormal results being returned directly to GPs without being coordinated or picked up by MFT. The CCG agreed to raise with MFT.

The LMC are arranging an interface meeting with Philip Barnes, Acting CE and Paul Ryan, Medical Director, Medway Foundation Trust, and agreed to extend invitations to Shena Winning, Chair, MFT and Swale LMC representatives.

Primary Care Strategy Update

The LMC have been involved in discussions around the development of the Primary Care Strategy. The CCG will circulate the Primary Care Strategy to practices ahead of a presentation at the forthcoming PLT on the 22nd October.

Community Education Provider Networks (CEPNs)

There were discussions around the presentation given by Abdol Tavabie, KSS Deanery, regarding CEPNs. MP commented that Swale CCG declared an interest in developing CEPNs at an early stage, but have not been involved in ongoing discussions. Marie Boxall and Ruth Germaine, Primary Care Workforce facilitators have attended at least one PLT session for Practice Nurses which is at the same time as the PLT for GPs, but are having difficulty identifying practices to release their practice nurses to train as mentors. Dr Om Singh, the GP Tutor covering Swale had attended the KSS CPEN event the day before this meeting.

It was noted that the majority of Medway practices have formed a Community Interest Company (CIC). It was suggested that further discussions around the benefits of taking this forward as part of a federation or as a separate entity be held at a PLT session. Fiona Armstrong agreed to discuss with Marie Boxall, Ruth Germaine and Om Singh ahead of the next PLT session.

Workforce

It was noted that there is currently no workforce planning for general practice. NHSE Area Team have set up a Workforce Planning group to help address the workforce crisis for nurses & GPs. CCG Boards have been invited to present their CCG plans for the next 5+ years at the second workforce meeting due to take place in November.

HEKSS are keen to implement a primary care workforce planning tool to provide a workforce 'stocktake' and use thereafter for workforce planning purposes. Limited funding may be available to support the initial setup.

The LMC encourages practices to utilise the tool, which will greatly assist with workforce planning and should meet the workforce census and minimum data set requirements.

It was noted that 51% of the current GP workforce are female, a high percentage of whom leave the profession before they are 40. There were discussions around the need for flexibility in encouraging GPs to return to practice.

Collaborative Working

FA reported that the federation is in its embryonic phase, and stressed the importance of GPs and practices becoming involved moving forward. The different models emerging across Kent & Medway were discussed. It was agreed there was a degree of mis-information regarding the differences between CICs and Companies Limited by Shares. The LMC are happy to offer support to the federation moving forward.

Co-Commissioning

CCG Accountable Officers have received a letter from NHSE requesting that they gauge the opinion of their member practices regarding the level of co-commissioning they enter into by January/February 2015. Swale CCG share the LMCs view that the performance procedures for individual practitioners, and performance management of General Practice Contracts should remain outside of CCG direct control. The CCG anticipate further discussions at the next PLT.

Enhanced Services Update

There were discussions around the recently announced Dementia Identification Scheme DES, designed to improve dementia detection and to help practices work with CCGs to develop services and care packages for patients on their dementia register. It was noted that the DES starts on the 1st October and ends on 31st March 2015, and practices wishing to participate are required to sign up by the 17th November. NHSE will pay GP practices £55 per additional patient identified, based upon the differential between the agreed dementia registers of 30th September 2014 and 31st March 2015. NHSE have set a 75% identification target rate, Swale are currently the highest identifier at 51%.

There were discussions around utilising Dementia Nurses to work with practices to deliver this service. The CCG are keen to encourage practices to sign up for this service, and agreed to highlight in the Practice bulletin and re-circulate the specification with an overarching letter outlining mechanisms in place to support practices.

The CCG are currently reviewing the provision of anticoagulation, and extended an invitation to the LMC to join the review group. The LMC are happy to be involved and agreed to contact Debbie Pyart, Commissioning Project Manager, Swale CCG to discuss this issue further.

K&M GP Staff Training & Advisory Board

The LMC are concerned once again that the Kent & Medway GP Staff Training Service is under threat, following the announcement by KMCS that in order to enable them to continue to facilitate the running of this service they would require £40k additional funding for administration.

It was noted that the 8 CCGs and the AT contribute to the funding of the administration team at cost of £126,000. LM reported that there is currently a significant underspend from the top-slice which is collected to deliver the training.

The LMC have concerns at the level of support offered by KMCS, and are considering various options for the service moving

forward, including renegotiating the contract with KMCS, the possibility of CCGs or a GP federation hosting the service. It was noted that Hazel Carpenter, who is leading on behalf of the CCGs, is keen to identify a sustainable solution for the hosting and development of the service, and has agreed to work with the LMC on behalf of the CCGs to identify the options for a future service model.

Fiona Armstrong commented that the service has been invaluable to practices, and the CCG are keen to retain the education & training service and support the LMC in their endeavours.

Date of Next meeting

The next LMC/Swale CCG liaison meeting will be held at 12.30pm for all attendees on Wednesday 18th February 2015 at Bramblefields Clinic, Grovehurst Road, Kemsley.

Kelly Brown
Liaison Support Officer