Kent Local Medical Committee Est. 1912
Supporting list based personalised care, the partnership model and meaningful collaboration

July 2017

In Touch

In this issue…..

LMC Conference 2017: Day One (Morning)

Dr Julian Spinks, LMC Vice-Chair & Medway LMC Representative

The morning of the 18th of May found the intrepid Kent delegation, having braved the long journey North, settling into their seats at the Edinburgh International Conference Centre.

After the usual formalities, Chaand Nagpaul stood up to give what has now turned out to be his last GPC chairman's speech. His opening lines said it all, with the NHS paralysed by Brexit, inhibited by a funding squeeze and with poor relations between the BMA and the conservative government.

Chaand did have some positives to say, particularly about the 2017 contract agreement which gave reimbursement for CQC fees and for the rise in defence fees together with guaranteed sickness pay and a rise in global sums. Unfortunately, it was downhill after there with a tale of rising workloads and manpower shortages. He pointed out that a 6% drop in GP capacity equated to a double in A/E demand. There continues to be unfunded transfer of work from secondary to primary care and the resources from the GP Forward View seem to be tied up by bureaucracy (and were insufficient in the first place). It was vital that resilience money should reach practices, the rise in service charges needs to be resisted and the disaster created by Capita tackled. The speech was followed by a standing ovation.

Kent was proposer of the first real motion of the conference on the inadequacy of core GP funding and how the current funding formula was unfit for purpose. Jim Kelly stepped up to the lectern.

Dr Jim Kelly, Ashford LMC Representative proposed a motion on the inadequacy of core GP funding

Dr Chaand Nagpaul, GPC Chairman

What followed was a typical rumbustious, Dr Kelly speech… Carr-Hill was already out of date when it was introduced. It had been under review since 2007 and was now a joke and should not continue. The GPC response had just been an urgent prescription when we need resuscitation. General Practice needs more funding and, until a new formula is agreed, no practice should have a Carr-Hill correction factor of less than 1.

The debate that followed largely supported the motion with calls for funding to reflect the rising complexity of care and the need for longer appointments and more visits to the elderly.

But Jim wasn't finished, when asked to reply to the debate he channelled the spirit, if not the voice, of Ed Sheeran in a musical performance that won over the conference. After that it was certain that the motion would be carried.

A series of motions followed covering provision of fully funded occupational health services for doctors and practice staff, calling on steps to be taken to prevent doctors being unable to practise through problems obtaining indemnity cover and the inequity of the mechanism for reimbursing the rise in indemnity costs via the global sum. All were carried by conference.

Caroline Rickard was the next Kent Speaker proposing a motion expressing concern about the complexities of the complaints and regulatory systems faced by GPs and asking the GPC to in-

Dr Caroline Rickard, LMC Medical Secretary called for a return to the majority of complaints being resolved at practice level.

vestigate and negotiate a simplified system.

Caroline pointed out that we all have come to fear complaints and the multiple routes by which we can face investigation and punishment. She reported that the GMC can even impose requirements that apply when a GP is on holiday. The NHS England system can also mean GPs then face sanctions even if cleared by the GMC. She likened some of the systems to a regulatory Hunger Games and called for consistency, clarity, full right of appeal, the end of multiple jeopardy and a return to the majority of complaints being resolved at practice level. Nobody spoke against the motion and it was carried unanimously.

The next highlight of the morning was the speech by Zoe Norris from the sessional subcommittee. In an expertly crafted speech she supported both sessionals and the GP principals that employ them. She talked of a survey which showed 42% of sessionals were ex-partners and, overall, few wanted a partnership. She called for better statistics to count sessionals as part of the GP workforce. The mess over pension contributions, IR35 and other blocks to recruitment need to be tackled. Governments must stand up and not blame the sessionals for the recruitment crisis. The speech resulted in the second standing ovation of the morning.

The final motion of the morning brought Kent back into the action. It called for a definitive list of what constitutes core GP work. Kent's Stephen Meech opposed the motion pointing out that the next motion in the bracket was that we should have been debating…a definition of what is NOT a core service. He said we needed to use the existing regulations to give us the flexibility to practise in a way which is suitable for practices and patients. The current list of 'enhanced services' allows us to decline work but needs to be extended to services previously commissioned with other organisations which should not be considered core if those organisations withdraw.

There was a mixture of speakers for and against the motions but many felt like Stephen and the motion was defeated.

Kent had a good morning, speaking in just under a quarter of the motions with the votes going our way on every occasion.

Dr Stephen Meech, West Kent LMC Representative opposed a motion calling for a definitive list of what constitutes core GP work, and pointed out conference should have been debating…a definition of what is NOT a core service.

Day One (Afternoon):
Dr Neil Potter, West Kent LMC Representative

For the second year running Conference split into 6 themed debates spread around the impressive facilities at the EICC. Two groups, including mine were in the cleverly convened lecture rooms formed when the back sections of the hall rotate to form smaller auditoria. The themed debates are intended to address major issues and themes emerging from motions submitted and, after an hour's debate, spend a further half hour to create a feedback and any motions that they wish the whole conference to debate the next day.

Kent's team split itself across all 6 debates in order to have a voice and noted a lively discussion in all with a more interactive style than conference itself and also a spectrum of opinion rather than a binary yes no debate. What it lacks, of course, is the measured accuracy of the Agenda Committee in drafting motions but there was a spontaneity and momentum to the thinking.

Richard Claxton and I took part in debate "Bridging the Gap - Rationing" We noted that the Rationing word is now at least in the lexicon and discussed international comparisons on GDP spend (8.5% UK vs EU average 11.1%) as well as co-payments which are common throughout mainland Europe and the Irish Republic, where the consultation rate is around 1/3rd of the UK rate with similar mortality rates. Rationing generally increases health inequality but it already operates at the whim of CCGs, but not for GPs, and therefore also leads to postcode inequalities. Without patient education or the understanding of GPs challenging patient wants leads to conflict and the burden of debate.

Northern Ireland is currently in crisis and so becomes a vision of the possible future. GPs are ready to resign from NHS contracts. We noted that Registrars who in droves are becoming locums are essentially ditching the NHS contract and becoming private providers. We therefore constructed motions (both later passed) demanding a national debate on what should be rationed and a discussion paper from GPC on alternative funding options for GPs including co-payments. Starting therefore to challenge the basic tenets.

Other debates informed motions for Friday pm and included; "Contractual status/risk/individual Survival" which championed the Independent Contractor Status, "Working at Scale" which supported GP groupings to sustain NHS practice asking for Blueprints from GPC, "GPFV" bemoaning its failure to deliver to Practices or impact the GP crisis, "Workload" concerning safety in a 12 hour day and medicolegal issues, and QOF supporting a revised evidence based QOF as well as call-

ing for a Basic Practice Allowance and clinical management time.

After tea, back in the hall we later debated Forms and Fees asking for clarity on non NHS paperwork, followed by a heated debate about obstacles to LARC provision and recertification, especially for non-principals. After that we heard that the Violent Patient scheme fails to protect us where the violence was outside our practices.

A contentious debate followed on the right to charge our own patients for services not given under NHS (such as a Shingles vaccine to a 75-year-old) and a motion carried to insist that we can. This has been debated and carried at previous conferences but seems more relevant than ever. We then debated the interface with A/E and then secondary care dumping without payment. Primary Care Services England received a kicking from Dr Nicola Hambridge from Leeds for their failings with supplies, notes, superannuation, and performers lists.

By now timings had slipped and the much-awaited Premises debate was compressed to less than half of the allotted 10 minutes. We heard how premises problems underpin so many failing practices including "last person standing" issues and unfair rents and charges. Also, the owner occupier model promotes retention and unity whereas PFI promotes dissatisfaction. Dr Gaurav Gupta was bursting to vent his spleen on NHS Property Services who are a limited company owned by the D of H (therefore Mr Hunt) that have increased charges to practices by 5-10 times over 2 years amounting to added costs of £70-100k for some. His voice WAS heard the next day albeit briefly and he now has the satisfaction of successful election to the GPC.

Overall an interesting session for us all but unusually no voices on the mainstage and a deflated feeling as we returned to our modest hotel to dress up for conference dinner.

Day Two (Morning Session):
Dr Richard Claxton, LMC Vice-Chair and West Kent LMC Representative

Friday morning brought with it time for questions to the UK GPC Executive team; which included concerns raised by Gaurav Gupta regarding the lack of discussion in the debate the day before on issues around changes to leases held by NHS Property Services. This was followed by debates relating to GPC representation, GP Training, Appraisal and revalidation, and the Sustainability and Transformation Plans (STPs).

A controversial motion calling for (amongst other things) positive discrimination to enable better representation of salaried and sessional Doctors on the GPC as well as proportionate representation of the gender mix of the profession was lost.

Motions passed included calls for higher profile of General Practice teaching in Medical Schools, a four year GPVTS with more of a focus on preparing for Partnership and Principal GP roles, all foundation schemes to include GP placements, reduction in MRCGP exam fees, and better remuneration for training Practices.

Our very own Neil Potter proposed a motion calling for protection for E-Portfolio and Appraisal data from any litigation process, a motion which was carried.

Motions were also passed condemning STPs as an attempt to dismantle the NHS, but also calling for LMC consultation to be incorporated into them at Board level.

Dr Neil Potter, West Kent LMC Representative called for protection for E-Portfolio and Appraisal data from any litigation process

Also on Friday we heard the reports from the devolved nations. Most notable of these was that from Tom Black - from Northern Ireland. A salutary reminder to the doom and gloom mongers elsewhere that as bad as things may appear for General Practice elsewhere—Northern Irish GP Practices have it worse. With the collapse of the power-sharing agreement there is no leadership for the NHS in the Province. As he put it:

"...we have no Assembly, no Executive and no budget. We have found that the only thing worse than having politicians is having no politicians."

Practices are closing at a frightening rate - for example in Fermanagh he reported that more than a quarter of the Practices in the County have closed in 2017 so far. He went on to outline the difficult process being the decision to collect undated resignations - supported by 97% of GPs in the Province. As he outlined in the themed debate the day before - they had reached their TINA moment (There Is No Alternative). He finished by sending this stark message:

"On behalf of NIGPC let me throw down this challenge to the incoming minister for health in Northern Ireland. Work with us or work against us. Your choice - but be clear - we will protect the GP service for patients in Northern Ireland at all costs even if this means leaving the NHS."

He received without doubt the warmest reception of the Conference and the biggest standing ovation. Collectively we wanted to show support and solidarity to him and his constituents as their colleagues and peers from all corners of the UK. It was a genuinely moving moment.

The morning finished with the Soapbox session. This session allows delegates 1 minute to speak on any subject they like. These ranged from delays to pension payments, electronic forms for communication with the Coroner, cuts to the Health Education England budget, IT and the cyber attack, the cost of Management Consultants in the NHS, the validity of the Boland standard to remain instead of NICE guidelines in Medico-legal judgements, and the restoration of the Basic Practice Allowance to name but a few.

Day Two (Afternoon Session):
Dr Stephen Meech, West Kent LMC Representative

For several years I have been attending Conference as a member of the organising Agenda Committee so it has been a period of intense work before, during and afterwards. Last year I lost that position in the election so I attended as a representative of my Kent colleagues this time and found myself sitting in the auditorium feeling a little flat and wondering if this was due to my change in role. On reflection it became apparent that it wasn't me, it was Conference itself, with few dramatic debates, no calls for undated resignations or industrial action, and a series of rather uncontentious motions.

Things warmed up a little as time went on with some navel-gazing on Friday morning which you can read about elsewhere in this edition but my task is to convey my impressions of that afternoon.

We started with a presentation by and questions to the Treasurer of the GPDF - a change of post-holder this year and a more interesting new Question and Answer session. A number of LMCs are wondering whether they receive good value from GPC for their voluntary levy payments, with thoughts that some of the money could be better retained and spent within their localities.

We discussed APMS contracts which generally receive more funding than GMS (the latter being no longer available for new or relaunched practices), clinical records systems, and Richard Claxton added his voice to the condemnation of compulsory E-

Dr Richard Claxton, LMC Vice-Chair and West Kent LMC Representative added his voice to the condemnation of compulsory E-referrals

referrals. The usual criticism of CQC followed! Discussion about the GP workforce resulted in support for residential entitlement for NHS EU nationals following Brexit and a request for government to add GPs to the UK shortage occupation list, alongside welders, artists, dancers and some medical consultants.

We then went on to discuss the output from the previous day's parallel workshops. Concern about the viability of GP funding resulted in no opposition to a motion to explore alternatives, including possible co-payments, an idea almost unthinkable a few years ago. The topic of working at scale divided the conference with a balance of votes for and against GPC spending time to develop blueprints. Having spent over thirty years in relatively traditional General Practice, I too struggle to come to terms with the current tide and was happier with the overwhelming endorsement of care based on the registered list that followed. The GP Forward View is considered a failure but the BMA's Quality First initiative applauded. Andy Parkin spoke against the idea of negotiating a daily limit to the number of patient contacts because he felt this could result in an activity-based contract, but Conference upheld the principle.

I was particularly interested in the QOF debate as I had attended that workshop. We had concluded that, like the Curate's egg, QOF was good in parts and worth retaining rather than being replaced by a more nebulous, harder to achieve quality scheme. Conference agreed and also supported an element of non-capitation based payments (like the old Basic Practice Allowance) and financial recognition of the work involved by GPs in managing their practices. Finally we resolved that over the counter medications and food products shouldn't necessitate prescriptions, which fits neatly with my CCG's ideas.

After Conference my wife and I stayed on for a couple of days. She was born in Edinburgh and it was a pleasant novelty for me to be shown around for a change. I survived a poor curry, and enjoyed some haggis, tatties & neaps in a lively Polish vodka bar before flying home on Sunday. London next year!

Dr Andy Parkin, South Kent Coast LMC Representative spoke against the idea of negotiating a daily limit to the number of patient contacts

LMC Conference: Personal Reflections

Dr Caroline Rickard, LMC Secretary

This was my third LMC conference. We had a great opening from Jim Kelly calling for better core funding. Kent presented a strong voice at Conference which was great to see. It was also good to see the sessional doctors are being well represented by Zoe Norris, the sessional subcommittee are working hard to address and resolve issues such as IR35 and capita problems of processing locum pension forms and losing cheques, they have successfully negotiated a pension 'amnesty' (more details on the BMA website). I spoke regarding our complex regulatory system and how we face multiple jeopardy for a single issue, the call for the GPC to address this was passed unanimously. GPs across the country spoke passionately about many issues, from Capita to CQC.

We have certainly given the GPC a lot to consider over the next 12 months.

Dr Richard Claxton, LMC Vice-Chair and West Kent LMC Representative

I wanted to share my experience of speaking at the Conference, and reflect a little on the process and how it can work less well on occasions.

I was scheduled to speak in favour of parts of motion 40 - the gist of which was against the exclusive use of e-Referrals. "Who could disagree with the principle at stake here?" I thought to myself - given the cyber-attack the week before which had brought parts of the NHS to its knees.

In its first sub-section it called for the postponement of compulsory use of e-Referrals *"until such time as the NHS being adequately resourced"*.

Although this *adequate funding* is clearly a pipe-dream and patently unlikely to ever happen, I felt that the wording could be better since it accepted the premise that one day under some circumstances we might accept 100% use of e-Referrals. Colleagues in West Kent will know all too well the problems this dogmatic approach has caused us recently regarding 2 week referrals!

It struck me that this (like much of the agenda) was another motion that would be uncontroversial and sure to be passed. (More fool me!) I therefore sought to have an amendment made to the motion - to change it to effectively being *never* acceptable for 100% e-referrals to be imposed. Thus I sought the agreement of the agenda committee and also the Proposer who was an LMC rep from the Wirral, to see if we could change the wording.

Long story short - the agenda committee felt the wording would be too much of a departure from the original, and as a result, both the proposer and I (both relatively new and inexperienced in conference matters) spoke rather too much about the flaws in the wording and not enough about the principle of the issue. Two other speakers spoke very articulately against the motion which was subsequently lost.

This left me feeling foolish and naive; that I had fallen into the trap of wanting to get the wording just right - but ignoring the key points at stake. All too often I had seen motions shot down in flames by pedantic debate over the wording, and I suppose I was just trying to avoid this scenario. However, it was a powerful lesson for me, and one that I would dearly love to put right in future; with a better motion and a better debate.

The moral of the story for me is that while the wording of the motion is important in preparing for conference (in the submissions of motions that we make as a LMC, and in the work that the Agenda committee do in collating them), the debating chamber is the place for voices and feelings to be heard. It is there that the principles at stake, and where appropriate the emotions and passions engendered by the issue can be aired.

What the GPC takes away from the conference as a wish-list of motions to address each year must surely be made up of both the words in each motion passed, but also the feelings and emotions behind the debate. In future I will be careful not to fall into the trap of focussing solely on one without the other.

Election of GPC Representatives—The Icing on the Cake

Dr Mike Parks, Medical Secretary

Congratulations to Stephanie Di Giorgio and Gaurav Gupta on being elected to the GPC at the recent LMC Conference.

Stephanie was elected last year and has now been re-elected and for Gaurav this is his first time.

The competition for GPC seats from the LMC Conference is really very stiff and so they have both done extremely and deservedly well. The good news is that this means that Kent now contains three GPC representatives and this will mean that the experiences and problems faced by GPs and practices in Kent and Medway will be heard at the top table.

Gaurav Gupta commented *'I am delighted and honoured to have been elected to the GPC from the LMCs conference. I will be raising the issues faced by all of us at the GPC and will do my best to ensure that the voice of Kent GPs is heard loud and clear.'*

BMA

LMC GPC elections 2017

The following have been elected as members of the GPC at the LMC Conference 2017:

Dr Krishna Kasaraneni – Humberside
Dr Pooja Arora – Birmingham
Dr Chandra Kanneganti - North Staffordshire
Dr Anu Rao - Leicester, Leicestershire and Rutland
Dr Gaurav Gupta – Kent
Dr Michael Ingram – Hertfordshire
Dr Stephanie De Giorgio – Kent

WORKING AT SCALE

Come along to our FREE Annual Conference At a time of unprecedented challenge the Kent LMC has invited speakers to discuss:

- NHS England's Vision for General Practice
- How doctors and patients are connecting online
- Radical Plans for GP Staff Training
- Hear from local commissioners about how the healthcare system near you is changing

Kent LMC Conference

Wednesday 11 October 2017

13:00—18:30
Buffet Lunch included

Mercure Maidstone, Great Danes Hotel, Ashford Road, Hollingbourne, Kent ME17 1RE

Agenda

GP Forward View—Where are we now?
Dr Robert Varnam
NHS England, Head of Development, GPFV

eConsult—Online triage & consultation tool
Dr Murray Ellender
CEO, eConsult & GP Partner, Hurley Group

GP Staff Training
Invicta Health & Kent Local Medical Committee

Local Care—What the system needs GPs to do
Caroline Selkirk
Accountable Officer, Medway CCG

GP Indemnity
Keira Liburd
NHS England, Assistant Head of Primary Care, Quality & Regulation

To book your FREE place, please visit our website (www.kentlmc.org)

7 Day Working—Do I have to do it?

Carlo Caruso, Deputy Clerk

Despite the evident indifference amongst the public about seeing their GP on a Sunday and the dubious cost/benefit relationship between investment and reduction in A&E attendances the Conservative government's febrile enthusiasm for 7-day access remains unrelenting. Although we welcome the extra investment in primary care we can't help but question the wisdom of increasing the pressure on an already stretched workforce versus investing funds to strengthen core hours provision.

Regardless, NHS England has been mandated by the government to deliver 7-day services and has, under the rather elusively badged GP Access Fund, outlined what the requirements are for local commissioners in the General Practice Forward View (GPFV).

CCGs are required '*to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.*'

Quite rightly GPs have raised concern about the prospect of extending provision of general practice services when they are already working harder than ever to maintain the quality and continuity of service patients already benefit from. After all, CCGs have a mere £3.34 per head in 2018/19 with which to start making improvements to access, rising to £6 per head from 2019/20 with which to provide improved access for 100% of the population.

Fortunately, the direction being given to CCGs does not translate into a contractual duty for GP contractors. Furthermore, NHS England is not wedded to any one form of service provision and CCGs have significant scope to design how this might be delivered bearing in mind services already available. General practice might see this as an opportunity to deliver extended access by working at scale at locality or CCG level, and

to consider doing so in partnership with Urgent Care hubs or Out of Hours services. There is also no obligation to provide a 7/7 8 to 8 service. Instead weekend arrangements should seek to tailor supply to demand within the financial envelope.

So, in summary:

- The 7 day access agenda has no impact on the core contract.
- Practices may see this as an opportunity to work collaboratively to extend access to general practice services.
- The CCG is not looking for a 7/7 8 to 8 service. Planning for weekend appointments can take into account patient demand.

Further changes to the Secondary to Primary Care Interface

Carlo Caruso, Deputy Clerk

Some of you may recall the changes to the NHS Standard Contract that were introduced alongside the General Practice Forward View (the NHS Standard Contract is the contract CCGs are mandated to use when commissioning any healthcare services other than primary care).

The changes relate to secondary to primary care interface and seek to address the associated workload that arises from it. For the removal of doubt, this includes mental health, community and private providers providing NHS services (for example, Spire Health or KIMS). For details of what was previously included please click here. The following items remain unchanged from the 16/17 contract:

- Local Access Policies
- Onward Referral
- GP Feedback
- Medication on Discharge

For 2017/19, NHS England has introduced the following changes:

Fit Notes
Providers must now issue fit notes to patients under their care in line with the DWP guidance, as part of the normal pathway.

Discharge Summaries
Following inpatient or day case admission, standardised discharge summaries must be sent electronically. This will include A&E from 1 October 2018. Furthermore, transmission of discharge summaries and clinic letters will be by direct electronic transmission, and not email, from 1 October 2018.

Clinic Letters
If a GP needs the information quickly in order to manage a patient's care, the provider must communicate it via a clinic letter within 10 days of attendance, reducing to 7 days from 1 April 2018. As per discharge summaries, clinic letters will be standardised and sent by direct electronic transmission from 1 October 2018.

Medication following clinic attendance
Following an attendance at clinic, patients must be supplied with medication where clinically indicated according to local protocols.

Communication and Organisation of care
Secondary care providers must organise the different steps in a care pathway promptly and communicate clearly with patients and GPs, including notification of results of investigations and treatments.

Patient and GP Queries
Providers must put in place efficient arrangements for handling patient and GP queries promptly and publicise these arrangements to patients and GPs.
Providers must also respond properly to patient queries themselves rather than passing them to practices to deal with.

The GPC continues to develop its resources for practices to manage their workload, particularly those relating to the secondary to primary care interface. The LMC is also working with CCGs and providers to simplify the way in which practices can report instances when the requirements have not been followed. Those of you working in East Kent EKHUFT will recall the email address (ekhtr.gpinfo@nhs.net) set up for this very purpose.

Noticeboard

Welcome to Sophie Webb...

We are delighted to welcome Sophie Webb to the LMC team. Sophie joined us at the beginning of June as an Administrative Officer, and works part-time Monday/Wednesday/Friday from 9.30am-1.30pm.

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

I joined the LMC having spent the last 4 years working in the G.P. Out of Hours environment. Whilst there I acquired knowledge of various medical terminology and conditions which then led to me becoming a volunteer first aider for St. John Ambulance.

If not on duty as a volunteer, most of my spare time is taken up with my daughter, who at the age of 7 has a better social life than I do! Any remaining time is spent following my passion for horse racing and cheering on 'my' horse (in which I own about 10 hairs of its tail !!)

The LMC Buying Groups Federation offers an extensive range of products and services for GP practices on which they have negotiated excellent discounts.

TRUSTED TO SAVE GP PRACTICES TIME & MONEY

Kent LMC has been a member of the LMC Buying Groups Federation since 2008. This means that all practices can access the discounts the Buying Group has negotiated on a wide range of products and services.

If you're not sure what the Buying Group is all about then this short video explains what they do: LMC Buying Group Federation.

By registering with the Buying Group's website: www.lmcbuyinggroups.co.uk/members/, you can view all the suppliers' pricing, contact details and request quotes. The Buying Group also offers any member practice a free cost analysis which demonstrates how much money your practice could save just by swapping to buying group suppliers.

And if your practice is part of a GP Federation group then the Buying Group Plus initiative could help you save additional money as a group. This short video explains what Buying Group Plus does: http://tinyurl.com/z5zv8u9.

Contact:

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