



# 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 September 2017

Dr Gaurav Gupta Chaired the Full LMC meeting in September, and introduced Sophie Webb, who joined the LMC in June as an Office Administrator and works Monday, Wednesday and Friday mornings.

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

As a result of the LMC letters sent to Hospital Trusts in May, responses have been collated and Hospital Contracts have been discussed at liaison meetings.

The LMC are meeting with EKHUFT and CCG leads to discuss how implementation can be improved and work is also being undertaken with Maidstone and Tunbridge Wells Trust. The LMC held an initial meeting with Steve Fenlon, the new Medical Director at DVH, which was extremely positive and they are keen to engage with primary care.

The LMC received a letter from Dr Tony Martin, Business Federation Chair, on behalf of East Kent CCG, addressed to Dr Paul Stevens, Medical Director, EKHUFT, regarding onward referrals. The letter suggested unless it is urgent or an emergency, any onward referral should be referred back to the GP.

The LMC has confirmed the requirement of the interface between secondary and primary care contained in the NHS Standard Hospital Contract 2017/19. The advice states that “the contract allows the provider clinician to make an onward outpatient referral to any other service without the need for referral back to the GP” where it is directly related to the condition for which the original referral was made, or where the patient has an immediate need for investigation or treatment.

Members discussed the document entitled ‘Key Message for NHS Clinicians and Managers’ and the need to ensure it is widely shared within secondary care.

Dr Gupta urged members to engage with their CCGs, voice concerns around breaches and ascertain the ways in which the changes within the new contract are being implemented.

The LMC have regular interface meetings with EKHUFT, and they have a designated email address for practices to report breaches which works extremely well ([ekh-tr.gpinfo@nhs.net](mailto:ekh-tr.gpinfo@nhs.net)). The LMC are keen that this model is adopted with CCGs and Hospital Trusts across Kent and Medway, however the need to ensure patient confidentiality was noted.

### **Kent LMC Conference 11<sup>th</sup> October 2017**

The Kent LMC Annual Conference will be held on Wednesday 11<sup>th</sup> October 2017, 1.00pm - 6.30pm at the Mercure, Maidstone Great Danes Hotel. The Conference is open to all GPs/Practice Managers across Kent & Medway and 10 places have been reserved for trainees. Members were encouraged to attend and to ensure trainees are aware of this opportunity. Anyone interested can register on the LMC website ([www.kentlmc.org](http://www.kentlmc.org)) or contact the office.

### **GPDF AGM**

It was noted that the membership of the GPDF has been extended to include both GPC members and LMC nominees. The LMC hope this will ensure the GPDF are more representative of general practice.

### **LMC UK Conference - Liverpool, 9<sup>th</sup> March 2018**

The LMC will be seeking delegates at the full Committee meeting in November to

attend the new one-day LMC(UK) Conference in March 2018.

### **Sessional Sub-Committee Meeting 7<sup>th</sup> September 2017**

Dr Sarah Westerbeek, West Kent Sessional GP, was congratulated on her appointment as Chair of the Sessional Sub-Committee.

The Sub-Committee discussed issues around pension forms for locums and ongoing issues with PCSE. It is anticipated that the LMC will hold a Sessional Conference in May 2018, further details will follow in due course.

### **GP Staff Training Annual Report 2016/17**

The GP Staff Training Annual Report 2016/17, written by Sue Timmins, was presented to members, detailing the training activity commissioned and provided by the Team for the financial year 2016/17. Members commended the service and approved the paper, subject to a minor amendment.

Invicta Health CIC will be attending the Kent LMC Annual Conference on the 11<sup>th</sup> October to present information on the new service, and will be also holding a one-hour session for Practice Managers immediately before the conference and have invited a guest speaker to talk about IR35. Anyone interested in attending the LMC Conference should register on the LMC website [www.kentlmc.org](http://www.kentlmc.org), and PMs wishing to register for the Invicta Health pre-conference session should register directly with Invicta Health.

Invicta Health have sent a survey to Practice Managers regarding the service, and are discussing concerns at PM groups. The criticism received around the previous service not being equitable across the patch is being addressed.

### **Workforce Data Tool - Access at a Practice Level: Sharon Lee & Judith Marsh**

Judith Marsh, Primary Care Nurse & Quality Lead, for Canterbury & Coastal CCGs and Sharon Lee, Primary Care Workforce Tutor for South Kent Coast were welcomed to the

meeting on behalf of East Kent CEPN Board.

Judith Marsh provided an outline of the Workforce Data Tool with a view to seeking LMC endorsement in asking practices to submit anonymised data at a practice level.

The tool is designed to understand the capacity of the existing General Practice workforce, plan future capacity and capability of the workforce effectively and implement the right education and training programmes to ensure the workforce supply meets local demand. If the data is submitted using the workforce tool this can be uploaded to meet practices contractual and legal requirements of the workforce minimum dataset.

Judith Marsh provided an overview of the benefits of accurate Workforce Data Sharing, in supporting the National plan to stabilise and transform general practice, investing in new ways of providing primary care to address the challenges facing GPs and to improve access to services for patients.

Data Analysis can help to inform medical/non-medical workforce risks, inform STP workforce plans, identify individual practice workforce risks and provide focus for workforce modelling for localities/hubs for new local care working. 'Guestimates' will be made where data is lacking.

It was noted that the Tool was revised in October, making it easier to submit information. The tool takes approximately 20 minutes to complete and only requires practices to tick a box to share. Quarterly submissions are required, which involve an update rather than re-entering all the data. It was confirmed that Practices automatically receive a report following submission.

Members discussed the current education and training programmes and the benefits of sharing workforce data to support practices in facing the workforce crisis. Anxieties were expressed around

confidentiality. The LMC agreed to share contact details for the GP Workforce Tutors in each locality.

Judith Marsh and Sharon Lee were thanked for their presentation. Members recognised the value of obtaining accurate data and were in support of encouraging practices to complete the tool. Further discussions around sharing data at a practice level would be debated outside of the meeting.

### **General Practice Forward View - CCG Plans**

It was noted that some CCGs have now published their GPFV plans on their websites and, with the exception of Thanet CCG, have all shared them with the LMC. The variation in the plans across Kent & Medway was noted. Gaurav Gupta suggested members ask their CCGs what is happening with GPFV monies, and that Thanet representatives should ask their CCG Board for sight of their plan.

Anxieties were expressed that the GPFV is not the rescue package it was deemed to be, and that many aspects will not help sustain practices in the future. Members discussed the resilience monies and raised concerns around transparency and the need to ensure the money is being used appropriately. The need for recurrent and sustainable funding was highlighted.

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

Following discussions at the last Full LMC where it was agreed primary care providers are not adequately represented on the STP Boards, it was noted that the LMC are now engaging with the STP to provide a strong primary care voice. Dr Mike Parks attends the STP Programme Board, Dr Gaurav Gupta is involved in the Partnership Board and Dr John Allingham attends the Local Care Workshops.

There were discussions around the configuration of the STP, and the two Boards (East Kent Delivery Board and Medway, North & West Kent Board) that cover the whole of Kent & Medway.

It was noted that the East Kent Board is well established, and submitted an initial bid for the accountable care system, which was unsuccessful, and a new bid is currently being worked up. Medway, North & West Kent Board have recently been established and are currently meeting with federations to discuss the way forward.

### **Federations/Working at Scale**

In an endeavour to ascertain the situation in each locality, members provided an overview of their experience in relation to federations and working at scale.

Members discussed concerns around delegating to hubs and the impact of not investing in general practice.

### **Digital workstream**

Kent Care Record provide interoperability between organisations, and they have extended an invitation to the LMC for 3-4 representatives to join a task & finish group prior to the procurement at the end of March. LMC representatives interested in attending should contact Donna Clarke.

Kelly Brown  
Senior Office Administrator (Comms)