



# Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB  
Tel. 01622 851197 Fax. 01622851198

Medical Secretaries      Dr M Parks  
   Dr J Allingham  
   Clerk      Mrs Liz Mears  
Deputy Clerk      Mr Carlo Caruso

## Making Connections in Medway CCG February 2016

Drs TA Bui, Chidambaram Balachander, Kavita Pancholi, Naveen Rishi, Emma Simmons, John Allingham and Mr Carlo Caruso attended the recent liaison meeting. Dr Peter Green (Chair) and Caroline Selkirk attended on behalf of the CCG.

### Care Home Team Update

The CCG reported that it was in the process of looking at frailty pathways generally and this included a review of provision of care to both nursing and care home residents.

The CCG anticipates, in time, developing a community geriatric service, which is expected to be delivered by a multi-disciplinary team, supported by a software solution to assist with risk profiling of patients. The teams will be based around the Health Living Centres.

The CCG is currently investigating a number of different options for the IT solution and it hopes to have made a decision about which to procure by mid-March. Dr Balachander is undertaking a significant amount of intermediate care work and agreed to assist the CCG in evaluating the options.

The CCG has also received an independent evaluation of the Care Home Pilot and will be sharing details of the evaluation and the methodology with the LMC.

### SMS Service Update

The CCG confirmed that the SMS service is funded by NHSE to the end of March 2016 after which the CCG will continue to fund it.

The CCG is currently in the process of developing an IT strategy. Part of this will look at how SMS messages are being used in other areas and how economies of scale might be achieved through collaboration with other CCGs.

### Collaborative Arrangements

The responsibility and budget for collaborative arrangements have transferred to CCGs. Collaborative arrangements enable practices to claim for work commissioned by local authorities, such as Safeguarding reports.

The LMC asked the CCG to look at the arrangements again because they have not been reviewed for a number of years and it also appears that the number of items of service that practices can be paid for has dropped significantly since the arrangements had transferred to the South East Commissioning Support Unit (SECSU) from the Kent Primary Care Agency (KPCA). The LMC is keen to support the review.

### Estates Strategy

The CCG's strategy is based on developing hubs around the Healthy Living Centres (HLCs). Currently the CCG is seeking to understand the costs of operating the HLCs and discussing with practices how such a model might work. The CCG supports the development of more care being provided closer to home and anticipates the HLCs having a key role in such a model.

The CCG recognises that such a model is not appropriate West of the River Medway and for the villages on the periphery because there are no Healthy Living Centres. It is investigating what S106 monies are available from recent developments around which it can use to support infrastructure development in these areas.

St Bartholomew's Hospital will be closed in the near future. The CCG intends to procure the services delivered from the site however it is in the process of identifying the right physical location.

### **GP Staff Training Team (GPSTT)**

It was reported that an agreement had been reached for West Kent CCG to host the GPSTT for 6 months. This is to provide it with some security whilst a review of the arrangements are carried out. The CCGs agreed to fund the service's administration costs whilst the top slice would continue to fund GP staff training, whilst the review is carried out.

The LMC was of the view that the current model, a GP staff training service with courses funded by a top slice and commissioned across Kent and Medway to maximise economies of scale, was unique and demonstrably increased quality in primary care, and should be preserved in any new arrangements for the service.

The group agreed that such a model could be hosted by a future pan Kent and Medway CEPN and this would not detract from other aspects of a CEPN having a distinctly local identity.

### **Contraceptive Training**

The group discussed the Long Acting Reversible Contraceptive (LARC) service commissioned by Kent County Council (KCC). KCC funds GPs to undergo LARC training and it was felt that a similar service would benefit patients in Medway too. The CCG agreed to explore this with Medway Council.

### **Practitioner Health Programme Funding**

The group discussed the current crisis in general practice and how this may be affecting colleagues' wellbeing. The LMC representatives were of the view that having a funded and confidential service, such as the Practitioner Health Programme funded by London CCGs and provided by the Hurley Group, would be of benefit to the GP workforce.

Currently the service is only accessible to GPs outside of London if they are referred to their local CCG by their GP. The LMC representatives agreed that this would be seen as being very supportive to a preventative approach to dealing with issues around GP burnout and has the potential to reduce absence from work.

The CCG felt that GPs had a duty to address their wellbeing if it was putting patients at

risk and could access a confidential service via their GP.

The group also noted that NHSE was developing a national specification for GP Occupational Health services and it was expected that this would be published in April 2016, with procurement beginning sometime after that. However it was not known whether this would include treatment. The LMC agreed to update the group.

### **Vulnerable Practice Scheme**

The CCG confirmed it has identified, with the assistance of the CQC, practices that may be vulnerable and therefore benefit from support that may be available from this scheme.

The group agreed that practices can become vulnerable for a number of reasons, notwithstanding the loss of partners through either illness or retirement. This combined with the crisis in recruitment and investment in general practice act to put practices under pressure. It was not clear how this scheme may help to address this.

The group discussed the Carr-Hill formula and how this doesn't adequately reflect the demand placed on primary care by relatively young patients in relatively deprived areas.

There is also an inequality in the funding primary care receives within CCG areas arising from the PMS funding review. Money deducted from practices is reinvested within the CCG area. Areas that have had a relatively low number of PMS practices will have less money recycled into the local health economy, crystallising variation in funding.

### **Any Other Business**

The group warmly welcomed the appointment of Caroline Selkirk as Interim Accountable Officer.

The CCG is also in the process of recruiting a Director of Commissioning to concentrate the Primary Care strategy.

### **Date of Next Meeting**

The next meeting will be held on 19<sup>th</sup> July 2016 at the Village Hotel, Maidstone.

**Carlo Caruso**

**On behalf of Kent LMC**