Kent Local Medical Committee

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

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Making Connections in South Kent Coast CCG
June 2018

Drs Julian Mead and Penny Barley joined Liz Mears and Carlo Caruso at the recent liaison meeting with South Kent Coast CCG. Ray Berry, Bill Millar, Heather Lucas and Laura Alton attended on behalf of the CCG.

Out of Area Registrations (OOA)
NHSE has provided CCGs with the number of patients that are registered OOA. SKC has 311, with 202 in one practice, with the rest shared among the remaining practices in SKC. This is low compared to other areas. For instance, there are more than 4,000 patients registered OOA in Ashford and Canterbury.

In the last 12 months only one patient has asked for a home visit. The CCG is holding discussions with Channel Health Alliance about providing home visits to OOA patients on an ad-hoc basis.

There does not yet appear to have been a significant migration of patients to a GP At Hand type service. However, the CCG continues to monitor the situation in case a provider enters the market locally.

Gender Reassignment
The CCG was asked whether it is considering commissioning a gender reassignment service. This is in light of the national directive which appears to require GPs to prescribe for this group of patients even if the GP feels that it is outside of their knowledge and/or experience to do so!

The CCG understood that this service was commissioned by NHSE which made it difficult for the CCG to commission a service. The LMC was concerned that this directive put GPs at risk because they are being required to take on prescribing outside of an appropriate and agreed share care arrangement. A service at locality or federation level would be helpful.

The CCG agreed to explore this further with NHSE.

New Standard Hospitals Contract 2017/19 Reporting breaches
East Kent CCGs and the LMC have been discussing an audit of unfunded work to help demonstrate the impact this has on lost time in general practice. The audit will focus on the interface issues in the NHS Standard Contract.

The practices in Faversham, covering approximately 30k patients, undertook a simplified survey over the period of 1 week and found that approximately one session per day was lost dealing with work that should have been carried out by the community, mental health or acute providers. There was recognition that this needs to be a 2-way process and Trusts should be raising issues too.

There was a discussion about how to change behaviours.

Responsibility for prescribing between Primary & Secondary/Tertiary Care
The group discussed the following recent publications about prescribing in primary care:

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

The CCG agrees that the documents reflect the CCG's own agenda. However, it is finding policing providers somewhat challenging and so it would be helpful if practices were to share their concerns in detail. This helps the CCG to ensure that there are appropriate systems in place that are working effectively.

There was recognition that some GPs will prescribe in order to prevent the patient being at the centre of a dispute. It was advised that they may want to consider issuing an interim prescription and advising the CCG of the issue who can resolve this in the long term.

The group debated the risks and benefits of schemes for generic drug savings (click here for background information). There was a view that recommendations to change do not always achieve savings in the medium or long term. Furthermore, there is a concern that switching can create patient safety risks.

The CCG confirmed that it is not currently looking at any further prescribing schemes because that it feels efficiencies have been maximised in this respect. It also noted that the GPC's view of bulk switching, as stated in the GPC's document, Prescribing in General Practice:

"The GPC is aware that in some areas practices are being encouraged by their PCO to switch patients from one drug to a less expensive drug. The prescriber must assess each patient individually when taking the decision to change a patient's medication. Any changes must be made in the patient's best interests and must be fully explained to the patient.

Where a bulk switch is made at the request of the PCO or CCG they should provide adequate resources to facilitate the switch including the input of the pharmacy advisor and resources to inform patients of the change. Where it is reasonable to switch a patient then practices may agree to do so. However, GPs must always use their clinical judgement and, where they can make a clinical case for not switching a patient, they have every right to continue to prescribe as they feel is clinically appropriate. GPs continue to carry responsibility for their prescribing decisions.

Repeated switching on the basis on cost savings alone can irritate patients and can erode trust and compliance. These detrimental effects need to be borne in mind.
A related issue is the confusion patients can experience when the colour and shape of their tablets are changed as a result of pharmacists changing supplier. With some pharmacists this can happen frequently. Continuity in prescribing for individual patients is safer and will improve compliance."

The group also noted the BMA's guidance regarding community drug charts (aka Buff Sheets) and that there has been a solution in SKC whereby practices would only be asked to provide them for palliative care patients.

Clinical Guidance: Onward Referral
The group received the guidance from the Academy of Royal Colleges regarding Onward Referral (click here).

The group agreed that this is in keeping with the content of the NHS Standard Contract (which is the contract that providers of NHS services other than GPs are commissioned). The focus has to be on ensuring providers follow it.

GPs requested that, when a GP is asked to perform an onward referral for an unrelated condition, Consultants manage patients' expectations that they will be referred. This places GPs in difficulty and it would be helpful if Consultants were asked not to do this.

Electronic Referral Service (eRS)
The LMC has significant concerns regarding the roll-out of eRS 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 was supportive of the decision of the CCGs and the Trust to delay switchover to eRS until the last possible moment. This is to give practices time to access training and for the identification of bugs in the system. The soft switch off will begin on 1 August 2018 but referrals made outside of eRS won't be rejected. The LMC is working with stakeholders to develop FAQs to support GPs.

There are issues with the variety of routes for 2ww referrals. There is an agreement that trusts will not reject a 2ww referral regardless of format. Instead the Trust will refer matter to the CCG to ascertain what assistance can be given to practices to support use of eRS.

Training is available via the CSU and practices are encouraged to access it. If GPs are unable to find a slot it is recommended that they 'defer to provider' so that the responsibility for inviting the patient remains with the Trust.

The Trust will also be introducing a new PAS system in September, just before the switch off, and the CCG is keen to ensure that there are clear continuity plans to mitigate the impact of system failures at this time.

Spirometry
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 understand what the CCG's commissioning plans are for Spirometry.

The group agreed that the training requirements and costs of delivering Spirometry may make it increasingly difficult for individual practices to provide.

There could be benefits for a locality-based service. The CCG recognises if it does not commission a service it will increase the number of patients referred to the Trust. This may make it more difficult to unpick should there be a desire to commission a community service in the future. The CCG will seek to review the approach to developing a local service.

Tissue Viability Service
The CCG is currently conducting a review of the specification for this service. The LMC had gathered comments on the specification which included that the holistic assessment is likely to take around 1hr and the funding will not be sufficient to fund the staff pay let alone any on costs for the care provided. This may prevent practices from signing up to it. The CCG agreed that the holistic assessment may need higher funding.

The requirement for collection of quality data puts an added pressure on practices.

There is an expectation that KPIs will be set which again is an additional requirement from the current scheme. The CCG feels that there is opportunity for locality working to deliver this service and agreed to review, taking account of the LMC comments and not wanting to lose the skills that have been developed within general practice.

NHSPS Update
The LMC are extremely concerned that NHSPS are putting pressure on practices to pay service charges that cannot be backed up with evidence. Leases cannot be signed unless the basis of the payment is agreed. This could make some contracts unviable.

There is no confidence in NHSPS processes and practices are being advised not to sign leases.

New Rheumatology Service
Concerns were raised around confidentiality and consent. If patients don't want to transfer then they will remain with the hospital service.

Patient details potentially have been taken from practices without consent. GPs confirmed that consent is necessary for information to be passed on.

Connect health is a private organisation and therefore consent is required to share information with them.

The CCG will seek to ensure that practices have the necessary consent to share records.

Date of Next Meeting
Thursday 18th October 2018

Carlo Caruso
Deputy Clerk