KENT LOCAL MEDICAL COMMITTEE Est. 1912
Supporting list based personalised care, the partnership model and meaningful collaboration

October 2016

In Touch

In this issue…..

Multi-Specialty Community Provider (MCP)

Carlo Caruso, Deputy Clerk

NHS England's Five Year Forward View sets out a number of New Models of Care that, NHSE believes, represent ways to provide integrated care to patients. The models are being trialled at 50 'Vanguard' sites across England.

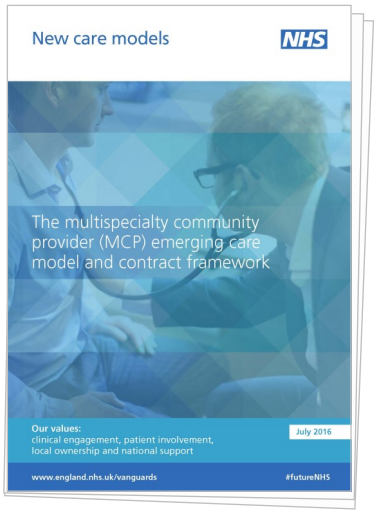
The Multi-Specialty Community Provider (MCP) represents one of the new models. It is a population based model of care that integrates primary and community health services, and is built upon the registered lists of its member practices. The MCP contract will be aimed at groups of practices that wish to work within an integrated care model, covering populations of at least 30,000 to 50,000 patients, which will run entirely separate to the national GMS contract.

The national MCP contract framework will set out a core service specification of what services should be included and the parameters within which variations to this contract can be made by local commissioners. The services that the MCP hosts may also change over time. Essentially, the MCP could evolve to provide any service that does not need to be provided in a hospital.

Practices would combine together, either through a federation or a super practice, to create a combined list and bid for an MCP contract from their local commissioner. Strictly speaking, there are 3 paths to MCP formation:

- Virtual MCP
- Partially integrated MCP
- Fully integrated MCP

Virtual MCP
Providers of services that fall within the scope of the MCP would enter into an 'alliance agreement' with the commissioning body, which would overlay (but not replace) regular commissioning processes. For instance, the MCP contract may be held between the CCG and a federation. The members of the federation would be characterised by some kind of integration, which may be in the form of, for example, shared management resources, shared governance arrangements and risk sharing agreements. Member practices would subcontract from and have their performance monitored by the MCP, which has the formal contractual relationship with the commissioner.



Partially integrated MCP
In this model practices would retain their core GP contract but anything beyond that would be held by the MCP. This could include some enhanced services and the QOF. The MCP would be a formal legal entity that would hold the contract and would set out the boundary between individual practices and the MCP. The MCP would then manage and sub-contract services to individual practices.

Fully integrated MCP
The MCP would be a single legal entity, procured under a single contract, holding a 'whole population budget' and be responsible for providing both primary care and community services. The contract would be a hybrid of the GP contract and the NHS Standard Contract (which is the contract used for commissioning all providers beyond general practice), and be for a fixed term.

There are a number of issues that arise from the fully integrated MCP.

Right of Return
NHSE is looking at how a contractor can have their GP contract remain dormant

for an indefinite period of time, with the option to reactivate it at a later date at their request. However, there appears to be practical challenges to this. For instance, separating premises, staff, patient lists, QOF, and Enhanced Services from the MCP may prove quite difficult and become increasingly complicated the longer a practice remains a member.

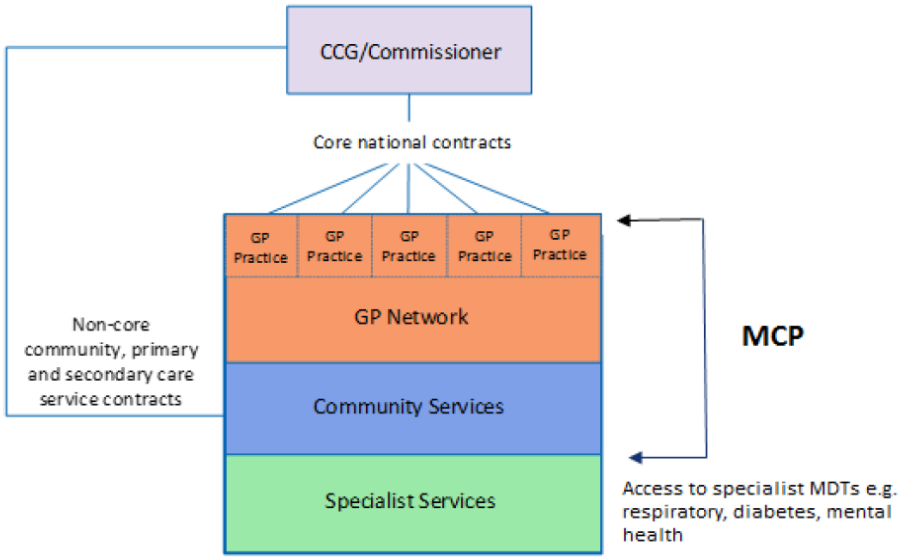
Funding
NHSE's proposal for the fully integrated MCP is for a pooled 'whole population budget' (WPB) for primary and integrated community services. The current arrangements leave the national core GP contract ring fenced from debts elsewhere in the system. It is believed that this would not be so under the pooled budget arrangements and therefore the core GP service could be at risk from debts arising in other parts of the health service, including the acute sector.

It is also not currently clear what financial implications there are for partners of the fully integrated MCP model. For example, what potential risk there is of bankruptcy arising from a deficit in the wider organisation for which they are accountable.

Employment models and conditions
Because the MCP will no longer be a GMS or PMS provider it will no longer, presumably, be required to offer the model salaried GP contract for employed GPs.

Which MCP Model?
The Nuffield Trust's report, Is bigger better? lessons for large scale general practice, is a 15-month study of large scale general practice organisations in England. The Study looked at practices that had been operating at scale for many years.

Illustration of an MCP Built upon Core National GP Contracts



The Nuffield report highlighted that there were benefits to operating at scale but there were also challenges. For instance, larger scale models did improve sustainability through technology, efficiency and standardisation, but did not consistently outperform the national average in terms of quality of care or reductions in variation. Efficiency gains from working at scale could also be lost by an expanding management structure required to control and co-ordinate large scale general practice.

Patients views were mixed, from appreciating the improved access offered by larger scale organisations, to being concerned by the loss in continuity of care. The study showed that large scale practices did increase the scope and opportunities to diversify and specialise the clinical team, but this had not translated into any significant redesign of care delivery across a whole speciality.

The LMC firmly believes in the value of list based personalised care, the partnership model and meaningful collaboration. We are concerned that a hasty and ill-conceived move away from the core contract risks jeopardising the efficient, patient centred, and ownership of care that the list based partnership model provides – the model that has led to general practice being referred to as the jewel in the crown of the NHS.

The ambitions of the Five Year Forward View can be achieved using two of the three proposed MCP models: the virtual MCP and the partially integrated MCP. By supporting the core GP contract, and building upon GP federations being established in Kent and Medway, we can provide general practice with a platform to deliver a wider range of services, multi-disciplinary teams, increased resilience and greater specialisation, and the capacity and structure to meet challenges facing it now and in the future.

Adherence to Treatment in Adolescents

Andy Scott-Clark, Director of Public Health, KCC

The Kent Child Death Overview Panel (KCDOP) is a subcommittee of the Kent Children's Safeguarding Board; the purpose of the panel is to review every child death in Kent with a view to learning a lesson and avoiding similar causes of death in the future, where possible.

A number of recent deaths that relate to poor medication adherence in adolescent children have pertinence for general practice:

- Outcomes are generally worse for adolescent children with chronic long term conditions such as asthma, diabetes, epilepsy or chronic mental health conditions, when compared with younger children
- Poor compliance with long term medication by adolescents is a well known issue and shown to increase morbidity and medical complications, to contribute to poor quality of life and an overuse of the healthcare system.
- Could your practice identify poorly compliant adolescents and offer them further support?

Surviving General Practice

Carlo Caruso, Deputy Clerk

It is hardly surprising that the increasingly pressurised general practice environment has been compared to boiling frogs.

There are the constant organisational revolutions to keep up with such as the frequently changing referral processes or the calamity that can be seen from space that is Primary Care Support England. Politicians promote a consumerist approach to patient access and press for extended opening without giving proper consideration to its feasibility. The constant bureaucratic hurdles being generated by the CQC, the GMC, the CCG and NHSE diverting time from direct patient care. Care homes, schools, employers and councils offloading their risk onto the health service, and the ever increasing pressure within practices placing a strain on workplace relationships.

The sum of individual experience is certainly being mirrored in national studies. The Kings Fund report, Understanding pressures in general practice highlights to commissioners and politicians the 'invisible crisis' that many working at the coal face recognise. Some of the findings include:

- Total patient consultations increased by 15% with telephone consultations increasing by 63%.
- GP workforce grew by 4.75% and the Nurse workforce by 2.85%.
- Funding of primary care as a share of the NHS budget fell from 8.3% to 7.9%.
- The proportion of the population that is over 85 has increased by 16%, while the 18 to 64s has grown 4%.
- An ageing population is bringing with it increasing complexity and workload.
- Only 11% of ST3s are looking to work full time, citing the intensity of general practice as a significant factor.

The General Practice Forward View (GPFV) suggests that the great and the good are beginning to recognise the lack of investment in general practice and the consequences this has had for the NHS. The wide ranging initiatives within it do seek to address the historical issues of investment, workforce, workload and infrastructure.

The BMA is of the view that the GPFV does address some of the urgent actions required to support general practice, but it would not be right to call it the rescue package.

There are, however, practical things that practices can choose to do in the face of this crisis. Indeed, Kent LMC's Annual Conference for 2016, A Practice Guide to GP Survival, will be focussed on this very thing.

John Allingham, LMC Medical Secretary, will be exploring various ways in which inappropriate workload can be managed. He will look at the latest iteration of the NHS Standard Contract that was introduced this year that seeks to address several different aspects of secondary care workload dumping. John will also spend time discussing how to distinguish between your core responsibilities and other inappropriate demands, and how you can control your workload by managing your patient list size.

Hilary Diack, Head of Primary and Community Care Education of Health Education England Kent Surrey and Sussex, will be focussing on how care can be delivered in general practice including the contribution that can be made by other healthcare professionals. We will then hear from Rena Amin, a clinical associate at Hartland Way Surgery, about the work of a clinical pharmacist working in general practice.

Arvind Madan, GP Partner of the Hurley Group, will be discussing the GP Forward View, the current challenges that general practice is being faced with, new models of care it and the potential solutions that working at scale can bring.

The day will close with a panel discussion decorously titled Staying Out of Trouble. The panel will be led by Howard Lewis of the General Medical Council and have representation from the Royal College of GPs, NHS England and the Parliamentary and Health Service Ombudsman.

With such an illustrious and diverse range of speakers we are sure that the day will be both interesting and informative. We encourage you to register as soon as possible to ensure that we can ensure adequate seating and refreshments are made available on the day.

A PRACTICAL GUIDE TO GP SURVIVAL

Come along to our FREE Annual Conference where you will have an opportunity to hear from, and question, our speakers who will be providing practical examples of how to:

- Manage Your Workload
- Safely Reduce Inappropriate Work
- Deliver Care Differently
- Maintain Standards

Agenda

Making Time In General Practice—Working to your Contract
Dr John Allingham, Kent Local Medical Committee

Alternative Ways to Deliver GP Care
Professor Hilary Diack, Head of Primary & Community Care Education

Clinical Pharmacist in General Practice
Rena Amin, Clinical Associate, Hartland Way Surgery, Croydon

Super Partnerships
Dr Arvind Madan, GP Partner, The Hurley Group

Staying Out of Trouble
Howard Lewis, GMC, Dr Kate Neden, RCGP
Lee Bennett, Complaints Lead, NHSE
Linda Tomlinson, Liaison Manager, Parliamentary & Health Services Ombudsman

Kent LMC Conference
Thursday
3
November 2016
13:00—18:30
Buffet Lunch included

Ashford International Hotel, Simone Weil Avenue TN24 8UX

To book your FREE place, please click on the link on our website: www.kentlmc.org

Do you want a Clinical Pharmacist? Yes!

Dr Helen Terrell, GP, Coxheath

The pharmacists are professionals and have a good understanding of common conditions being used to dealing with and assessing minor illness. Our pharmacist has reviewed our repeat prescribing process and has streamlined it completely, stopping patients from being invited for multiple Medication reviews. Patients booking in for "medication reviews" are now signposted to the pharmacist directly.

What could a clinical pharmacist help your practice with?

- A minor injury/illness service
- Streamlining repeat prescription process, reducing number of script generated reviews
- Improved relationships with local chemists
- Greater patient satisfaction with less complaints
- Less "lost" prescriptions
- Taking over routine medication reviews freeing up routine appointment availability
- Titration of medication eg. levothyroxine and antihypertensives
- Management of straight forward mail manager
- Review of Impaired Glucose Tolerance Patients
- Review of patients with raised cholesterol to discuss appropriate lifestyle/statin
- Review of surgery Eclipse data
- Leading and processing Medicines Optimisation, including polypharmacy reviews
- Meeting with CCG Prescribing Advisors
- Diabetes and Asthma Reviews (Merit trained)
- NHS Health Checks
- Smoking Cessation Adviser
- Follow up of patients recently admitted including home visits
- With time, clinical examination skills and prescribing support.

What have we learnt?

Our pharmacist has been an extremely positive addition to our Practice. The role has been well accepted by the patients and the feedback has been excellent. She has dramatically reduced GP workload and offers continuity to our patients. She has streamlined processes and allowed us all the time to move to 15 minute appointments.

GPs are now more available to deal with our complex patients and are performing less routine tasks. It has been a huge transition for our pharmacist and a steep learning curve. She has found it very tiring with the rapid turnover of consultations and number of problems that we deal with. We've struggled to get her on an official training course, but she starts in October.

The pharmacists do need considerable support, but it's all an investment for the future and we won't be looking back!

Sustainability & Transformation Plan (STP)

Donna Clarke, Practice Liaison Officer

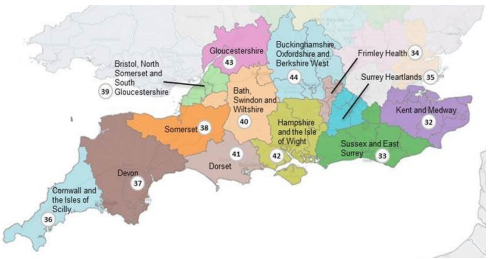
Sadly, the headlines that have been repeated since the coalition took power in 2010 are all too familiar. The NHS budget has been static. The UK population has grown in number and age, and the number of patients living with more than one long term condition is also increasing. Meanwhile the recent performance statistics paint a bleak and deteriorating picture, and all this before the winter pressure really begins to impact the service.

The concern is that, as a consequence of the funding pressures, the NHS is facing disaster. Acute sector deficits are growing year on year, waiting times are increasing for treatments across the board, and services in some parts of the country are beginning to fail. It now seems that the concerns are reaching a chorus of unanimity, what with the usually neutral experts, the Kings Fund, joining the chorus then maybe it really is time for the government to be concerned. But with the new Prime Minister continuing with the previous government's austerity message in the Autumn statement, Simon Stevens' Sustainability and Transformation Plans (STPs) appear to be the only answer to this crisis.

In essence the country has been divided into 44 areas, or STP footprints, by NHS England (NHSE). Kent and Medway is one such footprint. Each footprint represents the coming together of health and social care providers tasked with developing a robust plan to deliver the Five Year Forward View and improving NHS efficiency by 2020/21.

It seems clear that any new and significant investment, which will be in the form of transformation funding, will be dependent on the strength of the STPs. This will be determined both by whether the acute providers will be able to achieve a financial balance for the current year, and whether proposed plans for the reconfiguration of the acute sector and the expansion of out of hospital care are sufficiently radical and robust. Failure to achieve this will mean STP footprints will not be able to access transformation funding.

The development of the STP in



STP: South Region Footprint Map

Kent and Medway has been shrouded in mystery. This has led to a great deal of concern from the public about the changes that this will introduce. Concerns which organisations such as 38 degrees have sought to highlight.

To date the LMC has not been involved in the development of, nor seen, the Kent and Medway STP. However, the LMC has made it clear in representations it has made to CCGs that the future success of these plans will be dependent on a thriving out of hospital care sector. Without the LMC present at STP board level, representing general practice as a provider, there is a significant concern that the STP will not be able to deliver on the plans it is making for out of hospital care.

The LMC Buying Groups Federation comprises 53 LMC Buying Groups across England, Wales and Northern Ireland that have been set up to help GP practices save money on the products and services they regularly buy. The Federation was established in 2009 by PSS (Notts) Ltd, a subsidiary of Nottinghamshire LMC Ltd. Each of the groups has been based on the model of the Nottinghamshire LMC Buying Group which has been operating successfully for over 15 years.

TRUSTED TO SAVE GP PRACTICES TIME & MONEY

Why choose us?

- No membership fee
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' any more – we've done the hard work already!

We have 6300+ GP practice members which means we have been able to negotiate excellent discounts on a wide range of products/services from our approved suppliers. Our suppliers won't just offer you a great price one week and then ramp up the price the next so you can be assured that if you order from our suppliers you'll get a great price every time you shop meaning you don't have to 'shop around' to find the best deal every month anymore.

Membership is completely free and there is no compulsion to use all our suppliers and no minimum spend. We cover our running costs through small commissions from our suppliers. For further information and details of suppliers please look on the Kent LMC Website: http://www.kentlmc.org/kentlmc/website10.nsf/pages/buyinggroup/

NEW SUPPLIERS: OCTOBER 2016

lty-free Music (AKM Music)

Our new supplier, AKM Music, can offer GP practices a much cheaper alternative to paying PPL and PRS licence fees every year. They have a great selection of royalty-free music you can play in your waiting room or behind the scenes at your practice without ever having to pay any fees to PRS or PPL. You simply select the music you like on their website, purchase either a CD or MP3 download and start playing. There are no annual renewal charges and each order comes with a certificate proving you no longer need to pay PRS or PPL. To browse the range of non-PRS/PPL music visit AKM's website.

LMC Buying Group Discount
Buying Group members qualify for 20% off the purchase of a single CD/album download and 30% off RRP when purchasing three or more CDs/album downloads (RRP = £30+VAT). To ensure your Buying Group discount is applied, please ensure you use your practice's main telephone number when filling out the form on the 'checkout' page of AKM's website. If you notice that the discount has not been applied, please contact AKM Music.

Contact AKM Music **Tel:** 01926 864068 **Email:** akm@akmmusic.co.uk **Web:** http://www.akmmusic.co.uk/

Vacancy Advertising

With the increasing demands on the primary care sector, it is important that GP practices have the strongest platform to advertise their vacancies. GP Jobs gives LMC Buying Group members the opportunity to connect with their monthly audience of over 8,000 primary care professionals seeking their next role, to provide a robust and effective recruitment solution – with an exclusive discount of up to 25% on job advertisements. GP Jobs can proactively target the primary care audience using their range of traffic driving inventory, proven to bolster and increase application rates from relevant applicants. With visual branding solutions, targeted email campaigns and careers content marketing solutions available, they can cater for each practice's recruitment needs in a bespoke way, ensuring you get the best response possible based on your specific needs.

There are several LMC Buying Group Packages available.
For further information contact GP Jobs, clearly stating that your practice is a member of the LMC Buying Group in order to receive our discount.

Contact GP Jobs: **Tel:** 020 8267 4949 **Email:** jack.diamond@haymarket.com **Web:** http://jobs.gponline.com/

Electronic Referrals
Dr John Allingham

By the end of this financial year there is a target for 80% of all referrals to be completed using an e-referral. This is a massive ask! Currently CCGs in Kent are struggling to achieve 20%.

Many of us remember the launch of choose and book, and the funding received to compensate for the additional resource in GP and secretarial time it entailed. When this was withdrawn the usage rate fell.

We are now facing a situation where some CCG funding is dependent on hitting targets of which this is one. So how can we help without any additional burden?

GP computer systems now have the facility or can be simply amended to allow a consultation to be the referral letter and to be dragged and dropped. The system can then import the summary details, allergies and drug list.

It takes a few weeks or months depending on IT skills, hours worked and referral rate to learn the way around the e-referral directory. Once familiar it is fairly easy to find local services suitable for the patient's need and to see their indicative wait times. Thus a patient can leave the GP's room with a printout detailing how to access the e-referral system, options chosen, reference for the referral and personal password.

In experienced hands this lengthens the consultation by no more than 2 minutes.

The benefits are:

- The patient controls their appointment date and time and thus does not come back to enquire why they haven't heard yet.
- If the patient changes their mind they will not book an appointment and so avoid a DNA.
- The patient is not sent an appointment in the middle of a holiday.

- The practice saves on secretarial time by not dictating letters which hopefully will lead to a reduction in staff costs.

The big disadvantage is that GPs have to learn how to use another bit of IT, accept a lengthening of the consultation while they type a note which will probably be a little longer than they would have done, and explain the system to the patient.

It has been suggested to some CCGs that an incentive to help embed the learning and to achieve the targets might help sweeten the way.

PCSE/Capita
Donna Clarke, Practice Liaison Officer

We continue to hear many stories of practices having significant issues since Primary Care Support England (PCSE)/Capita took over from KPCA.

We would encourage all practices to keep an eye on payments and deductions on your Open Exeter statements because there have been issues particularly with rent and rates reimbursement and pension deductions (especially on partnership changes).

The LMC office is collating a survey on behalf of the BMA and we have sent a spreadsheet to all practices asking that if possible you complete and return to Donna Clarke, Practice Liaison Officer each Friday during October. This will provide hard evidence for the BMA to take to NHS England to endeavour to ensure urgent improvements to the service.

Other issues that practices have encountered include the ongoing saga of patient records collection and delivery, administration of partnership changes and provision of prescribing numbers for new GPs.

Here at the LMC we have also encountered problems with the Statutory and Voluntary Levy collections which are still not fully resolved for Quarter 1.

If your practice has encountered problems, please ensure you contact PCSE/Capita using the following contact details:

Primary Care Support England (PCSE) Customer Support Centre:

Telephone: 0333 014 2884
Email: pcse.enquiries@nhs.net

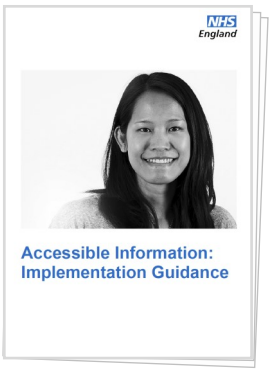
Surgery Business and Water Rates 2016/17
Liz Mears

We were all informed by NHSE that Business and Water Rates would be reimbursed by PCSE following the closure of Kent Primary Care Agency (KPCA) in May 2016.

Many of you took the opportunity to process as far into the 2016/17 as possible via KPCA, which was our tried and tested service. The reimbursement transferred to PCSE. However, NHSE have confirmed that business and water rate reimbursement will now sit with NHSE!

Please ensure you complete the paperwork sent out from NHSE regarding the current status of your reimbursements, and send through outstanding invoices. We understand PCSE have not processed any business or water rates for this year!

The Accessible Information Standard
Donna Clarke, Practice Liaison Officer



Are you aware that all NHS organisations are required by law (section 250 of the Health and Social Care Act 2012) to be following the Accessible Information Standard in full by July 2016? This includes all GP Practices.

The aim of the Standard is to ensure that people who have a disability or sensory loss get information in a format that they can access and understand. There are 5 key steps which are:

1. **Ask** people if they have any information or communication needs, and find out how to meet their needs.
2. **Record** those needs clearly and in a set way.
3. **Alert/flag/highlight**: Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. **Share** details about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. **Act:** Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

There is a lot of information available to assist practices implement this requirement on the NHS England website: www.england.nhs.uk/accessibleinfo including the latest update published this summer.

I would recommend completing the e-learning for health modules available at: http://www.e-lfh.org.uk/programmes/accessible-information-standard/open-access-sessions/.

I have done both modules and I found them very useful and they do not take long to complete – I managed both within half an hour. At the end of the modules you will probably find that you are already meeting most of the requirements and will understand what you need to do to ensure full compliance.

General Practice Access Collection
Donna Clarke, Practice Liaison Officer

You may or may not be aware that one of the 2016/2017 GMS contract changes that snuck in under the radar is the requirement from October 2016. All practices will be required to submit a return every 6 months providing details of the extended access offered by your individual practice to your registered patients; and the extended access offered by the group, federation or network of practices that you are a member of.

NHS England will publish the data at an individual practice, CCG and national level. Individual practices will be categorised based on the answers provided, such as "full extended access".

The CCG and national level reports will publish the percentage of practices within an area that provide a category of extended access. CCGs will also be measured by the number of member practices that provide full extended access.

This is an additional GMS Contract regulation (74A) and the Primary Care Web Tool will be used for the purpose of data submission. Practices around the country have started to receive letters asking them to enter their first data by 31st October.

Subsequent collections will have to be made by 31st March and 30th September each year until March 2021. We just wanted to draw your attention to this requirement and further information is available at: http://www.nhsemployers.org/gms201617 and http://www.legislation.gov.uk/uksi/2016/875/part/2/made

Good News for the GP Staff Training Service!
Dr John Allingham, Medical Secretary

A referendum of Kent LMC representatives returned an overwhelming vote to retain a Kent wide service to train GP staff. This was triggered by some suggestions that the service would be better delivered broken up into smaller pieces.

As a result of this we have written a specification for a new improved service which will look at improving the IT with plans to improve the booking systems and to use on line learning. We hope to run a co-ordinated programme of statutory and mandatory training across the county and to continue to deliver training which supports the delivery of the GMS contract and the core services most practices provide.

This service will hopefully be up and running from the next financial year and we are looking for a 3 to 5 year plan avoiding the constant upheaval of the last few years with moving host twice and the breaks in continuity.

We hope the CCGs will continue to support this service and to help with the administrative costs which will allow us to continue to maintain the high quality service that also supports their aims.

We are considering potential homes for the service and will communicate further when we have more news.

Please be reassured this service does have a future and will continue to support Kent GP Practices.

Kent & Medway GP Staff Training
Taught courses / e-learning courses / links for other information

NHS Kent & Medway GP Staff Training Team

Noticeboard

Welcome to Donna Clarke...

We are delighted to welcome Donna Clarke to the LMC as Practice Liaison Officer. Donna joined us in July and is already providing a practice management perspective to the work of the LMC.

By way of introduction we asked Donna to share some interesting information about herself...

I was born in Brighton but spent most of my childhood moving around various parts of the Midlands as my father was moved with his job as supermarket general manager in charge of getting new stores up and running. In 1980 we moved to Maidstone when he was in charge of the first Asda to open in the South East and I started work for Lloyds Bank Overseas Branch.

In 1992 I started a part time job as a GP receptionist in Chatham. I worked my way up to Practice Manager and had several years in Chatham before we moved to Beccles on the Norfolk/Suffolk border where I managed a large practice with 10 GP partners and 20,000 patients for 5 years. Whilst there we found we missed our family so decided to move back to Kent and I managed a practice in Sittingbourne for the last 5 years as well as being the Practice Manager representative on Swale CCG Governing Body. I hope all this experience will enable me to fulfil the remit of my role here at the LMC.

I have 3 children and 2 step children – all grown up - and we now have seven grandchildren and most of our spare time is spent doing stuff with the family which I love! I also enjoy singing and was a member of Maidstone Amateur Operatic Society in the 1980s and since then have mainly sung in our church band and I play a bit of guitar and bass. I also play badminton, enjoy walking and reading slushy modern romantic fiction!

I am really enjoying working at the LMC and my focus will be mainly to provide practice management help and advice and looking at whether it would be useful to set up some kind of network of Practice Managers across Kent and Medway. I hope to attend local Practice Manager meetings as soon as I can to say hello and find out what the local priorities are. In the meantime if I can be of any assistance please don't hesitate to call the office or email me at donna.clarke@kentlmc.org . I currently work on Mondays, Tuesdays and Thursdays.

Kent Local Medical Committee

8 Roebuck Business Park
Ashford Road, Harrietsham
Kent ME17 1AB

Tel: 01622 851197
Fax: 01622 851198
Email: info@kentlmc.org
website: www.kentlmc.org