



Kent Local Medical Committee

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

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Making Connections in East Kent CCGs May 2019

Drs Gaurav Gupta, Sadia Rashid, Thilla Rajasekar and Mark Speller joined Mrs Liz Mears and Mr Carlo Caruso at the joint East Kent CCGs liaison meeting. Messrs Bill Millar and Phil Scott, and Ms Ailsa Olgive and Oena Windibank attended on behalf of the CCGs.

Reporting contractual breaches

Further work is being done on this using the Lightfoot system and it is hoped that the CCGs will be able to provide an update in the Summer.

What info can the CCG receive

The group discussed the barriers to sharing patient identifiable information with the CCG in relation to breaches of the interface standards by the acute trust. It has been advised that the NHS number is confidential and cannot be used for this purpose. Whether the EMIS or equivalent number could be used in its place was debated at length without a consensus being reached.

GPs continue to report that the current process for reporting is laborious and time consuming. The LMC was concerned to know that the CCG is making efforts to address this, because issues being highlighted are of significant concern. Although some practices are reporting issues to the Trust, the CCG is not sighted on these so is not aware of the volume or nature of breaches, which limits the CCGs' ability to take forward issues that are serious in nature.

The CCGs advised that the CSU team that monitors the contract can see patient identifiable information. The CCG agreed to explore whether it could also receive reports from GPs containing patient identifiable information.

Podiatry and Orthotics

EKHUFT confirmed that patients do not need to be re-referred for the same condition. Occasionally, patients' conditions change therefore may need a fresh review which will need a referral. Patients may also be being referred to orthotics because of a gap in commissioning between orthotics and podiatry.

GMS Contract 2019/24

The LMC had published various resources regarding Primary Care Networks on its website. Practices are encouraged to review these as they begin to work with colleagues in these new arrangements.

Primary Care Budgets

The CCGs were pleased to be able to confirm that each has agreed to fund a further £50k to support the Young Practitioners Support Group (previously known as the 'First 5 Group').

Mental Health Services

It was noted that Helen Greatorex, Chief Executive of the Kent and Medway Partnership Trust (KMPT), will be joining the next meeting of Kent Local Medical Committee, on 13 June 2019. Helen will be there to discuss mental health services in Kent and Medway. Helen would also be joining the September meeting of the East Kent CCGs/LMC liaison meeting in September.

The group reviewed the latest depression guidelines issued by KMPT, which can be viewed by [clicking here](#). There was a general view that it was over simplistic and appears to assume that all depressive conditions can be treated in primary care.

The biggest challenge GPs experience is to have patients seen by the service. This document appears to seek to shift a greater burden of risk onto GPs by relying upon them to hold patients for longer than is appropriate. These documents should not be published without formal consultation with the LMC as GPs will be held to account according to them, even if they are not appropriate.

The CCGs agreed to ask the Mental Health commissioner to review the guidance in consultation with the LMC before it is published.

GMC approach to complaints based on a patient request/OTC Medications

A letter signed by the CCGs and the LMC regarding the prescription of OTC medication was sent to practices on 5 April 2019.

Follow up Ultrasound (US) Scan Appointments

The LMC queried whether all contractors providing ultrasound services shared the same obligations to follow up patients. The LMC was of the view that GP surgeries did not have appropriate systems to monitor follow up patients on behalf of said providers, and it should be the responsibility of the US providers to arrange follow up when required. The CCG agreed to confirm the arrangements. The CCG also advised that it has not re-procured the AQP contracts for ultrasound since they were

originally tendered, approximately 5 years ago. The previous procurement has been held up since December 2017. The CCG will confirm what is happening with the procurement.

Pro-formas

The LMC was concerned at the way in which new pro-formas were being introduced and imposed on practices. It has been reported that EKHUFT would return referrals if the correct proforma were not used. The LMC was not opposed to the use of forms as they could be advantageous. However, it was important to ensure that they were developed in consultation with the LMC to ensure that they were appropriate, and introduced in such a way that allowed time for practice processes to adapt.

The CCG agreed to write to all providers in East Kent that required both CCG and LMC sign off before new pro-forma were introduced. This letter would be copied to the East Kent Systems Board.

Does the hospital have a protocol for retiring consultants?

It appears that when consultants retire the Trust does not have adequate arrangements for re-allocating patients, as departments discharge all patients back to general practice to be re-referred.

The Trust confirmed that there was a process in place and that on rare occasions patients may be discharged in error. However, the CCG agreed to assure itself that the Trust had a process in place to ensure minimum disruption to patient care and experience.

CCGs General Update

The CCGs have been reviewing membership meetings. Each practice will be remunerated for the attendance of one GP and Practice Manager, and practices are invited to submit questions in advance.

The agendas will retain a local element particular to the constituent CCGs, but will also include strategic issues such as the changes that are occurring to the commissioning arrangements locally.

Minutes of meetings will be made and shared with practices, and published on the website so that they can also be accessed by sessional GPs.

The CCG is also progressing its Local Care agenda. The CCG was positive about the work being done and was keen to ensure that the LMC is sighted on it as it will impact primary care. The CCG will share its Local Care 'road map' document with the LMC.

The LMC was concerned that there may be some change fatigue so it would be helpful to ensure that communication is open and regular. For its part it

would ensure that Local Care is made a standing item on future liaison meeting agendas.

The CCG reported that it continues to be under special measures, as was reported in Q3 2018, and that it was working with other CCGs in Kent and Medway to develop an ICS.

The LMC was concerned to ensure that the good practice engagement that occurs currently is not lost with the development of the ICS. There needs to be clarity on how voting, engagement and practice representation occurs in a new structure. The CCG felt that a lot would happen at Integrated Care Partnership (ICP) level. The CCGs are currently contemplating how PCN Clinical Directors (CDs) can be represented in such a structure.

The LMC was cautious about the role of CDs. There is limited resource being invested in PCNs and Clinical Directors will have to focus this on ensuring the success of PCNs.

Primary Care Quality Standards (PCQS)

The Kent and Medway CCGs and the LMC have been working together to develop an offer to practices that provides equality of pricing and specification for a basket of 7 services: Community ECG, Treatment room, Ambulatory BP monitoring, Phlebotomy, Women's Health, Complex Wound Care and 24/48 hour/7-day Ambulatory ECG.

A proposal has been agreed by all parties and this will be presented to the CCGs' Primary Care Commissioning Committees in advance of being considered by their Governing Bodies.

The LMC was grateful for the commitment that CCGs' officers have made to establishing the PCQS.

The LMC also raised an issue regarding the recently commissioned Rheumatology tier 2 contract. Connect Health have been commissioned to review patients. Practices are being asked offer patients the opportunity to transfer the Connect Health service, and then to provide this list to Connect Health. The LMC were of the view that this is an additional burden that practices had not planned for, thus should be offered compensation to alleviate the impact on staff capacity. The CCG agreed to explore the impact this has had on practices and how to compensate for their help.
Action CCGs

East Kent Primary Care Strategy

The East Kent CCGs are in a process of developing a Primary Care Strategy. This seeks to establish a long-term plan for the development of primary care, how the CCG will support practices and to prepare plans for investment when funding

is made available, and to set out the basis by which the CCG makes decisions.

The strategy will reflect and be reflecting in the Kent and Medway Primary Care Strategy. The LMC agreed to share the strategy with its representatives and to feedback to the CCGs following the meeting.

Out of Hospital Estates Strategy

The CCG is seeking to forecast the impact of increasing the number of health services delivered out of hospital on the community estate.

IT Update

Phil Scott joined the meeting for this item.

The CCGs were progressing plans to replace the N3 network, which was at least 20 years old, with the Health and Social Care Network (HSCN). The N3 network was not appropriate for modern clinical systems that were remotely hosted and it is anticipated that HSCN will make a significant difference to the day to day issues that practices experience with IT infrastructure.

The CCGs are concerned at the lack of material progress being made with the roll out of HSCN. There have been a number of challenges with rollout to date. Most practices have had Open Reach install the infrastructure for practices to receive HSCN, and should have been advised when to expect HSCN installation to be completed and activated.

There was a concern at the lack of material progress being made with the roll out of this. Some high priority sites have been identified. Most practices have had Open Reach install the infrastructure for practices to receive HSCN. Practices are now beginning to be advised when to expect HSCN to be activated.

The CCGs have identified 1,100 PCs that need to be replaced this year. However, NHSE has only provided funding to replace 60% of these. Besides this, the CCGs have agreed funding to support the roll out of hardware required for remote working.

Kent and Medway STP has established a group to look at clinical system interoperability. There is work underway to ensure connectivity between OOH and 111, and practice appointments.

There was also an update concerning online consultations. 22 practices have expressed a preference to go with eConsult. The CCGs hope to be able to announce a procurement decision soon.

PCN Update

There was a discussion regarding the process for registration of PCNs. The LMC queried the requirement of practices to provide details of how they intend to fulfil the requirements for delivering

Extended Hours appointments under the Network DES. Contrarily, the LMC held the view that PCNs were not required to submit this information in order to register, and with many PCNs formed at the 11th hour they will not yet have made the difficult decisions about how they will deliver it.

The LMC advised that it has set up a learning set for Clinical Directors (CDs). All CDs are welcome to join the learning set.

East Kent ICP update/progress

The LMC has been keen to understand where the voice of general practice is in the East Kent Systems Board. The LMC and a group of federations in East Kent have been clear that it is the LMC's role to represent list based general practice and federations represent GPs as at scale providers.

Improved Access funding calculations

There was a concern that the funding formula that the CCGs have been using is based on the 2016 weighted list size and not the current patient numbers.

The CCGs agreed to confirm the funding formula for Improved Access so that the LMC can raise it nationally.

PMS investment scheme

The CCG confirmed that payments for participating in the scheme are being kept in abeyance pending confirmation of practices having confirmed their achievement.

The CCGs will confirm how the next round of PMS monies will be invested.

DPO function

The 2019/24 GMS contract negotiations included funding for CCGs to provide a Data Protection Officer function for practices. In some parts of the country CCGs have taken over this function and recompensed practices that had procured a service themselves.

The CCGs agreed to confirm what it is doing at the next meeting.

Date of Next Meeting
11th September 2019

Carlo Caruso
Deputy Clerk