# Kent Local Medical Committee

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

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## Making Connections in NHS West Kent CCG
## June 2018

Drs Robert Blundell, John Burke, Richard Claxton, Mark Ironmonger, Daniel Kerley, Stephen Meech, Katja Philipp and Neil Potter joined Dr John Allingham and Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Mr Adam Wickings attended on behalf of the CCG.

**Onward Referrals/MTW**
The LMC is looking into producing a video that can be included in the Junior Doctor induction. It is hoped this will be ready for the first intake of 2019.

The LMC recently met with MTW to discuss primary to secondary care interface. There appears to be cause for concern regarding the impact A&E has on GP workload. The Trust and the LMC agreed to look at the interface issues in more detail at their next meeting in November 2018.

The CCG was supportive of the interface meetings and reflected that it was also keen to use clinician to clinician discussions in a variety of forums.

The LMC was concerned that there was a lack of proper policing of MTW's performance. The impact of the inappropriate transfer of work from secondary to primary care has a significant impact on capacity in general practice and affects recruitment and retention. GPs are seeing some improvement in different outpatient depts. Fit notes and medications are being issued outpatients with increasing regularity. However, some issues remain persistent such as significant delays with clinic letters. The LMC asked for an assurance that the CCG is addressing these issues.

The CCG confirmed it monitors performance by collecting breaches that are reported by practices and identifies themes among reports which it shares with the Trust. The CCG's view was that there was little benefit to using financial penalties to changing behaviour and, instead, focused on developing an alliance approach. Bob Bowes is looking to create a wider workshop to discuss issues. The CCG retains the power to apply penalties but wants to find a constructive approach to addressing issues. The CCG will update the Update at the next meeting.

The Trust's new Chief Executive has set up a group that focuses on Quality Improvement, which Bob Bowes is invited to. The CCG agreed to use its attendance at this forum to raise interface issues.
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GPs have reported a number of interface issues relating to the Independent Sector Providers (ISPs). Firstly, Benenden is advising patients to attend GP for analgesic. More generally, it appears that the ISPs may be using the pre-referral assessment clinics to exclude complex patients who might otherwise be deemed fit enough for treatment by NHS providers. This is particularly bad for patient experience because they are asked to rejoin the waiting list for another provider.

The CCG feel that the Any Qualified Provider contracts that the ISPs are commissioned under are inadequate and leave little leverage for the CCG to use to affect change. The CCG is looking at alternative contracting routes to address this, including establishing a prime provider relationship with a single provider for all planned care. The ISP then receive patients through agreed pathways via the prime provider. This would also enable the CCG to oblige the ISP to demonstrate quality through audits and data collections. However, this is likely to take around 3 to 4 years to implement. In the meantime GPs are asked to continue to raise concerns about the ISP sector with the CCG and it will try to address these.

The LMC is keen to ensure that the secondary to primary care interface standards are maintained and increasingly enforced in any new contracting arrangement.

**Patient Leaflet: What happens when you are referred by your GP to see a specialist?**
CCG sent a small number of this leaflet to practices (click here for non-localised version of leaflet), and a link to the leaflet so practices could print more. The CCG agreed to resend the link for the localised version.

**Rapid Response Team (RRT)**
CCG recognises that efficiencies can be made with the RRT and that it is an expensive service. The CCG sees it as being an important component of the local health service going forward and the CCG plans to make significant investments as part of its planned £5m investment in local care. Dr Sanjay Singh is leading a review on behalf of the CCG which will also include reviewing investment in the Home First pathway. The timescale for these is not clear because the CCG is still negotiating with partner organisations.

The investment in RRT will be relatively soon and bring about a significant increase in staff. The new RRT is currently being piloted in Edenbridge. The CCG agreed to provide a detailed summary of the outcome of the pilot and plan for investment in advance of the next liaison meeting on 16th October 2018.
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**Childhood ADHD Shared Care Protocol**
NELFT is the new provider for the service and is currently in the process of reviewing the shared care protocol. The CCG will ensure that the LMC is invited to the meetings at which it will be developed and agreed.

The LMC is of the view that if GPs are to be involved in the delivery of this pathway then it needs to be formalised so that the recognition can be given to the time and training that is necessary to facilitate their involvement.

**Virtual Fracture Clinic**
At the recent LMC MTW interface meeting the LMC did raise the issue of the Virtual Fracture Clinic referring patients to their GP for Fit Note certification. The CCG agreed it would also raise this via the contracting route.

**West Kent MDT Process**
There seem to be several issues causing dissatisfaction with the MDT process. These include:

1. The number of patients that can be discussed.
2. The amount of notice that has to be given about which patients are to be discussed.
3. The problems with the IT making it difficult to know who is participating in the meeting.
4. The need populate to the CPMS in addition to the clinical record
5. The CPMS interface is cumbersome and slow giving poor user experience.
6. That previous arrangements practices had for MDT meetings appear to not be supported in lieu of the WK MDT process.

The LMC is supportive of the contribution that effective MDT working can bring to patient care. However, the LMC feels that this MDT process is insufficiently effective or responsive to support MDT working and therefore its contribution to patient care is negligible.

The CCG has received feedback that was more favourable. However, it recognises that there is a broad difference of opinion and that there needs to be an evaluation of the scheme. The LMC and CCG agreed to run a survey.

**MRI and Other Diagnostic Reporting**
GPs continue to experience long lead times on diagnostic reporting This was raised at the LMC MTW liaison.

**New standard hospitals contract 2017/19**
Much of the discussion for this item was had under item 4a.

The LMC wanted to highlight the following new documents regarding prescribing:

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

The LMC highlighted the guidance regarding shared care and buff forms.

**Unfunded Work**
The CCG has received responses from all but 10 practices. Thus far, all respondees have signed up to provide the service.

Both the LMC and the CCG agreed to have discussions about arrangements for the next financial year.

The CCG recognised that there was a difference in terms of what practices in West Kent received compared to practices in East Kent. Practices in East Kent received around double the funding for local enhanced services. The CCG felt that it would be difficult to achieve parity across Kent and Medway. The CCG is undertaking a process of trying to determine who is responsible for what, and then plans to explore how general practice can be funded for what is currently not commissioned.

The LMC was clear about the context in which it conducts these discussions. The workload and recruitment crisis is undermining general practice, and this is significantly compounded by funding arrangements. GPs tend to migrate to areas in which CCGs and general practice work in greater partnership, and the CCGs support and incentivise general practice to develop. GPs are increasingly having to consider the viability of their business and are, therefore, left in the unenviable position of having to make decisions about what non-contracted services they can continue to deliver.

The CCG advised that the element on frailty was included to recognise the pressures that GPs were under by focusing the investment where it would have the greatest impact. The LMC felt that the current scheme did not adequately provide for the care that frail patients reasonably require. Longer consultations would have made a greater impact, which would need either more staff or taking other stuff, such as home visiting, away. Ultimately, the fundamental issues are workload and recruitment.

The CCG and LMC agreed to continue discussions around unfunded work from July 2018.

**CCG Process for Reporting Quality issues**
Practices can raise quality issues via wkccg.quality@nhs.net

GPs felt feedback was inconsistent and that it would be helpful if GPs were made aware of how issues were dealt with. The CCG agreed to ensure that feedback would be routinely provided.

**Electronic Referral Service (eRS)**
The LMC has significant concerns regarding the roll-out of e-RS 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

Locally, GPs are concerned about the urgency to switch to eRS, particularly considering the regularity with which the PAS system appears to experience significant problem, causing difficulties in general practice.

The LMC is supportive of eRS. However, there are significant misgivings about how the implementation has been handled due to the significant and persistent issues GPs are experiencing.

The LMC is working with stakeholders to develop FAQs to support GPs.

**Spirometry**
The LMC shared the General Practitioners Committee statement regarding Spriometry in Primary Care. The statement confirms that it is not part of the core GP contract. The LMC was keen to know what the CCG's commissioning plans are for Spirometry.

The group agreed that there was a concern that clinicians working at practice level may not see enough patients to ensure that skills and knowledge are maintained, and a service may be better placed at cluster level.

The CCG agreed to include Spirometry in the discussions around unfunded work.

**NHS Property Services Update**
There are a number of practices in West Kent that are tenants of NHSPS. The LMC is supporting tenants of NHSPS through legal advisers Weightmans.

The LMC advises practices to be certain about what they are paying for and the legal basis for

that payment, or to withhold payment pending clarification.

Simon Perks is leading on estates for Medway, North and West Kent. The CCG hopes to be able to provide an update on a number of estates issues, including NHS PS, at the next meeting.

**Care Home Service**
At the time of the meeting there were still 14 homes that were not covered by a practice under the Care Home Service.

The LMC understood that the CCG was considering leaving these homes without a practice as a test group and wondered whether this was contrary to the CCG's duty to reduce inequalities regarding access to health services. The CCG was not aware of any official plans to do have a test group and agreed to confirm its plans for the remaining homes.

**Podiatry Reporting**
It appears that podiatry is no longer providing reports for diabetic foot checks. This may impact upon practices' QOF performance and patient care. The CCG agreed to look into this.

**Diabetic Retinal Eye Screening Service**
The service appears to be referring patients with non-diabetic pathology back to their GP for onward referral. It was agreed that this may not be appropriate use of GP capacity and the CCG agreed to explore a solution to this.

**iPlato & mJog**
Some practices appear to be running out of credit. Practices find these services make a very helpful contribution to the effectiveness of practice operations. The CCG agreed to look into this.

**Branded Generic Drug Saving**
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 group referenced a significant event regarding a patient that was receiving Sukkarto, which was contraindicated against metformin. There was also the risk that, with doses not always being equivalent, patients may under or over medicate.

**Annual uplift to enhanced service**
There was a discussion regarding the lack of annual uplifts to CCG commissioned local enhances services. The LMC expected that the CCG would have a plan for fairer funding for practices that recognised the relative funding general practice received in relation to other parts of the health system and to recognise the inflation in costs of delivering healthcare.

A key part of the CCGs plan was to ensure resilient primary care. The CCG will feedback about on how it approaches funding reviews for enhanced services.
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Date of Next Meeting
16th October 2018

Carlo Caruso
Deputy Clerk on behalf of Kent LMC