Kent Local Medical Committee

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

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Highlights from the Full Kent Local Medical Committee Meeting October 2016

Dr Julian Spinks welcomed members to the Committee meeting and introduced Donna Clarke who joined the LMC as Practice Liaison Officer in July.

PCSE/Capita
Members discussed the ongoing issues regarding PCSE/Capita and reported that the BMA have asked the LMC to co-ordinate an audit of the service during the month of October to ascertain nationally the size of the problem. The LMC circulated a spreadsheet to all practice managers, requesting information on issues relating to pensions, prescribing numbers, movement of records etc. The spreadsheet should be completed and returned to the LMC on a weekly basis, the results of which will be collated and returned to the BMA after the end of October.

The LMC meet with the local team on a regular basis, and PCSE/Capita will be writing to practices shortly to outline how they are going to deal with urgent issues.

All practices were urged to complete the survey and return to:
donna.clarke@kentlmc.org.

Appraisal Standards
The LMC attended a positive meeting with James Thallon and colleagues at NHS England. James Thallon agreed to change the areas of concern around MSF, complaints and CPD. The LMC are awaiting written confirmation of the agreed changes, and that changes will need to be reflected in the guidance for appraisers.

GPC/GPDF
Following the Meldrum Report some changes have taken place within the GP Defence Fund (GPDF) and the GPC. GPC UK will be an umbrella organisation, with GPC England, Scotland, Wales and N Ireland forming GPC regions. Chaand Nagpaul has been appointed Chair of GPC UK, and they will meet bi-annually. Chaand Nagpaul has also been appointed Chair of GPC England, Richard Vautrey is Vice-Chair and Mark Sanford-Wood and Gavin Ralston have been appointed as part of the Executive Team.

Changes are taking place with the membership of the GPDF. A two-stage process has been implemented whereby GPC members will remain members of the GPDF until the next LMC Conference, at which point each LMC will asked to nominate someone to be on the GPDF. This will result in the control of funds falling directly under LMCs rather than the GPC.

Kent LMC Annual Conference - 3rd November 2016
Members were reminded that the annual conference will be held on 3rd November and asked that everyone encourage colleagues to attend. It was noted that both Ashford and Swale CCGs have arranged their PLT afternoons to coincide with the conference, but that attendees will still need to register with the LMC.

South East Coast Ambulance Service Update: Dr Rory McCrea
Julian Spinks welcomed Dr Rory McCrea, GP and Medical Director of South East Coast Ambulance Service to the meeting.

Dr McCrea presented an overview of SECAmb, highlighting both positive and negative points for the Trust. He noted that the Trust has faced significant challenges in 2015/16, and has failed to deliver its operational and clinical performance targets. There have been changes in leadership following the publication of external reports into the governance of the re-triage project and the way in which defibrillators were recorded at the scene of incidents.

CQC findings show that the Trust is inadequate overall, and that despite the care shown to patients there are many systems and processes that need to be

reviewed.
Significant problems have been identified and improvement work is already underway, and Dr McCrea highlighted the opportunities for SECAmb to work more closely with the LMC and Primary Care Providers.
The role of the paramedic practitioner was discussed, and members provided positive feedback.

Members were keen to participate in the Q&A Session, raising issues and concerns.

It was suggested that consideration be given to a single summary sheet being added to the 111 Reports to clearly identify important information. Dr McCrea agreed to take this forward.

Members discussed frequent flyers, and it was noted that a member of the SECAmb team is on hand to assist with these calls. SECAmb are keen to work with GPs to identify these issues and work together moving forward.

It was agreed it would be helpful to have a staged system for paramedic call outs (8 minutes for 999 calls or 4 hours is too rigid and many issues would require a response somewhere in between these times).

Handover delays at hospitals were discussed (which have increased by 40%), resulting in a considerable waste in resources. SECAmb are in discussions with NHSI and would appreciate support from GPs in agreeing a way forward.

It was suggested that SECAmb seek an IT solution for non-transport forms. It was noted that the Trust are moving towards IPads, and electronic patient records are being developed.

There were discussions around responsibility should a paramedic request a GP visit before leaving a patient and the GP is unable to visit for a few hours. It was agreed that areas of responsibility needs be clearly defined, and that the paramedic should make a clinical judgement and take the patient to hospital if deemed necessary.

GP Forward View
Letter to CCG AO/Clinical Chairs
The LMC wrote to all CCG Accountable Offices and Clinical Chairs on the 14th July regarding the current crisis in general practice. The letter urgently sought assistance in exploring solutions to stabilise and sustain general practice and out of hospital care in the future, and outlined issues around workload, workforce, investment and new models of care. To date the LMC have not received a formal response, but have discussed the issues in CCG liaison meetings and at any opportunities with NHSE/CCGs/Primary Care Committees, and reported that some CCGs have agreed to support general practice. Examples were discussed by geographical areas.

a) New Requirements on Hospitals in the NHS Standard Contract 2016/17
Members were asked if they have noticed a change with hospitals pushing work to primary care following the letter from NHSE on the 28th July regarding the new requirements on hospitals in the NHS Standard Contract 2016/17. The overwhelming feedback confirmed that whilst initially things may have improved, the situation has now reverted back to the work being pushed back to primary care. It was noted that some Med3s are not now being completed on EDNs.

The LMC agreed to take this further, and commented that EKHUFT have set up a single point of contact for issues, and practices should email:
ekh-tr.gpinfo@nhs.net.

GP Resilience Programme
The General Practice Resilience Programme guidance published on 28th July describes how it will deliver the commitment set out in the General Practice Forward View.

Liz Mears reported that the funding will be given to local NHSE/CCGs to pay for support to practices they have assessed as requiring help. The funds will enable services such as specialist advice and guidance on issues such as HR, management, change management support and diagnostic services. Chosen practices would have to demonstrate a commitment

to engage with the service and agree an action plan that fits with the local Primary Care Strategy. Initially there was concern that funds will not be directly passed to practices, but could be taken up with consultants advising practices. Whilst the LMC welcome any investment in Primary Care it was felt that the programme is akin to the Vulnerable Practice Scheme which initially had minimal positive impact in Kent & Medway.

However, the LMC understand that where NHSE have confidence the funds will be put to effective use this could now be more flexible. Chaand Nagpaul wrote to GPs highlighting that practices can self-refer.

GP Development Fund
CCGs have been given some funding as part of the GPFV to support the Medical Assistant concept. This funding is specifically to train reception/admin staff to signpost patients and deal with clinical correspondence. There will also be more funding following for PM development.

It was suggested that the LMC could help facilitate this work to ensure it delivers real benefit to practices, by requesting that the CCGs collate the funding and commission training across Kent & Medway at local venues during PLTs where possible.

MCP Framework
Members discussed the NHSE document entitled 'The multispecialty community provider (MCP) emerging care model and contract framework', and the BMA Focus on MCP Contract Framework, both published in July 2016. A number of members expressed anxiety at many aspects of the MCP Framework, particularly in relation to bankruptcy. The LMC agreed to arrange an evening meeting to discuss this issue further.

Estates & Technology Transformation Fund (ETTF)
This fund was unsurprisingly oversubscribed, and the CCGs were asked to re-submit by 29th September 2016 submissions that met narrower criteria, around schemes that could deliver by end March 2017, those that could deliver within 3 years, those more than 3 years. NHSE will review and moderate before the Regional Board. CCGs have to confirm their top 3 priority bids.

Frustrations were expressed at significant time and money spent on preparing for bids. The LMC agreed to wait for outcome of the process and consider contacting practices to seek views to feed back to NHSE.

GP Staff Training Team
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 the LMC have drafted a specification for a new improved service which will look at improving the IT including plans to improve the booking systems and to make full use of e-learning. The service would run a co-ordinated, rolling programme of statutory and mandatory training across the county and continue to deliver training which supports the delivery of the GMS contract and the core services most practices provide.
The LMC are considering potential homes for the service.

The administration costs are currently supported by the CCGs, with the team hosted by WK CCG until March 2017, with a decision regarding the future to be made by the end of 2016. Members debated several funding options moving forward, and the LMC agreed to ascertain detailed costs and discuss the outcome of the debate with CCGs with a view to securing funding.

Kent Local Medical Committee Constitution
The LMC constitution requires that proposed changes to the constitution must be presented to the Committee in writing four weeks before they are discussed at a Full LMC meeting.

Following discussions at a Chair/Vice-Chair meeting, the proposed changes were outlined, which included:

- The ability to set up a sub-company if needed Changes to the election process

- Changes to constituencies for Sessionals Introduction of a formal Register of Interest
- Flexibility to allow Virtual Decision Making
- Inclusion of GPC representatives at the Full LMC meetings
- Clearly identify allocation of funds in the event of dissolution

Members discussed the composition of Committee (ie. 30 contract holders and 10 sessional GPs) and agreed it should remain the same.

Kent LMC Election – Term of Office 2017-2020

Members were reminded that the current term of office for LMC representatives ends on the 31st March 2017, and that the election process for the term of office 2017-2020 will commence in January 2017. Members were encouraged to consider standing and urged them to encourage colleagues.

Annual Conference of LMCs, Edinburgh, May 2017

The Annual Conference of LMCs will be held on the 18th/19th May 2017 in Edinburgh. It is anticipated Kent will be allocated 10 places for delegates.

Any Other Business

Concerns were raised that investigation results and letters were being sent to the practice in the same name, despite the requests clearly bearing the name of the referring clinician, resulting in delays and complaints.

Naveen Rishi commented that a similar issue with path lab results has now been resolved following continuous feedback to the hospital. It was suggested that the letters be opened and checked by admin team and passed to the referring clinician.

It was reported that Medway Foundation Trust are currently working on significantly improving their IT system. There is also a Kent and Medway GPIT steering group with representatives from CCGs and GPs who are producing a service spec for the future GPIT service which is shortly to go out to tender.

Date of next meeting

The next meeting of the Committee will be held at 215pm on Thursday 26th January 2017 at the Village Hotel, Maidstone.

Kelly Brown
Liaison Support Officer