



Kent Local Medical Committee

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Making Connections in NHS West Kent CCG June 2014

Drs John Burke, Richard Claxton, Mark Ironmonger, Vijay Koshal, Amit Kumar, Neil Potter and Hans Van Sloun joined Mrs Liz Mears and Mrs Di Tyas at the recent LMC/CCG liaison meeting. Drs Bob Bowes, Nick Cheales, Mr Ian Ayres and Mrs Gail Arnold attended on behalf of the CCG.

£5 per patient resource

The LMC fed back their concern that the GPs have not been adequately consulted in respect to this scheme. Representatives felt that there had been little input from the membership, many of whom had not been invited to early meetings or involved in its formulation.

This scheme is still just at the co-design stage: the CCG has a concept and ideas but practices still have the opportunity to make the design meaningful at practice level, but the team do need to move forward. The LMC asked how much more of the scheme could be shaped and was it still possible for practices come up with their own schemes? It was felt that every opportunity had been given but no feedback had been forthcoming: but would be welcomed from any of the membership.

The CCG expressed a desire to get the membership more involved stating that there are 62 practices, 250 partners and 12 GPs on the Governing Body. It was also seen to be important for Sessional GPs to be more involved and patch meetings were seen as a good communication forum. Maybe more online opportunities for collaborative working should be taken? The CCG agreed that they need to work harder at engagement and getting their message across.

Bob Bowes expressed the view that the CCG could not say it had consulted in the initial design of the proposal as well as it could have. Subsequent opportunities to debate the proposal are numerous however. Care needs

to be taken with the agenda setting of patch meetings, there needs to be more control of the PEC and feedback must be two way.

It was recognised that the relationship with the membership and the entire team needs development. It was hoped that there would be some secondment opportunities and again Sessional GPs should be considered.

The group discussed creating and maintaining a locum list which did not breach any data protection requirements. The CCG have a list which they will share with the LMC. The LMC have their own list which will be cross-referenced as far as possible.

Ian Ayres reported capital funding of £600k to be made available for IT systems and co-commissioning opportunities. The CCG agreed to communicate within weekly briefings.

The chronic disease management of the housebound and those in residential care is very important and practice nurses are seen to be appropriate to manage and maintain these patients. It was thought community nurses should be trained to practice nurse standard in the first instance. Specialist nurses were seen to have become too specialised.

It was concluded that this feedback had been very useful.

Diabetes

The CCG reported that they did not believe there was still a delay in training nurses.

Flu (Housebound)

The specification is being re-written to include all housebound patients. They will seek a contract variation from September.

Prime Minister's Challenge

West Kent was not successful with their bid. The South Kent Coast bid was successful and secured £1.9m utilising a primary care hub in each town to delivery care for 7 days a week from 8.00 until 8.00. Patient records would be accessed using the MIG. This pilot brings together 13 practices and will offer extended and more flexible access to services for 94,940 patients, backed by enhanced community care and specialist services for people with mental health needs.

Primary Care Strategy

The CCG is keen to express an interest in co-commissioning but not to co-contract primary care or to performance monitor. The CCG are working with NHS England.

Enhanced Service Update

The Local Enhanced Services are almost sorted with only one or two outstanding. The CCG agreed to send a summary to the LMC.

There are 22 VMO schemes in West Kent. The CCG were of the view that propping these up for 1 year may not be the right decision. Additional nursing home support is required over and above core GMS and this is work in progress.

Shared Care/Prescribing Guidelines

It was reported that shared care agreements have been stalled until such time as funding switches from secondary to primary care. There were reports of patients being discharged on Denepocil and Anopozad "because the GP will be prescribing" and this will be followed up.

Promoting Collaborative Working in Primary Care

Tonbridge and Tunbridge Wells have met recently and the Weald are now also about to meet. There was some discussion of the two main models: a Community Interest Company as opposed to a Company Limited by Shares.

The CCG would look to re-align the 'patches' to geographical.

Mental Health Interface Meetings

The LMC has set up a meeting between the LMC reps and the Mental Health Trust to look at the interface issues between the trust and the practices. Contractual issues will remain responsibility of the CCG.

Mental Health Workers

Not all practices have access to Mental Health Workers currently.

Pricing Principles

The LMC has drafted a 'Pricing Principles' document which looked at what should be considered when considering new or amendments to services. The LMC will send the draft to the CCG.

Date of Next Meeting

Tuesday 4th November 2014 at 12.30pm (1.00pm for CCG representatives) at The River Centre, Medway Wharf Road, Tonbridge, Kent TN9 1RE

Liz Mears

Clerk

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