



Kent Local Medical Committee

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

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Making Connections in Swale CCG July 2016

Drs Megan Philpott, Reshma Syed and Ian Gould joined Liz Mears and Mr Carlo Caruso at the recent LMC/CCG liaison meeting. Dr Fiona Armstrong and Mr Jim Loftus attended on behalf of the CCG, and Ms Debbie Stock joined the meeting for items 5 & 6.

Do Not Attempt Resuscitation (DNAR) Policies

It was confirmed that even if a DNAR form was not completed entirely it would still be legally binding.

The CCG will be inviting Virgin to a PLT to discuss Community Services and the issues GPs faced by GPs, which will include DNAR, and to discuss their philosophy to delivery of services.

Electronic Discharge Notices (EDNs)

This item relates to an issue in which it appears that Docman has been automatically sending information to the deleted box.

The CCG confirmed that this issue has been taken up through the Quality and Safety Committee and it has been discussed with Docman. The issue appears to not only be affecting EDNs. Practices should be aware that they are able to contact Docman who can assist them to carry out a search to identify correspondence that may have not been filed correctly.

Paramedic Practitioner Pilot

The CCG provided an update on the Paramedic Practitioner Pilot. There had been reports amongst practices that the service provided good care. However, there were also concerns that they were difficult to contact and if bookings weren't made in the first thing in the morning then they would be booked up. The paramedics have still not been given electronic access to practice

clinical records which is increasing the amount of time spent travelling. There was also a discussion about appropriate levels of use and how this might be monitored.

The CCG advised that there are regular meetings with the service at which the number of unfulfilled visit requests are discussed. However, the overall demand for appointments was not recorded. Paramedics should have electronic access to patient records from August 2016, and it was anticipated that this would reduce the overall travelling time. The CCG was exploring how it might monitor appropriate use of the service and is considering presenting this information at locality meetings. The CCG will also review learning from other pilots to see what lessons can be learned.

Estates, Technology & Transformation Fund

The CCG has submitted a bid for each locality and a bid on behalf of a member practice. The bids have been submitted to NHSE for assessment and the CCG will provide an update at the next meeting.

Sustainability & Transformation Plan (STP)

The Kent and Medway (K&M) health and care system has been directed to collectively produce an STP. Broadly speaking, the STP sets out how a health and care system intends to transform care provision in line with the Five Year Forward View and put the health and care system on a more sustainable footing.

The CCG reported that the key areas being focussed on transforming out of hospital care and transforming the acute sector. There is some recognition that transforming out of hospital care will require investment and some of this will be from successful

disinvestment in the acute sector. Thus far the acute sector is looking at proposals around sharing back office functions such as HR and IT.

The LMC representatives were concerned to know in what way front line general practice is represented at the STP meetings. CCGs are commissioning and performance management organisations and so cannot adequately represent general practice. General Practice is crucial to the NHS and the Five Year Forward View and the GP Forward View confirmed this. Without the input of frontline general practice, the STP risks making decisions that it cannot reliably expect to be able to carry out.

The CCG and LMC agreed to explore how to ensure appropriate clinical representation on STP.

General Practice Forward View (GPFV)

The CCG confirmed that it is currently reviewing the document through its Primary Care Operations Group to identify what new obligations it places on the CCG.

The group discussed the changes to the Standard Contract (the Standard Contract is the nationally mandated contract that CCGs use to commission all contracts outside of primary care) that clarifies the division of labour between general practice and secondary care. There was a discussion around how practices might be supported to provide examples of when these have been breached.

Support for patients in nursing/residential homes

The CCG is reviewing the various schemes (such as the Over 75s monies, Better Care Fund, and avoiding unplanned Admissions DES) that focus on this group of patients, and how the new Community Nursing Service will work with care homes. The CCG recognises the need to develop a unified model for this group of patients and will evaluate what this might be in the context of the various schemes and funding streams and the development of the federation.

Currently there is a Local Enhanced Service (LES) that encourages practices to visit

patients within the first 4 weeks following their admission to a home. Concerns were raised that this scheme may not be achieving the desired result. Practices and care homes are not set up in such a way to be able to benefit from it. Practices are providing the extra care these patients require yet are not being supported to do so and this will become unsustainable.

Community Education Provider Network (CEPN)

The CCG is still deliberating about whether it will align itself with North Kent or the West Kent CEPN.

PMS Review

The group agreed that, because the total PMS funding coming back to CCGs was relatively small, the monies may be best utilised in Primary Care by adding it to the Local Incentive Schemes budget.

Hypoglycaemic Pathway

The LMC was concerned that practices had been asked to agree to the pathway without being consulted. The LMC should be consulted because it is the only organisation that represents general practice as a provider. The LMC was concerned about the obligations it placed on GPs. Patients should also be encouraged to take responsibility for their health.

The CCG reported that it was produced by the Strategic Clinical Network (SCN) and shared with GPs by the CCG at locality meetings and no negative feedback was received. The CCG agreed to share with the LMC the contact details for the SCN.

Kent and Medway GP Staff Training Team (GPSTT)

The service is currently being hosted by West Kent CCG for a period of 6 months whilst a long term host for the service is identified and a review of the service delivery model is undertaken. The training that practices receive is funded via a top slice from the global sum, with the administration previously funded by NHS England and the CCGs. The CCGs are currently funding the administration costs.

The group discussed different options for the GP Staff Training Team. One option discussed was whether to split the GP Staff Training Team between the 3 emerging CEPNs of North, East and West Kent. The group felt there may be some benefit in terms of where courses may be run. On the other hand, it was felt that this could be not unachievable in a pan Kent and Medway model.

There may also be some costs if the team is split in terms of losing the economies of scale in terms of bargaining power and the ability to run high level courses, such as the Practice Manager master classes. There was also a concern that by giving the top slice to CEPNs general practice may have less control on how it is spent.

Single Point of Access (SPA) Referrals for Mental Health

Concerns were raised about the operation of the SPA and the difficulty in being able to refer a patient that was clinically suicidal. The CCG agreed to discuss the operation of the SPA with the provider.

Acute Referrals to Medical Team at Medway Foundation Trust

It was noted that there continues to be difficult to contact registrars at MFT. All too frequently it has taken 15 minutes for a bleep to be answered.

The CCG advised it has been attempting to meet with MFT to discuss this issue and will provide an update to the group at the next meeting.

Blood Test Requests

Concerns were raised about requests made for blood tests to be taken by the district nursing team. The issue arises when 2 requests are made for the same patient for different days. The DN team is taking it upon itself to dismiss one without feedback to the practice.

If practices encounter similar issues they are asked to record a significant event and to share this with the CCG. The CCG will, in the meantime, work with Virgin Healthcare to ensure that it has appropriate processes in place to ensure that this does not happen when it takes begins to provide community services in Swale.

Date of Next Meeting

The next meeting will be held on 7th October 2016.

Carlo Caruso
Deputy Clerk