



# Kent Local Medical Committee

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

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## Making Connections in Swale CCG June 2019

Drs Reshma Syed and Awadh Jha joined Mrs Liz Mears and Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Fiona Armstrong, Mrs Gail Arnold and Messrs Jim Loftus and Dan Campbell joined on behalf of the CCG.

### **KIMS**

Swale CCG has been working with West Kent CCG, who holds the contract for KIMS on behalf of CCGs in Kent and Medway, to resolve the issue regarding complex patients being deemed unfit for surgery by the pre-referral clinic. KIMS was discharging complex patients back to their GP to refer to another provider, returning them to the beginning of the waiting list.

The CCG reported that this is happening because KIMS' business model does not enable them to provide the full range of NHS services. It is therefore likely that the range of treatments they provide to the NHS will have to be reviewed.

The CCG has asked that GPs continue to highlight examples of this sort of activity for all independent sector providers so that commissioner can address any identified issues.

The CCG will investigate whether eRS can allow patients rejected by independent sector providers to transfer to another provider's waiting list without losing their position.

### **eRS**

MFT has removed the voicemail left on the Neurology answering service that diverted patients back to their GP.

There appears to be a general issue with rejected referrals being returned to the GP to inform the patient, but the GP is not being informed that the rejection had taken place. This is a significant issue because it is being done via eRS and this process has not been agreed with practices. The LMC will provide specific examples of this.

The CCG confirmed that, where there is a 'defer to provider' referral, it is the Trust's responsibility to contact patient within 24 hours to confirm appointment. This will be confirmed back to the practice via eRS.

The CCG also reported that, depending on specialty, urgent referrals are generally being seen

within 6 weeks. It was noted that there appears to be some variability on how consultants triage urgent referrals.

### **Onward Referrals**

GPs have been reporting that there is an issue with Community Services, such as Cardiology and Respiratory teams, not making onward referrals to acute colleagues, instead referring patients back to the GP to make the onward referral.

The CCG is asking practices for examples of this or similar cases so that they can be used to develop an appropriate pathway. The CCG will set out the scope of the input it requires from practices for this piece of work.

### **North Kent Pathology Service (NKPS)**

The CCG has made progress on the issue of remuneration for practices to account for the impact the issues with the NKPS have caused practices. The CCG has received data that describes the impact this has had and is considering what offer can be made to practices to recognise the contribution they have made to mitigate the issues.

Ordercomms is being rolled out as is the corresponding training.

The CCG has recorded numerous Serious Incidents have been recorded and reviewed to ensure that appropriate learning is identified and actioned. Practices that continue to experience issues with the NKPS they are asked to email the CCG with details.

### **Cellulitis Pathway**

GPs were uncertain about the cellulitis pathway for patients requiring intravenous anti-biotics. The CCG confirmed that it would publish details of the pathway in its GP bulletin.

### **Terms of Reference for Liaison Meeting**

The LMC reported that it is reviewing its constitution in advance of the new term of office beginning April 2020.

The CCG and LMC discussed how liaison may change as the system moves to a Medway and Swale footprint. All parties were keen to retain a local focus but to also avoid duplication and to have arrangements that reflect changes to the commissioner and provider landscape.

The group agreed to discuss this in more detail at the next meeting.

### **Primary Care Network (PCN) Update**

The CCG confirmed that 3 PCNs were confirmed: Sittingbourne East, Sittingbourne West, and Sheppey.

There was general agreement that thought needs to be given to the role that PCNs will take on within an Integrated Care System (ICS) and how they will participate in Integrated Care Partnerships (ICPs).

The Sustainability and Transformation Partnership (STP) is currently working on identifying the support and development tools that PCN CDs may need. There may also be additional investment nationally to support PCNs development.

The CCGs in West and North Kent were also looking to develop a single primary care team to ensure that there is good distribution of expertise, able to provide timely responses to issues that practices have, across the area.

The CCG will be meeting with practices in July to discuss the planned population growth in the area and how practices and the CCG can respond.

### **Strategic Commissioner Update**

The CCG will be asking practices to support a vote for forming a single CCG across Kent and Medway in September 2019. The CCG will be keen to have an ongoing dialogue with practices in advance of the vote to ensure practices are informed about the opportunities that this presents.

### **GPIT**

Dan Campbell joined the meeting for this item only, and gave a presentation on the achievements for GPIT over 18/19, and plans for 19/20.

### **Achievements 18/19**

- All surgeries have been migrated to EMIS Web. This will support interoperability and help PCNs to work.
- Most practices have been upgraded to Docman 10
- HSCN has been procured and is being rolled out over 19/20.
- The federation has been set up on EMIS clinical service. This can also be made available to PCNs as needed.
- There was a successful Estates, Technology and Transformation Fund (ETTF) bid for a system wide Docman hub. This supports collaborative working by standardising the sending and receiving of clinical correspondence. MFT, EKHUFT, Virgin and KCHFT will all be moving to this platform.

- CCG has procured DXS. This partially replaces webmentor. DXS is an online library of clinical pathways and relevant referral forms, with mail merge features. It is hoped that this would reduce workload for individual practices to maintain individual libraries but facilitate clinical correspondence.

### **Priorities for 19/20**

- Develop IT support for PCNs.
- Rollout of HSCN, commencing in May 2019. For most sites this is expected to be a significant improvement to existing N3 connections. It is hoped that the project will be completed by mid to late January at the latest.
- Capital refresh programme, NELCSU will follow HSCN installation with the capital refresh programme. It will focus first on computers that have expiring warranties.
- Complete migration of mental health records into primary care via MIG. Practices will be asked to sign the MIG agreement in order to have access to these records.
- Rollout of Docman share for federations and PCNs.
- Windows 10 upgrade to ensure security.
- MFT Ordercomms rollout – for access to pathology ordering.
- Virgin Care change of Clinical System – moving to EMIS enabling greater interoperability with GPs.
- Digital Apps Strategy – AccuRX Chain SMS – enabling direct communication with patients via SMS, which also automatically writes into clinical system. This is being rolled out in Swale in Q3.
- GP IT Futures – new procurement framework for IT. Should speed up the process of introducing new clinical system products/tools.
- Kent care record – procurement for this starts in 2019. This builds upon the interoperability work that is going on to create a record that will eventually encompass all health and social care providers.

The CCG would also look into whether iPlato could be used for communicating with patients via email.

### **Foot Ulcers**

There appears to be a particular concern that the pathway for patients with diabetic foot ulcers is not consistent with NICE guidelines. Diabetic foot ulcers are seen weeks after referral. The CCG and LMC agreed to look at the current pathway in more detail in advance of the next meeting.

### **QOF Quality Improvement Indicators**

The CCG was asked for its plans on how it intends to monitor the QOF indicators regarding Quality Improvement.

The CCG is looking at the support that can be provided to practices around developing audits for meds optimisation and to support practices to use the Macmillan toolkit for the End of Life QI indicator.

The CCG is keen to be light touch in its approach to monitoring but wants to support practices to develop a consistent and rigorous approach to quality improvement that can be used in subsequent cycles, to support consistently high achievement. The expanded primary care team will have quality improvement skills that practices can lean upon for this support.

**Protected Learning Time (PLT)**

Red Whale attended the recent PLT to present an item regarding Clinical Variation that was extremely well received by attendees. The CCG was able to fund this event on this occasion. However, the CCG does not have specific funds for this so should GPs request a similar event in future there may need to be a discussion about how to fund it.

Date of Next Meeting  
Friday 27<sup>th</sup> September 2109

**Carlo Caruso**  
**Deputy Clerk on behalf of Kent LMC**