



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 January 2017

Dr Julian Spinks chaired the recent LMC meeting, and welcomed Dr Caroline Rickard, who was previously an LMC representative and joined the LMC Secretariat as a Medical Secretary in January. Dr Rickard responded that she is currently a GP in Ashford for two days per week and feels privileged to be appointed as an LMC Medical Secretary and is looking forward to working with the representatives in her new role in the office for two days per week.

As it was the last Full LMC meeting of the current term of office the Chair conveyed thanks to all LMC representatives for their contributions to the LMC over the past three years. Dr Spinks thanked Drs TA Bui, Mark Speller, Adam Skinner and David Grice, who had informed the secretariat that they would be stepping down at the end of the term of office.

Gratitude was also conveyed to Dr Gary Calver, who retires from general practice in April and will not be standing for election. Dr Spinks commented that Dr Calver has had a long and distinguished relationship with the LMC over the years, as Chairman of the East Kent LMC, Medical Secretary, LMC Trustee, Vice-Chairman and GPC representative for Kent, and was wished well in his future endeavours.

Dr Calver reflected on a fantastic experience representing colleagues, the LMC and the GPC over the past 26 years, thanked the office for its support and wished the Committee well in steering the profession through the inevitable sea-change ahead.

Dr Stephen Meech was thanked for his contributions as Chair and Vice-Chair over the years, and commented that Dr Meech will be stand for re-election in April, but will not be stepping forward for election as Chair or Vice-Chair.

Urgent items under any other business

An urgent item regarding Tamiflu prescriptions had been received for discussion under AOB.

Public Health England (PHE) had recently issued advice to GP practices to prescribe Tamiflu during outbreaks of influenza in Nursing and Residential Homes.

It was agreed that a solution should be sought at a national level. The LMC agreed to re-circulate a copy of the letter from the GPC to PHE dated 4th February 2015 to practices, which clearly stated the work is extra-contractual. Practices should also be advised to let the office know should such a request be made.

Matters Arising/Medical Secretary's report
The Medical Secretary/Clerk's report was circulated with the agenda prior to the meeting.

Firearms Licencing

There has been a considerable amount of furore around Firearms Licencing, and after withdrawing previous advice the GPC has provided new guidance. Anxieties were expressed that discussions were around fees, which dilute the essential point of medico-legal issues. The LMC are referring practices to the [GPC guidance](#).

Primary Care Support England (PCSE)

The LMC have an ongoing relationship with PCSE and issues are slowly improving. Following feedback from the recent survey NHSE put PCSE into a rectification plan. Initially PCSE are focusing on two main areas, supplies and patient registration. All other areas are ongoing. Donna Clarke reported that the PCSE January Bulletin has just been published, which outlines where they are with medical records and GP payments. It was noted that gradual phasing out of Exeter/Open Exeter has been put on hold until 2018, when all payments will be based around a new web portal.

The office is happy to continue to escalate pressing issues on behalf of practices and that they should contact the office with details.

To assist practices the LMC agreed to provide 'hints and tips' as a regular feature in the In Touch newsletter.

Reports from Sub-Committees

Executive Sub-Committee held on 1st December 2016

It was agreed at the Executive Sub-Committee to increase the number of full committee meetings per year from 3 to five, to facilitate important business to be discussed with the whole committee more regularly. The Executive Sub-Committee will be elected from the new Committee and will be called upon if required.

Concerns were raised at the difficulties in arranging some LMC/CCG liaison meetings. The Local Constituency Committees provide an opportunity to question commissioners and feedback concerns, and the LMC are keen for the CCGs to be actively involved in writing agendas. The need to develop clear Terms of Reference for Local Constituency Committees (liaison meetings) was noted. The LMC have spoken to CCGs to ensure the meetings are prioritised and effective for both the LMC and CCGs in future.

Members discussed the need for clarity in relationships between CCGs, federations and the LMC. It was noted that the LMC are facilitating the Federation Networks which will need to evolve more closely with groups of providers moving forward.

GP Forward View (GPFV)

GP Development Fund

Liz Mears reported that GP development funding is with CCGs to support the Medical Assistant role (non-medical staff for screening etc).

Some CCGs are signing up to the Workflow Optimisation scheme developed in Brighton, with early audits indicating savings of every GPs time of approximately 30-40 minutes per day.

Estates, Technology and Transformation Fund (ETTF)

At the NHSE Strategic and Operational Premises meeting the LMC asked how NHSE can recompense practices who were unsuccessful with bids and have spent significant money to reach the submission stage. NHSE agreed to consider any reimbursement of these expenses on a case by case basis.

CCG Submissions

All CCGs had to submit their GPFV implementation plans to NHSE by the 23rd December. The LMC requested sight of these and have received them from some CCGs. NHSE have reviewed these plans on their own and invited the LMC to meet with them to discuss outcomes.

It was noted that all submissions appear to have the intention of complying with the requirements. The LMC are also seeing the CCGs reporting their progress to their Primary Care Committees. The LMC will be monitoring the process and keeping tabs on individual CCG spend per area, and the LMC will also be reporting this nationally to the BMA to ensure the funding is being spent in general practice.

STP

The LMC statement of the 2nd December regarding the Sustainability and Transformation Plan was widely circulated to practices, CCG Accountable Officers, Chief Executives of Health and Social Care organisations, Members of Parliament and the press.

Following a meeting with Michael Ridgwell, the Programme Lead, on the 21st December the LMC remain concerned at the lack of LMC engagement with the STP process, the lack of clinical leadership, and the lack of input from primary care providers, which are all potentially detrimental in delivering a sustainable STP.

Members discussed the three boards that are part of the STP Governance structure; the Programme Board, consisting of statutory decision makers (ie. NHS providers, CCGs, NHSE and Local Authorities; the Clinical Board, consisting

of 8 clinical CCG Chairs, Medical Directors, Public Health, Social Care, Nurse representation and Allied Health Professionals; and the Partnership Board, consisting of 51 members.

An invitation has been extended to the LMC to join the Partnership Board alongside other Local Professional Committees, but concerns were raised at the difficulties in having a voice on a Board consisting of 51 members from different organisations with competing priorities.

Anxieties were expressed that the Programme Board is dominated by secondary care.

It was suggested that the LMC write to the Chair of the East Kent Delivery Board to seek membership as an overarching voice of GP providers.

The variation in engagement with the STP across the country was noted, with some LMCs being engaged from the start and then stepping back, some being held back, and some very involved and making progress.

The Committee agreed to continue to press for a stronger primary care provider voice in all parts of the STP to ensure the best outcome for primary care and patients. It was agreed that the LMC should engage in whatever levels possible, and brief the HOSC, HWBB, Healthwatch and the Association of PPGs about concerns in delivering the STP without proper involvement of primary care.

Prime Minister's Statement: Deepening Crisis in the NHS

In response to the recent statement from the Prime Minister, seeking to deflect blame for the deepening crisis in the NHS by urging GP surgeries to make more effort to provide a seven-day service, the LMC drafted a response which will be circulated following the meeting.

MCP Voluntary Contract

Members discussed the raft of documents for informal consultation relating to the proposed draft contract and the three

models: Virtually integrated Alliance, Partially integrated and Fully integrated.

Mike Parks provided an overview of the NHS Standard Contract Template Alliance Agreement for Virtual MCPs, and outlined concerns that all three MCP models as currently formulated put at risk the fundamental qualities that the current list based partnership model of general practice provides.

The LMC were invited to respond to the informal consultation, submitted a draft LMC position statement on the MCP. The statement acknowledged that general practice is under intense pressure and can only meet this challenge by a process of evolution, but that it could deliver this by building upon the partnership model through meaningful collaboration.

Members participated in a lively debate on the three models of MCP. It was strongly felt that an MCP is not compatible with independent contractor status, and meaningful collaboration would deliver what is required going forward.

Concerns were raised that practices signing up to MCPs would not be able to return to a recognisable GMS contract, and that MCPs will make recruitment even more difficult.

It was agreed that the overarching LMC statement 'Supporting list based personalised care, the partnership model and meaningful collaboration' still stands, and the LMC needs to provide help and advice to practices on options moving forward.

The LMC agreed to write to practices offering support and reiterating the LMC view.

Motion Writing

This was the last Full LMC meeting prior to the Annual LMC Conference in May, and representatives were requested to draft motions for the Conference.

Kent Local Medical Committee Constitution & Standing Orders

Liz Mears reported that the constitution was reviewed at the last Full LMC meeting and the LMC Executive Sub-Committee on the 1st December, and as agreed the secretariat instructed Lockharts to make the appropriate changes.

It was proposed and seconded that the Constitution and Standing Orders be adopted subject to the amendment of paragraph 17.3.2. The Committee agreed unanimously.

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 new term of office 2017-2020 will commence on the 27th January 2017. The call for nominations will close on 17th February, and where voting is required it will run from 24th February to 17th March.

The Inaugural meeting of the new Committee will be at 6.30pm on the 6th April 2017. Changes to the constitution requiring 3 nominators, one of whom must be from outside the nominees own practice, were highlighted.

Members were urged to consider standing and to encourage colleagues. Anyone interested who would like an informal discussion should contact the office.

GP Staff Training Team

The LMC have now received written confirmation from CCGs of their intentions around continuing to financially support the administration of the service.

WK CCG are willing to continue to fund and host a GPSTT for WK and other interested CCGs. They will integrate the team into the CEPN and in future maybe into a GP federation. DGS, Swale and Medway have expressed a desire to join West Kent CCG.

East Kent have been reviewing requirements and propose to fund

integrating the training function to the EK CEPN, which is currently hosted by Ashford CCG. They are identifying the training required to support new models of care and to complement the workforce stream of the STP.

It was agreed that this was an extremely positive outcome, resulting in two services, one in East Kent and one in West Kent, North Kent and Medway. The LMC have agreed to continue to collect levies from practices and will pass over the training levy to both providers.

The relationship between the LMC and CEPNs with regard to the training was discussed. It was noted the LMC are keen to engage with CEPNs and will contract manage the delivery of the GPSTT service. The importance of ensuring the LMC is involved in the governance arrangements was agreed.

Dr Penny Barley thanked the office for their efforts in moving this forward.

Date of next meeting

The inaugural meeting of the new Committee will be held at 6.30pm on Thursday 6th April 2017 at the Village Hotel, Maidstone.

Kelly Brown
Liaison Support Officer