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 2019

Drs John Burke, Richard Claxton, Mark Ironmonger, Neil Potter and Caroline Rickard joined Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Bob Bowes and Mrs Gail Arnold attended on behalf of the CCG.

Rapid Response Team
The Team now provides an automated response to confirm that referrals have been received and actioned, even for referrals made over the telephone.

Diabetic Retinal Eye Screening Service
The pathway has been changed so that the DESS now refers patients with a suspected non-diabetic related eye condition will be referred directly to the Community Ophthalmology Team.

NELFT Eating Disorder Service
Following concerns raised previously around GPs being expected to prescribe outside their clinical competency NELFT has now put arrangements in place so that the service can initiate its own ECGs and blood tests.

West Kent Dermatology Service (WKDS)
The open access to dermatologists has been re-established. There is a Patient Helpline and a GP Hotline, as well as a separate line for skin cancer patients as they are given the mobile number of the Clinical Nurse Specialist. There is also have a patient email address if they prefer to email.

There is also a Nurse Helpline for wound queries that goes straight to the Borough Green clinic.
Patient Helpline: 01732 651041
or westkent.dermatology@nhs.net
GP Hotline: 01732 651042
Nurse Helpline: 01903 703686
WKDS also monitor Kinesis as well for any queries regarding pathways, referral guidelines.

Primary Care Network Update
The group heard that all practices that wanted to be part of a PCN have been aligned to one, subject to completion of the relevant paperwork.

The LMC is holding a regular CD learning set. The previous meeting was to look at the network schedules that were recently released, with lawyers and accountants providing facilitation support.

The CCG described how PCNs would become the vehicle for local care, and how referring to them as only an enhanced service constrains the important role they will play in the local health system as CCGs merge into a single strategic commissioner for Kent and Medway.

The CCG was concerned that the merger of CCGs will remove the link between local practices and GP members of the governing body so thought will have to be given to how GPs will provide leadership in commissioning going forward, because GPs will need to have an important role in any population-based approach to commissioning.

It also raised the issue of leadership development for the next generation. The current crop of CCG governing body members have benefited from significant investment to assist them to undertake their CCG responsibilities. Clinical Directors (CDs) will need similar investment to support them to participate in the emerging Integrated Care Partnership (ICP) without the proper skills and knowledge.

The LMC was concerned that there is greater pressure on CDs than when CCGs were emerging. With this in mind the LMC has been asking the STP to ensure that there is support for CDs in the form of back fill, and training and coaching opportunities. Both the CCG and LMC were keen to work together to ensure CDs get the support they need.

The LMC also wished to have it noted that the success of PCNs is also dependent on the support given to PCN members to support their engagement.

Consultant to Consultant Referrals
The group discussed the issue of GPs being asked to make onward referrals to a related specialty on behalf of consultants, and how it continues to be a regular issue despite it having been a contractual requirement for the Trust to ensure these referrals are done without reference to GPs since 2016.

The group recalled that template letters for returning inappropriate delegation of tasks such as this are available on DORIS and LMC

Single Point of Access (SPA) for MSK
GPs are concerned that the SPA is failing patients as it has made it increasingly difficult to them seen. However, there are occasions when there is a very

clear need for knee surgery rather than putting in place a step that increases the delay to treatment. The LMC would not support the expansion of SPAs into other specialties. When surgery is clearly indicated GPs need to be able to refer to a consultant.

The CCG is supportive of the MSK SPA. It is reporting that 30% of MSK referrals are managed through different pathways. The CCG's view was that the best way to get the patient seen quickly is to improve referral quality. However, demand is expected to go up and the forecast for MSK is expected to be negative.

Elsewhere in the country triage is seen as a good way to increase conversion rate. Currently the service is operating at a 60% conversion rate and the CCG is keen to maximise the time they spend treating patients rather than providing triage. The CCG wished to learn from the experience of Kaiser Permanente in the USA that has had a significant success by employing an extended scope physiotherapist to triage MSK patients.

GPs felt that there are instances when being able to bypass the SPA would be appropriate, giving an example in which a patient that was treated for one hip was identified as required treatment on the other by the consultant. In cases such as this, where it has been recommended by an appropriate specialist, triage was unnecessary. The CCG agreed that, cases such as this where the patient is known to the consultant with a well diagnosed condition and prior stipulation of surgery, can be passed directly to the surgeon's waiting list.

Another example was discussed regarding a patient suffering from foot drop due to a collapsed lumbar disc. The patient was referred urgently but was seen in routine triage, where they were admitted for surgery the following day. The LMC requested for a way to have patients seen urgently if the symptoms require it. The CCG responded that, issues such as this should have been picked up through the Local Referral Unit (LRU) with patients diverted to a surgeon or consultant as appropriate. The CCG will look at this specific example in greater detail.

The LMC also wanted to add its gratitude to the work the CCG does to improve and commission services and the collaborative way that it works with the LMC to improve.

QoF – Quality Improvement Monitoring

The CCG's ambition is to take a light touch approach to monitoring the quality improvement in line with the contract. The CCG has a number of staff with knowledge of clinical microsystems methodology which it can make available to PCNs.

The CCG is also keen to support the Medicines Optimisation work by producing Eclipse templates to assist with data extraction. The purpose is to support practices to develop a consistent approach and support validation. Furthermore, because the focus for the medicines optimisation work will change year on year the CCG is keen to support practices to develop a consistent methodology for this aspect of QOF.

The CCG will be communicating details of the various resources available to practices.

Prescribing of ADHD Medication for Children

The LMC has sought an update from the CCG regarding the development of a service for childhood ADHD. Currently GPs are being asked to prescribe for these patients. The LMC's view was that it was outside of the remit of the core GP contract, and this was agreed with by NELFT.

Currently the prescribing of ADHD medication was delegated to GPs under a shared care arrangement. The LMC emphasised the medico-legal aspect to the current arrangements, GPs are concerned to prescribe a medication to young patients that is toxic and whose long-term effects are not clear. GPs are also concerned that by participating in shared care arrangements without appropriate safeguards takes them into an area where it may not be appropriate for them to practise. On this basis GPs may decide to refuse to prescribe the medication if they do not feel it is within their scope of practice.

CCG recognises need for a more explicit shared care arrangement and will update the group in advance of the next meeting.

Physiotherapy Referral

GPs queried why it was necessary for them to re-refer a patient for a further course of physio when it has been recommended by the physio service, with whom the patient is already in contact. The LMC's view was that this was increasing the already burdensome levels of administration that GPs have to contend with, and that involving a GP in such circumstances is not good use of resources nor does it add value.

The CCG explained that it would be concerned that if treatment is not working after 6 sessions then maybe patients require another service. E.g. pain clinic. On this basis it was appropriate for GPs to have the opportunity to review patients. There were also capacity issues that need to be balanced so that waiting patients are seen in a timely way.

The LMC maintained that, although there may be some limits, clinicians by and large need to be relied upon to act with a certain degree of autonomy and decide what is best for patients without always

reference to GP. The LMC would be grateful if the CCG could explore this proposition in more detail.

The CCG to look at scope of service to determine whether it would be possible to give greater autonomy to physios to manage their patients lists.

Electronic Referral Services (eRS)
This item will be taken to the next MTW meeting. The LMC will obtain information about which pathways this concerns

CCG engagement re merger of CCGs
The CCG has been meeting with GPs in localities to discuss the proposed merger of the Kent and Medway CCGs into a single strategic commissioner. GPs will be asked to vote on this in September 2019 and the CCG wants to ensure that GPs are engaged in the process and provide the CCG with a good mandate to purse the merger.

The CCG Clinical Chair would welcome further opportunities to meet with GP colleagues to discuss the changes in greater detail.

MTW 2 week wait referrals
The LMC was concerned about recent press reports regarding the Trust's performance against the 2 week wait target and asked the CCG to set out what it has been doing to assist.

The CCG advised that cancer waits are a standing item on agendas for meetings with the Trust. The deterioration in performance started in September 2018. A recovery plan was agreed with the Trust but it has not delivered and the deterioration has continued. The fundamental issue is workforce with Neurology and imaging being two areas that are particularly challenged by staffing numbers.

The CCG was not aware of the Trust having set up a helpline for patients to contact regarding 2WW referral. The trust regularly considers harm that may be caused by delays to diagnosis/treatment.

Medicines Optimisation Scheme (MOS)
The LMC understood that practices were finding it increasingly difficult to fully engage with the CCG's MOS, because it was causing increasing levels of stress and irritation for patients and pharmacies. There were also elements that were very difficult to execute. The LMC wanted to understand whether there were increasing levels of disengagement amongst practices.

The CCG agreed to review engagement with the scheme and report its finding to the next meeting.

iPlato – emailing facility?
With practices being encouraged to use patients' preferred means for communicating follow up practices were curious as to whether iPlato could be used for email communications. The CCG agreed to look into this.

Kent and Medway Partnership Trust (KMPT) - Emergency Mental Health Service
The group discussed the recent presentation given to the full LMC by KMPT. GPs were particularly concerned about patients with acute presentations. LMC colleagues were concerned to hear that KMPT was not commissioned to provide an emergency service. It only provided an urgent one which meant that patients would only be seen within 72 hours. LMC representatives were concerned that this was inadequate and asked the CCG whether there needed to be an emergency service commissioned. The CCG expressed concern at this interpretation and would look into this further.

Date of Next Meeting:
TBC

Mr Carlo Caruso
Deputy Clerk