



Kent Local Medical Committee

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

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Making Connections in Swale CCG October 2018

Drs Reshma Syed and Awadh Jha joined Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Fiona Armstrong and Mrs Ally Hiscox attended on behalf of the CCG.

Multiple blood tests

The CCG is aware that practices continue to experience a lack of feedback from Virgin Care from patients that are referred to them. The CCG has raised this with Nursing director directly and apologised to practices that it has thus far been unable to resolve this issue. However, the CCG wants to reassure practices that it will make efforts to tackle this issue and will report back at the next meeting.

Prescribing ADHD Medications

The CCG has developed a Community contract for ADHD prescribing. The CCG reviewed the different ways in which the service was commissioned and consulted member practices.

The CCG is confident it will have resolved this shortly. It has approved funding for the new service and anticipates that it will be built into an existing community contract. The LMC thanked the CCG for the progress it has made to resolve this and for listening to GPs.

The CCG acknowledged that there continues to be an issue with childhood ADHD. STP recognises that this is a challenging area and will be looking at this in more detail. Although the medication has recently been licenced for use on adults, GPs may still feel that this medication is outside of their scope of practice. A further update will be provided at the next meeting.

KIMS pre-assessment clinic

This issue relates to the concern that complex patients attending KIMS' pre-referral clinic may be being deemed unfit for surgery where they might otherwise be accepted by another provider. These patients are returned to the GP and then referred to an alternative

provider and, as a result, are being put at the beginning of the waiting list.

The CCG advised that the contract is held by West Kent CCG who will be asked to look into this.

General Practice Forward View (GPFV)

The CCG continues to make progress with implementing its GPFV plans. The CCG still has monies to invest in Transformation (£3per patient) and is working with the federation to develop appropriate plans for investment.

New standard hospitals contract 2017/19

The group discussed the recently published NHS Standard Contract provisions across primary and secondary care, Implementation toolkit for local systems.

The group reflected on the case studies and considered what learning could be gained from this and applied locally.

The LMC held a regular liaison meeting with Medway Foundation Trust (MFT). The meeting was attended by LMC representatives from Medway and Swale, and the Trust's Medical Director. The group agreed that, because the issues discussed often relate to the NHS Standard Contract, it would be helpful to have the CCG in attendance also. The LMC agreed to explore this further.

The group also agreed that it may be beneficial to establish Clinical Interface Meetings between GPs and Consultants. The LMC agreed to ascertain whether such a meeting was being held in Medway.

The CCG agreed to consider the Toolkit through its Contracting committees.

Electronic Referral Service (eRS)

There were reports that the Answering Service for Neurology and Elderly Medicine directs patients back to their GP for queries regarding

eRS referrals. The CCG agreed to look into this.

GPs had reported that there continued to be issues with the Directory of Services, with not all clinics listed. There was also a concern held generally with the processing of urgent referrals because there does not appear to be an appropriate pathway to use. The CCG agreed to investigate this.

Local Care

The CCG is keen to develop a team to support care for complex care patients. Funds have already been invested in the Home Visiting Service (HVS). The CCG also wants to increase funding for this over time.

The CCG is looking at develop a dedicated hotline for the HVS, primary care and Rapid Access clinics to access geriatrician support. Funding for care navigation is being increased and Age UK continue to run the service. The CCG has funding to support the establishment of 2 MDTs in Sittingbourne and 1 in Sheppey, each supported by an MDT co-ordinator. Honorary Contracts for the MDTs are already in place.

The CCG is exploring options for developing an online directory of services for Social prescribing initiatives. This would be available to the health and social care workforce, and the public. The CCG is currently in the process of identifying a suitable host and developing appropriate patient pathways.

The LMC was encouraging about the initiatives that the CCG was developing to support general practice. There was specific feedback about the new MDT process, in that the frequency and length of meetings may prove challenging for GPs to make time for.

The CCG had received feedback that was generally positive. However, it did recognise that these are relatively early in their development and there was still scope for the process to evolve. For example, video conferencing may make it easier for GPs to participate. Currently the CCG's focus will be on developing a strong team culture within

the MDT. In addition to this the CCG is exploring how it can enhance the Rapid Response Service.

Federation Update

The CCG outlined the ways in which it is supporting the federation under the following items: GPFV and Changes in Personnel.

Primary Care IT Update

Dan Campbell will join the next liaison meeting to discuss the CCG's plans for a system refresh.

GPs are still experiencing issues with the speed of Docman. The CCG will seek an update from Dan Campbell and share this with practices before the next meeting.

Changes in Personnel

The CCG has undergone some changes in senior personnel recently. Patricia Davies has left her role as Accountable Officer and has been replaced by Glenn Douglas, who has also been appointed the Accountable Officer for the other 7 Kent and Medway CCGs. He is supported by Ian Ayres who is Managing Director for Dartford Gravesham and Swanley (DGS), Medway, Swale and West Kent CCGs. More details about Glenn and Ian can be found on the Swale CCG website [here](#).

Rachel Jones has left her role with the CCG to take up a position with the Sustainability and Transformation Partnership (STP). Gail Arnold, Deputy Chief Operating Officer at West Kent CCG, has taken on strategic role across the DGS, Medway, Swale and West Kent CCGs.

Although there have been changes at Senior level at the CCG, the Commissioning Team is largely unchanged and remains focused on working in partnership with general practice whilst it develops its plans for Primary and Local Care. Commissioning Team is continuing to support the federation during the mobilisation of Improved Access and co-ordination of the new Multi-disciplinary Team meetings (MDTs). The CCG remains of the view that the success of the Five Year Forward View is dependent on strengthening general practice.

The CCG continues to work collaboratively with DGS CCG to achieve economies of scale and to reduce duplication in delivering some support functions, but commissioning decisions will continue to be driven by local priorities.

North Kent Pathology Service (NKPS)

There appear to be significant issues with the performance of the NKPS. Samples are frequently being found to be lost and having to be re-ordered. Many blood tests are not processed correctly. This leads to poor patient experience wastes general practice resources, which are already under significant pressure. NKPS flags up lots of unnecessary abnormal results which increases workload for practices. Reference ranges used by NKPS also need to be reviewed. For example, there are new NICE guidelines for vitamin B12 which has not yet been adopted by NKPS.

The CCG is grateful to Grovehurst Surgery for their assistance with identifying issues with the service. The CCG has invited Andrew Knott, Interim Medical Director for NKPS, to attend the next governing body meeting. Contract performance notices have been issued, and Medway CCG has stated an intention to seek to reimburse primary care for the workload this has caused. The CCG recognises the need to resolve this and mitigate the impact it is having on primary care.

The CCG will ensure that there is regular communication with practices about the ongoing issues with the service. This may include communications from NKPS from time to time as appropriate.

CCG will be communicating with practices on a regular basis to advise on progress with addressing issues with NKPS, including the schedule for rolling out Ordercomms and training for practices, at the earliest opportunity.

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There is also an issue with seeing results ordered by consultants. GPs are keen to ensure that tests are clearly labelled as having been requested by consultants. Dan Campbell to join the next meeting to discuss this in more detail.

Onward referrals

The LMC reported that there was an issue with the Community Services, such as Cardiology and Respiratory teams, not making onward referrals to Acute colleagues and, instead, referring the patient back to practices to make the onward referral. All agreed that this was not efficient use of resources nor did it contribute to a positive patient experience. The CCG agreed to look into this and feedback at the next meeting.

Primary Care Board

The CCG and LMC discussed the recently established Primary Care Board (PCB) of the STP. The PCB has been set up to ensure that Primary Care has a distinct focus within the STP which was separate from Local Care. The PCB will be looking at the current state of Primary Care across the Kent and Medway STP and to propose bold solutions to the challenges.

The PCB will focus on the delivery of the GP 5 Year Forward View, the sustainability of Primary Care, workforce recruitment and retention and innovative ways of Primary Care delivery.

Date of Next Meeting:
Friday 15th February 2019

Carlo Caruso
Deputy Clerk on behalf of Kent LMC