



# 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 June 2017

Dr Gaurav Gupta Chaired the recent Full LMC Committee meeting, and welcomed members to the first full Committee meeting following the inauguration. Dr Nugent and Mr Keen were welcomed as observers on behalf of the LDC and LPC.

It was noted that following the LMC elections vacancies remain in Ashford, Medway and Swale for Sessional GPs and in Canterbury, DGS and Swale for Contract Holders. The LMC will run interim elections in the Autumn 2017 and GG requested members encourage their GP colleagues to step forward.

### Primary Care Support England (PCSE)

There are ongoing issues with PCSE regarding superannuation payments for GPs, particularly relating to payments being taken for GPs who have left practices. The LMC office is in regular contact with Claire Horner and Julie Gibson from PCSE and that they are working to resolve issues. Any erroneous deductions will be reimbursed, however practices should ensure they set aside funds for payments that are not currently being deducted for GPs at their practice as these will be collected in due course.

All forms relating to superannuation and/or the performer list received after 1st April are being dealt with in a timely manner. The LMC are happy to escalate ongoing issues with PCSE and requested that practices email [info@kentlmc.org](mailto:info@kentlmc.org) with details.

### GP Staff Training Team

Invicta Health are the new provider of GP Staff training from the 1st June 2017, and training can be accessed in the same way. Invicta are confident they can provide a robust service across the patch, and are looking at the best IT platform to facilitate booking courses. It is anticipated the service will 're-launch' in September.

It was suggested consideration be given to training for practices around working at scale across the patch. The LMC agreed to feedback to Invicta for further discussion.

### Buff Sheets

There were discussions around Buff Sheets and the letter recently circulated in South Kent Coast CCG following negotiations with KCHFT detailing new arrangements from the 1st July 2017. It was suggested that this be considered in individual localities with a view to seeking a Kent-wide solution moving forward.

### Verbal Report from Sessional Pre-Meeting 15th June 2017

The Sessional GP representatives held a preliminary meeting to determine the way forward, and confirmed they wish to establish a Sessional GP Sub-Committee to adequately represent the growing Sessional workforce. It is anticipated the Sub-Committee will elect a Chair in due course.

The Sub-Committee will address contractual/locum issues, revalidation and appraisal and general integration within the workforce, and are keen to identify ways in which they can engage with newly qualified/VTS/first five GPs. It was suggested a social media group be established to help facilitate this.

Discussions are currently taking place between GP tutors and the RCGP regarding monthly evening meetings for GPs within their first five years. Dr Alicia Watts commented that she was happy to be involved.

Electronic means of communications were discussed, and all members were encouraged to utilise the LMC ListServer.

The GPC Sessional Representative for the South East, Rebecca Jones, runs a Facebook group that sessional GPs can join. The LMC agreed to take this forward.

### **Implementation of 2017/19 changes to the Standard Hospital Contract**

Members discussed the LMC letters sent to Hospital Trust Chief Executives and Medical Directors, CCG Accountable Officers and Clinical Chairs and GP practices across Kent & Medway on the 16th May regarding the Implementation of 2017/19 changes to the standard Hospital contract. The letters outlined the new 2017/19 requirements, and requested contact details to enable practices to report breaches of the 16/17 and 17/19 contractual requirements.

The issue was discussed at the recent Canterbury/Ashford CCG liaison meeting, and the LMC have received responses to their letter from Medway, Swale and DGS CCGs.

East Kent Hospitals Foundation Trust have acknowledged receipt of the letter and have requested a tri-partite meeting with the LMC/CCG moving forward.

Members discussed the difficulties encountered with referrals to both private and London hospitals, and it was agreed the letter should be widely circulated to cover all providers of NHS care.

It was noted that the guidance provided by the BMA last year was extremely helpful, and that practices should utilise the BMA template letters and the Kent LMC '[You have been referred](#)' leaflet.

The need to be able to send patient identifiable data and the possibility of imposing financial penalties for breach of contract were discussed. The LMC agreed to collate all responses for further discussion on a way forward.

### **Annual Conference of LMCs, Edinburgh - May 2017**

Delegates shared their experiences and noted that the motions reflected the current crisis in general practice, but expressed anxiety that motions that were agreed may not transpire into positive action.

Highlights from conference included Chaand Nagpaul's speech and the

presentation by Zoe Norris, Chair of the Sessional Sub-Committee, both of which are available on the BMA Website. GG was congratulated on being elected to the GPC.

Full reports from the conference will be available in the In Touch Newsletter. Gaurav Gupta commented that getting involved can lead to policy change, and encouraged members to consider stepping forward as a delegate at the next conference.

### **Sustainability & Transformation Partnership (STP)**

Dr Bob Bowes, Jonathan Bryant, Caroline Selkirk and Glen Douglas provided an overview of the Sustainability & Transformation Plan that was initiated by Simon Stevens, and presented the case for change in Kent & Medway, outlining the key areas of work for their proposed plans moving forward.

Jonathan Bryant commented that the NHS is presently an unbalanced system, and presented the case for change across Kent & Medway. He outlined the basic principles of the transformation, which encourage people to stay well, help people to manage themselves and to redirect more resources into local care services to offer more care out of hospital.

Caroline Selkirk highlighted that 90% of care patients receive is currently delivered in primary care, and reported on the four key areas of work of the STP; care transformation (including local care/care out of hospitals), productivity, enablers and system leadership.

The future for local care (care out of hospitals) was discussed at length, and Caroline Selkirk outlined the STP aspirations with better tools to promote more self-care, connected care from NHS, social care and the voluntary sector. The availability of more treatments locally with strong GP leadership was highlighted.

It was recognised patients with dementia and those over 75 with multiple LTCs typically need the most intensive support, and the STP have made this group their

first priority for improving local care services. It was noted that improvements are local, and they are all variations of the same model.

It was agreed that the current system is imperfect, and that the STP should be viewed as a mechanism for improvement and an opportunity to get better care for patients. Glen Douglas provided an outline of the roles of the Accountable Care Partnerships/Systems/Organisations and of the Strategic Commissioner as a single organisation, and presented ways in which care could be delivered in better ways, what it means for GPs and primary care teams, and the link between primary care and the Accountable Care Partnerships/Organisations. The importance of establishing a structure that can deliver the requirements was highlighted (a full copy of the presentation is available on our website [www.kentlmc.org](http://www.kentlmc.org)).

Jim Kelly commented that the current system being unbalanced is a crucial point which needs to be urgently addressed. Urgent investment in primary care is needed to help with recruitment and retention, and stabilising core general practice is of paramount importance and should be a priority. The NHS is seen as the best system in the world with its supreme longevity of care with patients, and suggested that if there is a single Strategic Commissioner for Kent & Medway they should invest in primary care to stop practice closures.

It was agreed that there must be investment in local care, of which primary care is a significant part and is seen as the 'jewel in the crown' and that the STP are committed to ensure the importance of primary care is recognised.

Members discussed issues around the role of the generalist, Multi-specialty community provider (MCP) models, federations and seven day and evening services. Concerns were expressed that practices are already experiencing capacity issues, and that 7 day working could see primary care crash. Questions around the

lack of efficiency and continuity of care were raised. Bob Bowes commented that 7 day does not mean all practices will be open 7 days, it means a 7 day strategy involving community provision and hospitals to cover Kent & Medway. Members discussed the current out of hours

There were discussions around current IT systems, and the lack of electronic communications. It was noted that improvements are underway with IT comms and investment in Clinical System Interoperability.

Anxieties were expressed around the new housing developments across Kent & Medway, with little or no provision for more GP practices or extending existing premises. It was agreed that a more coordinated approach is needed moving forward, particularly in relation to Section 106 agreements.

It was agreed that big challenges lay ahead, and that GPs were mindful of the potential for multi-national organisations to take over primary care as it expands into MCPs in the future.

#### **General Practice Defence Fund (GPDF)**

Gaurav Gupta introduced Dr John Canning, Director of Operations and Dr Stewart Kay, Chair of the GPDF, who delivered a presentation on the GPDF, its membership and what the funds are used for.

The GPDF are a company limited by guarantee, funded by GPs through the LMCs. Historically membership was restricted to voting members of the GPC, however following a recent restructure its membership now includes members elected to the board, nominees from more than half of the LMCs and voting members of GPC.

The GPDF funds the medical members of the GPC in the UK, England, Scotland and Wales, and the associated negotiation and policy teams, and it meets the direct costs of LMC Conferences in England, Scotland and Wales.

Members debated the use of funds and concerns were raised that funding may be better used locally rather than centrally. It was noted that the constitution sets out the use of funds, and there had been a significant increase in activity centrally, for example premises issues. Although the GPC are first year post Meldrum Report and the number of face to face meetings has reduced, there are no indications that overall costs are reducing.

Members debated the levy, the proposed increase, and discussed the reserves that have been accrued over a long period of time. It was agreed that transparency in relation to how the levy is spent is paramount.

The LMC agreed to continue to pay the levy at its current rate with no increase for the remainder of the financial year, and to bring any discussions back to the Full LMC should the GPDF propose an increase.

Kelly Brown  
Liaison Support Officer