1 June 2021

LMC EXPRESS CONFERENCE SPECIAL

Special Edition Bulletin Issue 5: June 2021

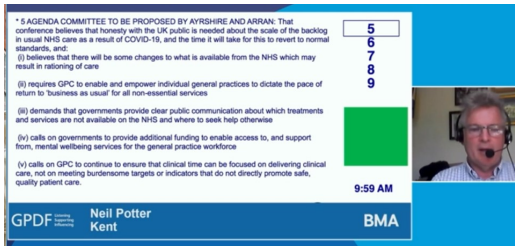
In this issue:

Annual conference of representatives of LMCs UK - day 1 Morning session—Dr Manuel Fernandez, East Kent LMC Representative

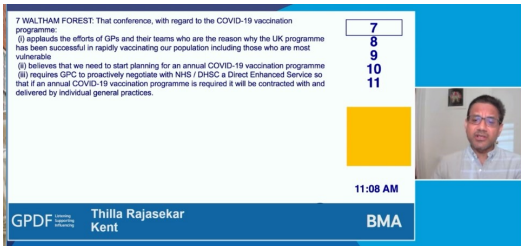
Mark Cocoran (Chair of Conference) opened the virtual National Conference of LMCs and welcomed all of the representatives. This was a virtual conference due to the pandemic and unfortunately the opening session was plagued with the vagaries of IT so that conference was suspended for about 40 minutes until the issue had been sorted. As conference was running late it was asked to vote on the Standing Orders and Agenda Committee which it duly did.

Dr Richard Vautrey, Chair of GPC, commented that it had been a hard, difficult and challenging year, leaving professionals exhausted and mentally challenged, but who had risen to the challenge and delivered. This was evidenced by the success in vaccine delivery for Covid19 and influenza, and that the nation owed a significant thanks to GPs. In addition, contrary to media stories huge numbers of appointments had been delivered as well as the vaccination programme, and workload was being delivered via different platforms indicating that general practice was open for business.

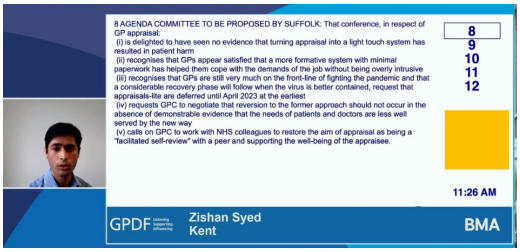
Dr Vautrey went on to comment that GPs were the bedrock of the NHS and not private companies, and that they formed the heart of communities, were trusted, more flexible and responsive to the needs of their patients. GP practices should not be sold as a commodity but be available for partners with local ownership. He said that in our changing world there needed to be multiple options for doctors, as significant numbers were choosing to be GPs but much more needed to be done to encourage this and items such as the upper limit on pensions was a deterrent. He went on to point out that QOF had been suspended or ended in Scotland, Wales and N Ireland but not in England, and care had not been affected in the devolved nations.



Motion 5 dealt with the Covid19 pandemic experiences gained and lessons learned, and Dr Rosalynn Morrin proposed the motion that GPs could not go back to the way GP services were delivered pre-pandemic and the public needed to be informed of this and what is/is not available from GPs. Other speakers including a robust and informative speech from our own Kent LMC representative Dr Neil Potter who added to the debate and the motion was carried.

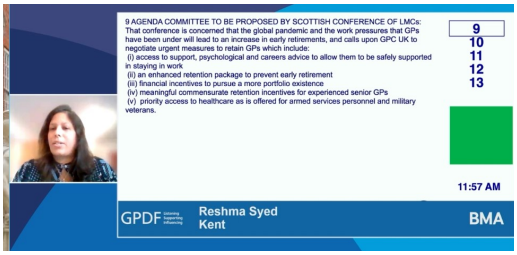


Motion 7 was regarding Covid 19 booster vaccinations, and Kent LMC representative Dr Thilla Rajasekar spoke eruditely that the hugely successful GP vaccination programme for flu and Covid 19 was a blueprint for these to be delivered by GPs. Vaccines should continue to be delivered by GPs, and would mitigate other vaccination services such as the Flu vaccine being removed from delivery by GPs. This applied to England only as there were different models of vaccination delivery in the devolved nations.



Motion 8 was around GP appraisal and revalidation and another excellent contribution from Kent LMC representative Dr Zishan Syed, who pointed out that the anonymous feedback with no ability to respond was unfair and unjust and used by GMC and should be removed.

Motion 9 was around creating and maintaining a workforce fit for the future, and Kent LMC representative Dr Reshma Syed supported the motion and called for incentives to be put in place not only to encourage new doctors to enter general practice but incentives to keep older doctors within the profession. Dr Syed also asked for access to healthcare services for GPs to be prioritised in a similar way to the armed forces, and commented that the GMC had access to private healthcare!



This motion was passed overwhelmingly in its entirety.

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Mid Morning Session—Dr Saijit Shetty, DGS LMC Representative

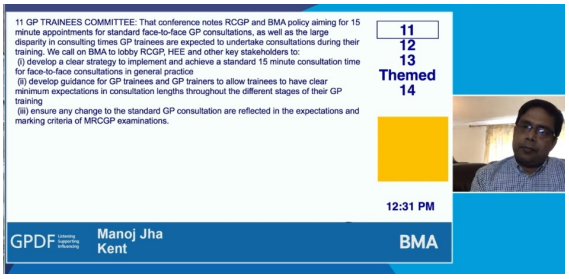
After the initial hiccups and delays due to IT issues in the first half of the morning, the second half was smoother, kicking off with Creating and Maintaining a workforce fit for the future.

Motion 10: was a proposal by the GP Trainees sub-committee Dr Lucy-Jane Davis in favour of making GP training fit for purpose. She pointed out that the changes in training and working has been massive, and there is an increased need for guidance on remote consultation and access. She pushed for support via training, and asked for acknowledgement, and tailoring of changes to training post COVID - management skills and MDT training being part of it, with a solid start to GP registrars for the next 50 years.

This motion was also passed in its entirety.

Motion 11: was a very practical and popular motion proposed by Dr Euan Strachan–Orr of the GP trainee committee who urged the BMA to lobby for 15 minute consultations. He pointed that this had already been asked for in 2016, and in 2019 the RCGP released 'Fit for the Future' which again mentioned 10 minute appointments. He stressed that this was unfit for purpose and only caused increased pressure and burnout, with 15 minute appointments needing to be the standard. He gave an example of his own experience of having started with 30 minute appointments in ST1 dropping it down to 15 minutes in 6 months, and felt well supported doing it, but pointed out that this may not be the case for other trainees. He likened a consultation to a 'craft' and noted that not being supported could push them to leave the role. He also made a point about the 10 minute CSA/RCA consultations not being realistic which do not match real life, and pushed for the current CSA to be re-assessed and should be made to reflect 'real life'

Excellent support of this was made by Dr Manoj Jha of Kent LMC who stressed that GPs are seeing chronic complex problems while simpler issues are being dealt with by others, and changing to a 15 minute model might mean less appointments in the short term, but in the long term there would be a need for less appointments as more problems could be dealt with, with patients and GPs alike not feeling rushed, improving patient care and long term GP health.



This motion was also passed.

Motion 12: was a very topical motion regarding GDPR and Digital Services proposed by Cleveland LMC's Dr Deborah White who was glad about the new ways of digital flexibility and innovation, but felt let down by inadequate IT, and called for clarity regarding resourcing of these products. She called on national funding, with minimum standards for locum IT access.

Motion 13: This was a motion about Electronic Records made by the Leicester, Leicestershire and Rutland LMCs made by Dr Fahreen Dhanji, who was worried about transfer of records between the 4 countries of the UK, with particular concerns about the quality and safety of transfers with needing printing out etc. which affects time needed for clinical care. She questioned why this was the case when we lived in a digital age and asked for something similar to GP2GP to allow for rapid electronic transfer of whole medical records across the UK. She also asked for EPS to be made available to all UK pharmacies for all GPs in the UK, with all records to rapidly digitized by 2030 to help save valuable space, with a push for e-discharge hospital summaries across all UK clinical systems.

This motion was accepted overwhelmingly, with note made by the GPC Wales rep who pointed out that EPS isn't yet available in Wales.

Early Afternoon Session—Dr Neil Potter, WK LMC Representative

The themed debate is a relatively new concept to conference we started after lunch on topic "Solutions to stem the tsunami of workload." The voting is more nuanced than "for and against" to capture a consensus. Our friend Dr Farah Jameel from GPC started by noting the rise in workload, especially vaccine delivery at the same time as a crisis in retention and recruitment.

Speakers gave passionate pleas for improvements in a whole range of issues that have been challenges for so many GPs. Concerns included the failure of prescribing from secondary care, failings in the referral and guidance systems, pressure from the on-line consults, direct access from 111 and CCAS and other points of contact from primary care with the wider system. We also heard from a consultant on the GPC to remind us how shortcomings in social care lead to stresses in the system. The secondary care interface was mentioned several times as the contracts are still repeatedly breached and described as unacceptable having worsened during lockdown.

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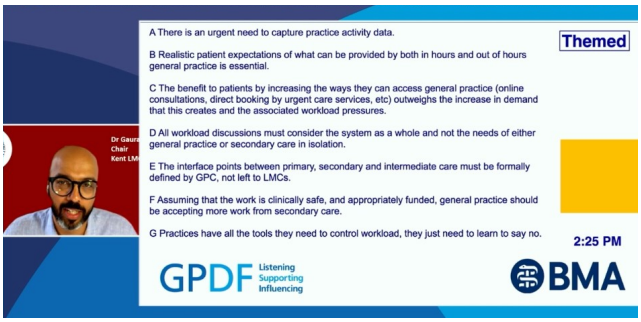
A discussion on capturing activity data heard how Devon LMC has managed to design a system to monitor work and that seems essential to have a voice. Solutions were needed rather than grumbles. One suggestion was a tariff for the uncontracted workload that bounced back or at least some means to penalise the offenders.

Gaurav Gupta made an impassioned plea to have a level playing field as the path to General Practice is a wide open superhighway thanks to e -consult and other routes; while the hospitals are blocked and unresponsive. We know that consultants could take calls, use EPS, do blood forms, do certificates, and arrange investigations but there are practical and attitudinal barriers. This idea that we need to reset expectation and limit our offer to those things we can do well. Suggestions included the end of CQC, the suspension of QOF, a shift from non-clinical PCN work and the roles in leading MDTs and supporting the ARRS. A good suggestion came that core funding increase to allow an admin session per GP per week. Many noted that the working day has become too long and therefore unsafe.



Mental health and multimorbidity were noted as challenges requiring continuity of care. The whole system would seem to need a review to look at the patient pathway to include the review or rejection of referrals and the follow up after outpatients. Can we say no to work, and can we do it safely? Where is the media strategy to counter the notion that we are not open for business?
Response came from Simon Walsh from consultants committee who noted that pressures are similar in all sectors. He therefore suggested a system wide approach from the BMA with resources to follow. David Ross from NIGPC summed up that demand is generally justified. Capacity to increase needs human resource and finance which are linked. This will need new team working in primary care as well as collaboration with secondary care.

We ultimately voted on seven statements. We concluded we DO need to capture activity, we DO need realistic patient expectations, we DON'T support the extension of access to care via online and direct booking, we DO wish to consider the system as a whole (not primary vs secondary care), we DO need GPC to define the interface with secondary and intermediate care, we DON'T feel accepting of more work from secondary care and finally we DON'T feel we have the tools to control workload.

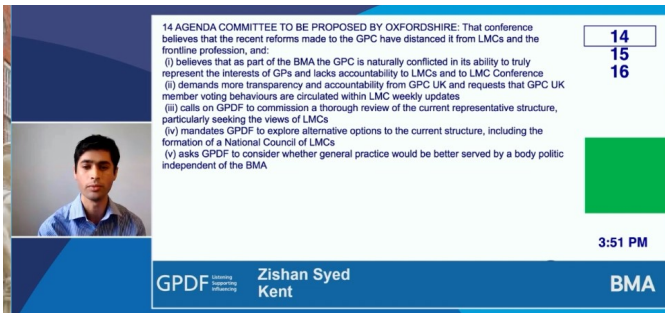
After such decisive debate… we broke early for tea.

Late Afternoon Session—Dr Suzannah Jones, West Kent LMC Representative

The late afternoon was bright and sunny but the mood did not always match.

Motion 14 'The Role of GPC and LMCs' was proposed by Dr Raman Nijjar from Oxfordshire LMC, he spoke clearly that recent reforms made to the GPC have distanced it from LMCs and the frontline profession, clarifying there are now fewer meetings and the GPC have more delegated authority. He continued that the organisation is top heavy and GPC reps do not truly have a voice. He called for consideration whether general practice would be better served by a body politic independent of the BMA, whose representation on behalf of GPs he questioned. The motion created strong debate.

Dr Gaurav Gupta, Kent LMC spoke next, again against the final part of the motion. He stated that we should look at the general representation of LMCs – are these truly representative of their GPs, and also to look at if then GPC are representative of LMCs. However, he did not feel a new body such as a National Council of LMCs was required. Forming a new body may result in less voice as the BMA may continue to represent on your behalf with negotiations and this would then be without LMC involvement.



Dr Zishan Syed, Kent LMC spoke for the motion. He cited negotiations the GPC hold with NHSE – the message back is often things would be worse if we refuse what is offered. He has asked ex GPC members why they did not argue for a better contract and states the answer given was the GPC advised not to rock the boat. We need to be able to question the GPC, we need to know voting behaviours. The GPC pushes through certain things (such as PCNs) because they have personal interests.

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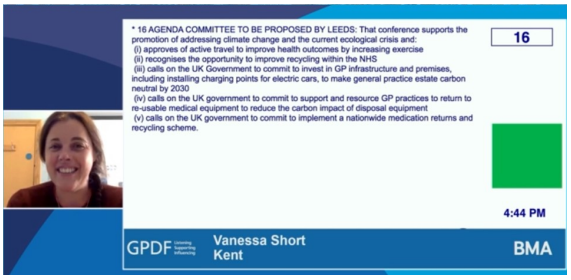
Upon voting some parts were carried and others lost.

Motion 15, “LMC Governance” was proposed by Dr Frances Cranfield, Hertfordshire LMC. She started that the LMC is the true voice of general practice. GPs welcome the support offered by LMCs and LMCs must strive to deserve it. They must be encouraging to all constituents to be elected. We must demonstrate the benefits of LMCs. Consistency would help with this. She went on to discuss the levy, that this is for all GPs and the practice of asking locums to pay extra for their representation must be stopped. She called for an Association of LMCs, to advise and support all LMCs.
Upon voting again some parts of the motion were carried and others lost.

The final motion of the day, Motion 16 ‘Green General Practice’ was far less contentious. Dr Nicola Hambridge, Leeds LMC proposed the motion. She proposed a number of changes to being about the reduced carbon footprint of the NHS. The largest proportion of the carbon footprint of the NHS as a whole is caused by disposable instruments and she called for a return to use of reusable equipment. She stated that local councils are looking at how to reduce their carbon footprint and in order for the NHS to do the same it needed to be done in a supported way.



Dr Vanessa Short, a first time speaker from Kent LMC spoke for the motion raising the health risks of climate change and the need for infrastructure to help make the change. She called for us to travel in a sustainable way, look at biodegradable supplies, and prescribe in a green way. She called for financial support in this, our moral and ethical responsibility. Upon voting the entire motion was carried.

Day two—Morning Session, Dr Ganapathi Subbiah, East Kent LMC Representative

The IT glitches of Day 1 had been sorted. The conference passed Motions 17 to 25 with reasonable majority voting.

The views were wide ranging on Motion 17 - GPDF to commission an Options Paper. Our own talent Zishan Syed made a passionate plea for this motion including Activity Based Contracts, Payment Scheme. This motion didn't get the required two thirds majority.

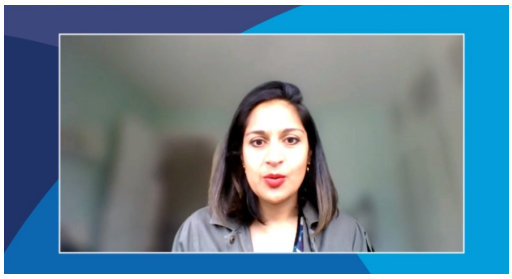
Motion 18 related to GP Pay & Conditions, and was carried with significant majority. Sarah Westerbeek was persuasive in arguing for Sessional GPs, Partner roles which will improve Recruitment & Retention and the evidence base in other sectors.

The frustration was palpable during Motion 19—DDRB Recommendations, as Partners were excluded from the review. The overwhelming view was that Practice Income Uplift needs to be agreed.

As a first time attendee it was fun and interesting—yet it was valuable in furthering my knowledge of grass roots thinking and issues. I am looking forward to the next conference

Day two—Late Morning Session—Dr Andy Parkin, Medical Director, Kent LMC

Motion 20 was a call for zero tolerance on racism asking that no patient should be entitled to refuse care based on a doctors ethnicity, daily examples of racism in the NHS should be identified and publicised and that there be a zero tolerance approach to complaints arising from challenging racism. There were a number of excellent speakers, all in favour, including a passionate speech from Kent’s Reshma Syed and an eloquent highlighting of the inherent racism of NHSE and GMC investigations by Kent’s Zishan Syed. The motion was passed unanimously.



Motions 20 and 21 were regarding indemnity arrangements in Wales and Northern Ireland respectively and were both passed.

Soapbox carried a variety of topics including long Covid consequences for doctors, representing devolved nations, IT in primary care, sabbaticals, work load and e-consult. Sarah Westerbeek managed to deal with a feline emergency and make it back in time to raise the excellent question of how to engage, and represent, all GPs, not just those already involved with LMC/ BMA/GPC etc. A question worth all of our elected representatives considering!

The morning finished with updates from charities in the form of the Cameron, Claire Wand and Dane funds.

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Afternoon Session—Dr Sarah Westerbeek, Kent LMC Sessional GP Chair & West Kent LMC Representative

The afternoon session started off without any technical glitches and whilst all were inevitably tired towards the end of the second day the motions and debate were engaging and thought provoking. The first motion of the afternoon, Motion 26 proposed by Devon, was regarding the cessation of the use of List servers for GPC discussion and the need to find more modern and sophisticated IT solutions for online discussion. This motion was carried with a large majority.

Motion 27 was regarding the commissioning of medical services for those living across the Welsh/Chester border and who have been unable to access anything but emergency care when crossing the border. It was felt that commissioning must include all nations that will be impacted by funding decisions and the motion was carried.

Next up was an emergency motion, 276, regarding the outcome of the adapted RCA exit examination for MRCGP since the start of the Covid Pandemic. This new examination format has increased the failure rate for IMG trainees and has had a negative impact on the mental health of many trainees and supervisors. Calls for a fairer assessment to be introduced urgently were made and passionate speeches from several LMC members including Kent's Gaurav Gupta were heard regarding the persistence of these issues over many years, which have worsened during the covid pandemic. The motion was carried.

Motion 28 called for GPCUK to create a support and guidance tool around Practice Management including up to date changes relevant to practices. Dr John Ip from GPC Scotland spoke against the motion, describing that practice managers should have their own representative bodies and that closer working together may negatively impact negotiations. Dr Rami Eliad made the point that having an effective practice manager significantly improves the life of GPs as they are able to manage a large part of the bureaucracy themselves.

The final motion of the day highlighted that the Carr-Hill formula is inadequate in providing sufficient funding for areas with high deprivation and called for extra investment in these areas. This motion was carried in all of its parts.

After a full two days of debate and discussion the conference called to a close and Mark Corcoran, Chair of UKLMC Conference, said his farewells as this was the final year in his three-year tenure. I am sure that all delegates would agree that it was an interesting and productive two days, and that we all now need a break from staring at our screens for a few hours!

Medway Community Healthcare/LMC Meeting

The office held a useful meeting with Medway Community Health regarding generic prescriptions or 'buff forms'. These have largely disappeared in the rest of the county and they are looking to move to the same in Medway. Whilst this happens MCH have asked if all prescriptions could have directions on, rather than 'As directed' as this means they can administer without a generic prescription. A dose range is fine on, for example, prn medications such as '2.5-5mg, 4 hourly, when required'.

KMPT/LMC Interface Meeting

We met with KMPT for our regular liaison meeting, we discussed referral rejections, KMPT are working proactively to reduce this. There are current service changes which will assist as the new services being put in place will address the commissioning gap which we have known exists for some time. KMPT are assisting PCNs with the recruitment of the ARRS mental health workers. They are also developing a GP specialist interest role. Many referrals which are rejected as for onward referral to other mental health services, ideally the patient would be better served by KMPT doing this. Their response is that currently there is no direct referral pathway from KMPT to IAPT. We will take this up with the CCG and look at this issue at our workshop in July, it would appear this is a symptom of the fragmentation of services.

KMPT are working to increase the presence of the Community Mental Health Team consultant psychiatrists who have all been allocated areas for which they will cover. This means that patients who are know to them who are having issues should be referred directly to your local CMHT and in a urgent situation will be contacted within the week. KMPT will provide us with the named consultants and contact details which the LMC will send out to practices.

Primary Care Mental Health Services (PCMHS), have been piloted and are currently rolling out to areas across Kent and Medway, these teams serve to address patients whose needs are not suitable for primary care or local IAPT services but do not

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meet the threshold for secondary care (CMHT). The clinical practitioners (ACPs) are currently being trained to enable them to prescribe, they are supported by a community mental health consultant.

NELFT/LMC Interface Meeting

We met with NELFT to discuss child mental health services. NELFT have seen a massive spike in demand since the easing of lockdown, particularly around eating disorders and the referrals to the SPOA. The CCG attended to give us an update on the work which is being done to address the backlog in the Neurodisability Pathway. This backlog has increased over lockdown, and there is currently a 2 year wait for diagnostic assessment for Autism and ADHD. There is a pilot which is about to launch which looks at moving the current diagnostic pathway into an intervention pathway, the CCG are also considering developing GP specialist interest roles. There will be increased therapeutics such as occupational therapy at a place based level as part of the pilot with the aim of addressing the difficulties irrespective of whether the diagnosis has been made. This will take a multidisciplinary approach working across health and education.

There is a current list of child mental health services available here:

https://www.kentandmedwayccg.nhs.uk/mental-wellbeing-information-hub

MTW/LMC Interface Meeting

The Trust described the ongoing impact of the pandemic on how patient services will be delivered over the coming year. A significant number of patients have been on the waiting list for more than 52 weeks but the Trust has a plan to address this by April 2022 and is undertaking harm reviews on all those waiting to ensure that those patients most in need are prioritised. The Trust is also looking at producing indicative waiting times to assist with managing patient expectations.

Like in many parts of the country, Emergency Departments are witnessing increased numbers of patients attending with minor ailments, reflecting the pressures in primary care and across the health service.

There were discussions covering specific pathways. This included how Qfit testing was being integrated into the 2ww pathway, and how referrals into the Acute Medical Unit were processed. The Trust would provide more details about both pathways soon.

The new NHS standard contract is introducing a requirement for Trusts to audit Primary and Secondary Care interface and the Trust and LMC had tentative discussions about what this may look like.

Mindfulness May

Each Wednesday during the month of May we held lunchtime sessions open to all staff working in general practice focusing on wellbeing. The sessions provided attendees with practical non-clinical tools to improve mental fitness.

We want to thank Neil Pillai, Sue Gray, Farnaaz Sharief and Phil Hammond for generously offering to run the sessions. Attendees learned a range of useful skills ranging different approaches to mindfulness, how to improve their sleep, and meditative breathing exercises.

More details about the work they do can be found in the following links.

Neil Pillai https://www.tenterdenmindfulness.co.uk/
Sue Gray https://www.suegray.co.uk/
Farnaaz Sharief https://www.manageyourmind.org.uk/about/
Phil Hammond https://www.drphilhammond.com/blog/2018/09/18/health4all/2593/

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