



# Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB  
Tel. 01622 851197 Fax. 01622851198

## Highlights from the Full Kent Local Medical Committee Meeting November 2017

Dr Gaurav Gupta chaired the Full LMC meeting in November, and introduced Drs Elizabeth Denham, Sessional GP in Medway and Dr Inthujah Yogarajah, GP Contract Holder in DGS who were recently elected to the Committee. Vacancies remain in Ashford and Swale for both Sessional GPs and GP Contract Holders, and elections will take place in December/January.

Dr Gupta announced that due to other commitments Dr Jim Kelly has stepped down after more than 10 years as an LMC representative. Dr Kelly was thanked for his contribution over the years, and commented that the LMC has been a wonderful part of his professional life, and it has been a pleasure to represent both his colleagues and the Committee at LMC Conferences. The Committee responded with a standing ovation.

Following the coffee afternoon held prior to the last meeting members were thanked for their generosity and Dr Gupta reported that the event raised £125.21 for Macmillan Cancer Support.

Dr Gupta was pleased to announce the launch of the Kent LMC App, enabling users to access all of the advice on an iPhone or iPad. A link to the App is available on the homepage of the LMC website.

### **GPDF Update**

Dr Julian Spinks attended the GPDF AGM on the 15<sup>th</sup> September and reported that the GPDF Board has been reorganised to include LMC representation. Dougy Moederle-Lumb has been elected as Chair, and Paul Roblin, Keith McIntyre, Ashok Rayani and Peter Holden were elected to the Board Directors.

### **Workforce Data Tool Update**

Following on from the HEE KSS workforce tool presentation at the Full LMC meeting

in September, Liz Mears and Carlo Caruso will be meeting with Workforce and Education Facilitators, Judith Marsh and Sharon Lee, to seek further clarification on sharing data at a practice level.

### **Equality & Inclusion**

The LMC secretariat, along with the Chair and Vice-Chairs, have started a process to look at how Kent LMC is appropriately considering and addressing equality and inclusion.

### **Diabetic Eye Screening**

Donna Clarke reported that the LMC met with the leads for screening programmes to discuss a few issues raised. The discovery of non-diabetic eye pathology during diabetic eye screening was discussed, where the team write a letter to the GP asking for onward referral to be considered. Concerns were raised that requests in a letter may be missed, and it was agreed that the programme would consider designing a form similar to a GOS18 (currently used by opticians/optometrists) which would contain all of the relevant information.

### **Cervical Screening Programme**

The issues around cervical screening programme and locum nurses coming from outside of Kent & Medway who do not have a Kent & Medway sample taker number was also addressed. It was noted that currently there is no national database, however work is being undertaken in London where they have introduced a new database and the K&M programme are hoping to work with them to combine the two databases.

The LMC agreed to inform practices of the need to add smear taker number to their checklist when employing a nurse or locum nurse. Nurses who do not have a number should complete the relevant form and

return it to the team, who will usually issue a number the same day.

**Dr Allingham** agreed to propose a motion at the National LMC conference in May to call for a national database, and Dr Gupta raised the issue with Andrew Green, GPC Clinical and Prescribing Lead, who agreed to take it forward.

### **Extended Hours**

The extended hours DES has been amended to incorporate some changes to either stop practices who close for half days from participating in the DES or stop practices closing for half days and continuing with the DES. NHSE have issued a directive from David Geddes to ensure that this DES is managed closely and practices who want to continue providing the DES and closing for half days will have to go through an application process to seek approval for exceptional circumstances. It is less clear around the fringe hours e.g. 8-8.30am and 6-6.30pm and at lunchtime, however the LMC believe that as long as practices continue to provide access to primary medical services that this has always been acceptable.

### **Public Health Payments**

#### **PHE CQRS payments for de-registered patients**

NHS England/Public Health England sent an email out to all practices advising that from September they would no longer process manual amendments for patients who had left the practice during the month for which the CQRS claim had been submitted. The LMC have taken this up with NHSE and told them that they have a contractual obligation to pay practices for what they do, and have also taken this up through the GPC nationally. The local team that process the manual amendments are keeping hold of all of them in anticipation that the decision will be overturned. Practices are strongly encouraged to keep sending the manual amendments as previously. Dr John Rodriguez from PHE is also fighting the corner of the practices and has escalated this on our behalf.

### **Indemnity**

The state backed indemnity scheme has been announced but there remains a great deal of uncertainty around how it will work. Members shared concerns that the Secretary of State announced a 'state backed' solution, rather than 'state funded'. It was noted that the GPC has issued limited advice and the MDU has changed some of its policies. Anxiety was expressed around the financial impact on the Global Sum, and fears that it will be reduced.

Members discussed concerns around indemnity and the possible pitfalls of changing cover arrangements and/or providers. The LMC urged GPs to be aware of personal risk in relation to the performers list and GMC registration if they are not adequately insured, and that those considering changing should continue with their current indemnity until the new cover is secured. GPs are advised to carefully consider their options when reviewing their indemnity. If in doubt GPs should seek advice.

### **Verbal Report from Sessional Sub-Committee Meeting 9<sup>th</sup> November 2017**

The Sessional Sub-Committee discussed pension Forms for Locum Work and ongoing issues with Capita. The difficulties in engaging with locum GPs was discussed, and in an endeavour to improve engagement the LMC agreed to collate information about learning sets across Kent & Medway and publish links on the website.

The LMC will be holding a Sessional GP Conference on the 24th May 2018, and confirmed Zoe Norris as the guest speaker.

### **Clinical Pharmacy Scheme**

Dr Mike Parks represents the GPC on the Clinical Pharmacy Group, and reported that the Clinical Pharmacy Scheme is set to deliver on target, with 500 full time equivalent Clinical Pharmacists across England, including 3-4 approved schemes across Kent & Medway. It was noted that there are issues around indemnity, which may be resolved with the introduction of

the state backed indemnity scheme which will cover all staff.

Practices interested in engaging in the Clinical Pharmacy Scheme are urged to talk to their CCGs as opportunities are still available. Reimbursement of costs across the 3-year period were 60/40/20%. The value of Clinical Pharmacists becoming independent prescribers was highlighted.

Mike Keen from the Local Pharmaceutical Committee commented that Wave 4 of the scheme is currently underspent, and asked practices to consider this opportunity. Mr Keen encouraged practices and clinical pharmacists to contact the Local Pharmaceutical Committee for support.

### **GP Staff Training Team**

Donna Clarke reported that Invicta are performing well, and 2,441 e-learning courses have been completed since they took over in June. They have been working on a priority basis to reduce the inherited waiting list size, and have been meeting with the trainers and evaluating the course layout and content. They will move to a more proactive approach once the waiting list size has reduced. Main topics on the waiting list were COPD and Asthma, which are currently being addressed. They are communicating with Education for Health to run a Diabetes Diploma early next year. The other top courses are Spirometry, Ear Care for Practice Nurses and Medical Terminology and Summarising Medical Records.

Invicta are also aware of the need for Practice Manager training and are restructuring to create a suite of training packages to address their needs.

Invicta hope to build a network with all practice manager groups to help direct the training topics and locations. They have been working with the Workforce Tutors' to develop a career path for HCA's to help explain the options available and recommend training, and hope to do this for all levels of surgery staff.

### **Emerging NHS Structures**

Dr Mike Parks provided an overview of the Emerging NHS Structures.

The STP is Kent & Medway wide, and Glenn Douglas is the Chief Executive. The LMC have an observer seat at the Programme Board. The STP have various programmes, including a productivity workstream, which is expected to deliver £190m+ savings from K&M as a whole. It was noted that this was focused entirely on secondary care, and the question was raised around the potential benefits for primary care in improving productivity.

An ACP consists of all providers; Acute, Community, Mental Health, Social Care and Primary Care. ACPs are developing to varying degrees in both East and West Kent.

In East Kent the CCGs, Community & Hospital Trusts submitted a bid to be a first wave ACP, which was unsuccessful. The LMC brought federations together with other fellow providers to establish an ACP Board, which now meets on a monthly basis.

The strategy to redesign health service will only work if primary care are the architects and have a strong voice in the development of an ACP, and the meetings provide an opportunity to influence how the strategy is developed.

Concerns were expressed the local voice was not lost in the race to establish an East Kent ACP, and that funding would not be fairly distributed between localities. Members agreed the ACP offers an opportunity to shape the future, but it must be driven by primary care and have a strong element of local care embedded. Paul Bentley, Chief Executive, Kent Community Health NHS Foundation Trust, is leading in East Kent.

A single federation is emerging in West Kent. Concerns were raised in DGS with the planned development in Swanley that there will be a lack of infrastructure to deliver on ambitions for Local Care. Concerns were also raised around practices

in difficulty, because general practice is seen as the fundamental building block for Local Care.

Medway, North & West Kent Delivery Board has been established. The ACP in Medway North & West Kent is in the development phase, and is being led by Helen Greatorex, Chief Executive, Kent and Medway NHS and Social Care Partnership Trust and Ravi Baghirathan, STP Project Director. They will be holding a meeting early December and MP stressed the importance of engaging at an early stage.

Dr Dan Kerley reported that he presented the concept of a super-practice, which would essentially be a multi-GMS partnership, at the West Kent Federation AGM, which was met with enthusiasm by attendees. Issues were raised regarding funding, and it was suggested that this could potentially be met by the STP.

Dr Gupta commented that changes are coming, and that practices must engage but should be mindful that whilst emerging structures seem inclusive we must ensure that that primary care views are being heard. Members were encouraged to share their thoughts, concerns and ideas on the Kent LMC ListServer or directly with the office.

#### **Annual Conference of LMCs - 9<sup>th</sup> March 2018, Liverpool**

Drs Gaurav Gupta, Gregory Price, Richard Claxton, Mark Ironmonger, Jeremy Newman, Alicia Watts, Zishan Syed, Stephen Meech and Sarah Westerbeek put their names forward to attend the one-day LMC(UK) Conference in March 2018, and were duly appointed as Kent LMC delegates.

Kelly Brown  
Senior Administrative Officer (Comms)