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

March 2018

In Touch

In this issue…..

GMS/PMS Contract Amendments for 2018/19

Liz Mears, Clerk

Contract negotiations have concluded and the following changes agreed:

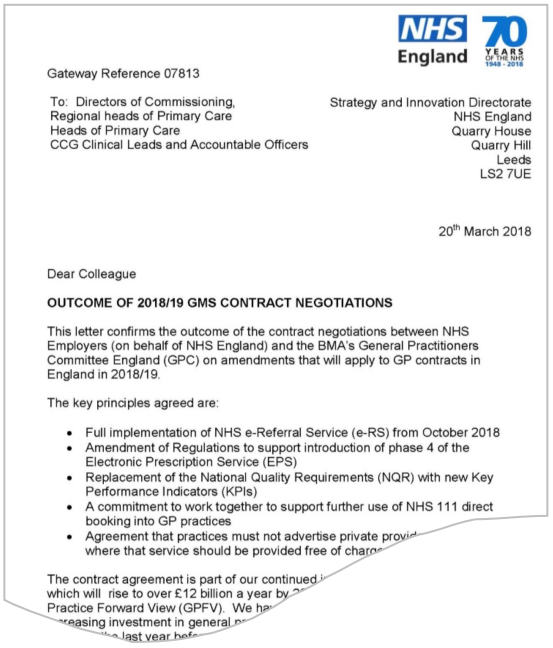
- Interim uplift of 1% for pay and in line with inflation for expenses, which would be increased further following any uplift secured through the DDRB process
- Increase in indemnity costs covered
- Uplift in line with inflation for those vaccinations and immunisations in the SFE
- Uplift to reimbursements of locum cover for sickness and maternity/ paternity/adoption leave
- Fixed-term contracted salaried GPs for sickness/parental leave will be reimbursed (in line with locum cover)
- Minor amendments to clinical aspects of vaccinations and immunisations
- Significant resources and support for implementation of the electronic referral service
- QOF point value to be uplifted to reflect population increase
- New regulations to support practices in the removal of violent patients
- New premises cost directions

Full details can be found here: https://tinyurl.com/yax7fn7p

Richard Vautrey, Chair of GPC England, has stated that "*this will not solve the fundamental issues impacting general practices, but it will help to increase funding for pay and expenses and ever-increasing indemnity rises. It provides new investment of £256m for 2018/19. We will await the outcome of the DDRB deliberations where the BMA has called for an uplift to GP pay and expenses of RPI plus 2%*".

Richard confirms that the GPC will be concentrating on getting general practice the funding and support it needs to save General Practice.

Some examples include:-



NHS England 70 YEARS OF THE NHS 1948 - 2018

Gateway Reference 07813

To: Directors of Commissioning,
Regional heads of Primary Care
Heads of Primary Care
CCG Clinical Leads and Accountable Officers

Strategy and Innovation Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

20th March 2018

Dear Colleague

OUTCOME OF 2018/19 GMS CONTRACT NEGOTIATIONS

This letter confirms the outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) on amendments that will apply to GP contracts in England in 2018/19.

The key principles agreed are:

- Full implementation of NHS e-Referral Service (e-RS) from October 2018
- Amendment of Regulations to support introduction of phase 4 of the Electronic Prescription Service (EPS)
- Replacement of the National Quality Requirements (NQR) with new Key Performance Indicators (KPIs)
- A commitment to work together to support further use of NHS 111 direct booking into GP practices
- Agreement that practices must not advertise private provi… where that service should be provided free of charg…

The contract agreement is part of our continued i… which will rise to over £12 billion a year by 2… Practice Forward View (GPFV). We ha… …reasing investment in general p… …the last year bef…

- Dealing with many large issues raised in 'Saving General Practice'
- The introduction of a state-backed indemnity scheme by April 2019
- Wholesale review of QOF
- How to reinvigorate the partnership model
- Fundamental review of practice premises

We will all want to see the fine details of the 2018/19 contract changes. The detail we have been given so far includes:

e-RS

This is an area of controversy and will affect practices differently dependent upon how you are dealing with referrals currently and IT infrastructure.

It will be a contractual requirement to use e-RS for 1st consultant led outpatient appointments. We are told that negotiations included agreement that NHSE will take a supportive not punitive approach where delivery is difficult. It will be up to individual practices as to how you achieve this requirement, and GPs may choose to implement a more administra-

tive model rather than using it during consultations.

There is a staggered timetable for local hospitals to switch off paper referrals and your CCG should be keeping you informed of these.

We are keen to understand what the actual workload implications are so please do pass this information on to us so that we can ensure the commissioners, NHSE and the GPC are well informed for future decision making.

QOF

There are no changes to QOF indicators, but to reflect population growth there is a points value increase from £171.20 to £179.26.

Violent Patients

Regulations are to be clarified around refusal to register where violent patient flag exists.

Premises Cost Directions

Details to be published shortly.

Highlights include:

- Grants representing 100% of the project cost rather than the current 66%
- Improvement grants permitted to purchase land for extensions
- Explicit options for last partner standing, both owner occupier and leaseholder
- More formalised arrangements for third party use
- Rent reviews do not require your own valuation, just evidence of negotiation with landlord.

Summary of Financial Uplifts

- Global sum from £85.35 to £87.92
- Immunisations item of service fee from £9.80 to £10.06
- SFE parental leave £1,131.74 to £1,143.06 first two weeks, and £1,734.18 to £1,751.52 thereafter
- SFE sickness payments £1,734.18 to £1,751.52
- QOF points £171.20 to £179.26

What should I do next?

- Ensure appropriate indemnity increases are passed onto salaried GPs and partners where appropriate.
- Be aware the three-month dose of pneumococcal has been removed from targeted childhood immunisation scheme
- Implement date changes of Meningococcal ACWY (MenACWY) completing dose – eligibility date changes from 1/4/15 to 1/1/12. You are not required to proactively offer or encourage patients to be vaccinated. Vaccination of 14-16 years is only where the patients have missed school provision.

The detailed information will be communicated for the contract changes and we await the long overdue agreement and publication of the Premises Cost Directions.

2018 Conference of LMCs: Morning Session

Dr Mark Ironmonger, West Kent LMC Representative

As always, the exceptionally well organized team in Harrietsham ensured that we arrived at the right place and the right time with appropriate clothing.

We shuffled into the BT Convention Centre King's Dock, Liverpool Waterfront for 9.00am. There was the usual dull routine business for half an hour, relieved by a test of the electronic voting buttons that revealed that by a vote of 142 to 76, most delegates would rather be at the Gymnastic event next door. Clearly intended to be a light – hearted invitation, but, given the less than challenging nature of most of the upcoming motions for debate, possibly closer to the truth than intended.

There was a somewhat sombre atmosphere, with a workforce feeling worn down and abused, still fighting for a more tangible reaction from Government yet to acknowledge how damaged primary care is, and lacking the finance and political will required to turn this around.

There was a vote to ensure that each of the 4 nations had representatives on the agenda committee, there being 6 of 7 available seats occupied by English reps. This was accepted, but an opportunity missed to insist that there should be a Kent representative at all times as we have always in the past contributed a disproportionate amount of sense, humour and song to the occasion, the latter two aspects being noticeably lacking this time.

Next came a well-crafted speech by the new GPC chair, Richard Vautrey.

Doctors entered their professional lives caring and learning from day one. Exploiting their goodwill and tolerance was unacceptable and dangerous. To scapegoat them for system failures and punish mistakes rather than learning lessons left doctors broken and devastated, a direct criticism of the GMC. The system should learn and respond by reducing risk and help manage workload, using the suspension of QOF in Wales as an example.

Dr Richard Vautrey, GPC Chairman

He went on to mention needing to give practices better access to district nursing, pharmacy, mental health workers, social services, and others to rebuild the primary care team. We should also have equity with our consultant colleagues around indemnity insurance for us and our teams.

Out of Hours recruitment concerns and premises were also brought up, as was the shambles created by NHS England's commissioning of Capita.

The failure to invest in General Practice for 10 lean years has led to a drop in patient satisfaction for the first time. The Banking crisis and Brexit were both hurting the NHS and we need recur-

Dr Sarah Westerbeek, Kent LMC Sessional GP Chair & West Kent LMC Representative, spoke up for the value of locum GP's

rent new funding. "Enough is enough" was the cry, (not for the last time in the day), and we need to stand together to make things better, which led to an inevitable standing ovation.

We had a session on workforce/ recruitment and retention with much focus on the value of partnership and independent contractor status. There was little that was contentious, partners being described as Energiser Bunnies that just keep going until their batteries failed.

Sarah Westerbeek spoke up for the value of locum GPs keeping the system going and Zishan Syed slipped in a bit of opportunistic canvassing as he showed concern whether non-GPs could really help sustain the partnership model.

Gregory (Bug) Price was a first time speaker for a motion about extending direct reimbursement for allied health care professionals in the practice team. Concerns that such a move might lead towards a totally salaried service, an unintended consequence of a well-intentioned suggestion, led to this being passed as a reference.

The temperature of the meeting rose when a session on practice closures brought into focus the desperate state of general practice. In the more deprived parts of Bristol, partners were reluctantly handing back contracts when recruitment to the practice

Dr Bug Price, Canterbury & Coastal GP & LMC Representative, spoke in favour of a motion about extending direct reimbursement for allied health care professionals in the practice.

had failed, and a quarter of the patients in Plymouth, 34,000, had no fixed GP and were being served by caretaker emergency measures. It was highlighted that the patients who do re-register in these circumstances tend to be needy, complex, and difficult. Publicity and money was required to sort out these problems ahead of cash for "working at scale" and 7 day, 8-8 sessions. There seems to be no plan B, and the 70 year old NHS was failing patients over 70 years old in particular. A proposal encapsulating this was passed unanimously and unchallenged.

A ray of hope shone from a report from the Scottish GPC, where they have been patiently negotiating a new contract for the last 3 years with "the manners of the dining table rather than the boxing ring". There has been agreement with the proposals evenly spread across all types of GP at a rate of 71.5% for and 28.5% against. There was some concern that this could lead to a salaried service, but the proponents were confident that partnerships would survive, and the contract would look more like the one that existed prior to 2004, with an emphasis on the restoration of the primary care team in the community.

Afternoon Session

Dr Sarah Westerbeek, Kent LMC Sessional GP Chair

The afternoon session kicked off with a report from the chair of the GPDF followed by a session where the audience were invited to Question the Executive Team of the GPC. A wide variety of questions were asked and points made, including calls for the GPC to lobby for adequate funding of primary care and highlighting the lack of GPFV money being seen by practices. Issues caused by the "GP at Hand" service were also raised, and practices in London asked for the GPC to ensure financial compensation for practices who are having to de-register and then re-register patients with problems that the online service has been unable to deal with.

The next item on the agenda was a report by the Chair of the Sessional Sub-Committee of the GPC; Zoe Norris. This interesting speech gave an update on the increased involvement that the GPC has had with sessional GPs this year, facilitated by an improved website which has seen a 5 fold increase in hits. Zoe informed the audience that 72% of LMCs now have seats for sessional GPs, however unfortunately there are still some issues with filling all of these. She then went on to highlight barriers to engagement with sessional GPs, such as sessionals in some areas having to pay additional payments to attend the LMC conferences, and some ex-partners being given sessional seats unelected despite other individuals expressing interest. The take home message was that whilst great advances have been made with engagement of sessional GPs, there is still a long way to go.

Tom Micklewright, Chair of the GP Trainees Sub-Committee, followed Zoe and gave an impassioned speech about the importance of engaging with trainee GPs in order to secure the future of General Practice, as they make up 1/7th of the GP workforce. He recapped some of the work done this year by the sub-committee including fighting for better Out of Hours training, raising the failings of Capita that are affecting trainees and the publication of a guide for "GP Trainees and LMCs Working Together Effectively".

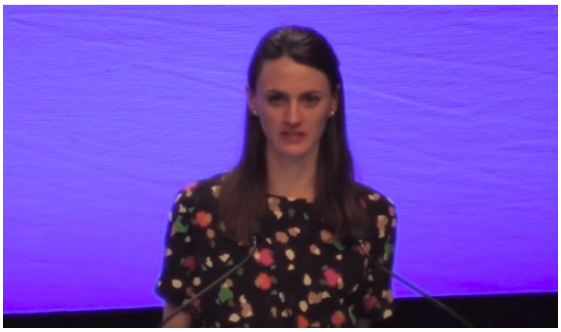
He discussed one of the key topics of the day, the systemic failures in the Bawa-Garba case and the effect that this will have on reflective practice, an issue that resonated with all in attendance at the conference.

The next two motions (Motion 24 and 25) were regarding GP Trainees and were passed in all parts, calling for the GPC to ensure that all jobs during GP training ensure high quality teaching, adequate study leave and attendance in clinics and are not simply for service provision in hospitals. They also called for adequate Out of Hours supervision.

Regulation was the heading for the next set of motions and revolved around the recent Bawa-Garba case. Calls were made for the GPC to work with the BMA and other relevant organisations to petition the government for a less adversarial approach to adverse events that recognises the importance of system failures and seeks to learn rather than blame.

As well as this the significant impact on practitioners and practices subject to NHS Performance Investigation was discussed. The potential for the use of our written reflections within our eportfolio, to be against us was raised.

Speakers included Kent LMC's Alicia Watts who stated that the GMC have acted as a "punitive body" simply serving to "maintain public confidence". All parts of these motions were carried.



Dr Alicia Watts, Canterbury & Coastal Sessional GP & LMC Representative, stated that the GMC have acted as a "*punitive body*" simply serving to "maintain public confidence".

LMC Conference: Personal Reflections

Dr Zishan Syed, West Kent LMC Representative

I am delighted to have had an opportunity to speak at an historic event in General Practice. It was good to see some representation from the younger generation as we are the future of General Practice. I emphasised in my speech that it really is time the GPC started prioritising the welfare of younger GPs rather than the welfare of allied health professionals.

This year's conference had a considerable number of motions which did not quite stimulate the debate we had hoped for. I was particularly frustrated how members of the panel interfered repeatedly in motions: I had hopes of the 'no confidence in GMC' motion being passed without difficulty. I feel the GPC has totally misread the profession's concerns towards the GMC over recent events. In my own speech with regards to the soapbox I argued for reverting to a higher standard of evidence for GMC proceedings against doctors to that of beyond reasonable doubt. It is only with firm proposals such as mine that we will see proper change. The motion of no confidence in the GMC went through though albeit to the chagrin of the panel.

We then turn to the next disappointing attempt by the panel to frustrate a motion: That conference believes that the survival of the profession should take precedence over the survival of the NHS.

A strange justification to frustrate the motion and others seemed to be we should worry what the media thinks of doctors. The motion passed through as many doctors I suspect have lost faith in the media. Unless there is a profound change in the LMC annual conference I grow increasingly concerned for General Practice.

There may have been some interesting speeches but it is firm action that is needed and sorely missing. More concern seems to be attached to the technicalities of debating rather than hitting the core concerns that face grass root GPs. As pointed out in conference, there is an absence of actually wanting/achieving time specific goals.

Dr Stephen Meech, West Kent LMC Representative

It was disappointing not to see any of Kent's carefully honed motions included in the agenda for debate this year. Most of the items we submitted had been deemed existing policy or sufficiently self-evident to be accepted without debate, and were consigned to the conference appendix. Maybe we need to come up with more contentious issues in future?

Reading the list of items to be actually debated, however, I came to the conclusion that much the same could be said for most of them too. But then Conference is sometimes about letting off steam and hoping to gain publicity for some of the issues currently faced by GPs. Richard Vautrey's resounding opening address encapsulated those concerns, the implications of Dr Bawa-Garba's GMC case, practice property, indemnity, funding and workload, all issues that would be discussed later in the day.

Despite no formal motions to propose, the enthusiasm of my younger Kent colleagues (actually most are younger than me these days!) was striking. Sarah, Alicia, Bug and Jeremy all took opportunities to contribute to the discussions and my colleague, Zishan, is becoming an old hand at the podium and got in a cheeky early mention of his (unfortunately ultimately unsuccessful) candidature for the first-five GPC election!

The reports from the devolved nations are sometimes rather dull but this year there was genuine interest in Alan Devitt, Chair of Scottish GPC's presentation. With the absence of the purchaser-provider split the GPs in Scotland have had positive conversations with their government and the outlook presented was very upbeat. Among other changes they have some additional funding, support for GPs moving to under-doctored areas, support services for patients, pay guarantees, premises security to prevent the "last man standing" scenarios, and quality initiatives around and within practices. Many GPs in Scotland are not paid as well as English counterparts but we heard enthusiasm about the future for the profession, very much in contrast to our own current low morale.

I'll leave others to pick out their own highlights but for me it was an enjoyable day and worth the trip, and the rather late night return to Kent.

Dr Alicia Watts, Canterbury & Coastal LMC Representative

This was my first time attending the conference and I found that the organisation and time keeping were very impressive. The conference enables GPs from a range of backgrounds and areas to debate current issues affecting the profession.

A lot of the motions were passed without the need for much debate which I think is because the GP community is united by the current workforce pressures. The themed debate on workload had the most speakers of the day and ended with an emotional account from a GP discussing her struggle with burnout. This was met by a standing ovation and brought a tear to many an eye.

I had prepared to speak on the motion that conference has no confidence in the GMC as a regulatory body. Despite having spent much time preparing my speech, standing in front of a national conference was daunting. However the motion was passed in full despite David Bailey, chair of BMA wales, speaking against it. I found the experience exhilarating which was in part due to how supportive the LMC was in encouraging first time attendees to speak. I had been informed prior to attending that once you were there you would want a chance to speak. I had been sceptical about this but once I was present I could only agree. Of course the next day I would have liked to do it again with my new improved speech!

I found the soapbox aspect of the day interesting as GPs were able to raise topics that were not in the main debate. I used the time to raise the issue of the annualisation of pensions when GPs take time out of work which is a topic I feel strongly about.

In the current climate it can be hard to remain optimistic. However I feel lucky that we have this forum where we can raise issues and challenge policy. Hopefully we can continue to change our profession for the better and encourage a new generation of GPs.

It was clear the profession is still passionate about general practice, good patient care and supporting the developing role of a GP. I hope I have the opportunity to attend future conferences.

LMC Meeting with Kent Police
Donna Clarke, Practice Liaison Officer

Dr John Allingham, Dr Dan Kerley and I had a constructive meeting with DS Susie Harper, DCI Tracy Anstis and Sophie Scott from Kent Police as a result of which DS Susie Harper will be coming to speak at the Kent LMC conference on 1st November.

The main focus of the meeting was MARAC (Multi Agency Risk Assessment Conference). Kent Police host MARAC because none of the other agencies involved are currently able to do so. Sophie Scott heads up MARAC and provides training for anyone involved in the process and we did discuss the possibility that she could attend PLTs, maybe when Safeguarding training is being provided, to give GPs some training. We were quite shocked to hear how many homicides being investigated in Kent were related to domestic violence.

The Police agreed that any request for information should be justified and proportional and they agreed to share the MARAC referral form with GPs when requesting information so that you will see what the issue is which should aid your decision about whether to provide the information requested. We have further information on the process on our website at:

https://www.kentlmc.org/domesticviolenceandmaracsmultiagencyriskassessmentconferences

Whilst we were there I raised the issue of police officers turning up at surgeries and demanding sight of patients records with no paperwork as we have had a few contacts from practices where this has happened. DS Harper was surprised to hear this and stated that this should not be the case and officers must have the appropriate form signed by a senior officer as per the guidance on sharing information with the police. She would expect practices to send them away and ask them to obtain the authority to view the records.

Can my Practice Stop Offering Travel Vaccinations?
Donna Clarke, Practice Liaison Officer

We have received a number of enquiries on this subject from Practices who are seeking to find ways of easing workload pressures. There are certain travel vaccinations that you are contractually obliged to offer your patients as an additional service under the GMS/PMS contract because of the public health agenda.

The vaccinations concerned are:

- Hepatitis A
- Cholera
- Typhoid
- Polio
- Paratyphoid
- Smallpox

No fee may be charged for these to a patient registered for NHS

services with your practice.

Under the GMS/PMS contract you can choose to opt-out of providing the vaccinations and immunisations additional service. However, this would lead to a 2% reduction in your global sum. (It is also worth noting that opting out of the service does not mean you could then charge patients for these travel vaccinations which are available on the NHS.)

For more information see the BMA Focus on Travel Immunisations: https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/travel-immunisation

Kent County Council Supported LARC Letter of Competence Training Programme is Extended!

Vicky Tovey, Public Health Senior Commissioning Manager, KCC

Following the success of the supported LARC Training Programme which commenced in May 2015, Kent County Council have taken the decision to continue the training programme for GPs and Practice Nurses to help ensure that all women in Kent have access to the range of long acting reversible contraceptive methods.

Since commencement of the training programme, 172 Letters of Competence have been completed by GPs and Practice Nurses across the county. Feedback on the training has consistently been rated as 'Excellent' or 'Very Good'.

Testimonials from GP and Practice Nurses attending training include:

'The best and most worthwhile training I have attended since leaving medical school!'
'Everything I needed to achieve in a tight time frame was achieved'
'I have come away feeling confident and raring to go'.

An audit carried out by public health in December 2017 showed a significant reduction in early LARC removal activity in Kent when comparing like for like periods between 2015 and 2017, in addition to an increase in the number and choice of procedures offered.

The training programme will continue to be managed by Navigate 2 on behalf of Kent County Council (KCC), and will support GPs and Practice Nurses to gain The Faculty of Sexual and Reproductive Health (FSRH) Letter of Competence (LoC). The programme will enable clinicians to achieve the two specialist elements that must be demonstrated before the issue of the LoC: an assessment of knowledge and an assessment of practical skills. It may also provide opportunity for other practitioners in the practice to develop or update their knowledge of contraception.

The funding support covers the fees of the live training sessions, which, for a clinician undertaking both Letters of Competence (sub dermal implants and intrauterine techniques) can total up to £2,100. Trainees will be required to pay the FSRH eKA knowledge assessment fee of £75 and the LoC application fee of £55 per LoC for current FSRH members and £300 for non-members.

Navigate 2 will target Practices who do not currently hold both LOC, or in the following areas: Swale, Canterbury, South Kent Coast and Thanet. Practices where there is a low number of staff trained to meet anticipated demand will also be encouraged to participate.

Kent County Council will be renewing contracts for the provision of LARC for 2018/19 and only those Practices who have staff with valid Letters of Competence will have their contracts renewed for LARC. KCC is keen to offer patients choice so would encourage practices to obtain both LOC.

If you would like to receive more information about the training, or if you are a Practice who wants to provide LARC and do not currently hold a LOC please contact Fiona Taylor at Navigate 2 Ltd who will provide you with a document detailing the training process and a registration form. Her contact email is fiona@navigate2.co.uk.

What we have done to help stop KCC adding to GP Workload

Dr John Allingham, Medical Secretary

Following information from GPs that some KCC staff were being sent by line managers to seek certification for periods of sickness of less than a week has been taken up with their senior staff.

If any of you see a spike in requests such as these please contact the office as we now have a contact to take this up with. The Director responsible for this area assures the LMC that 'it is policy to afford employees to self-certify for up to 7 days of sickness absence' and that requests for certificates for shorter periods would only be 'in exceptional circumstances'.

The issue of schools sending children not needing medical care to GPs to satisfy an administrative responsibility or risk averse policy was addressed at a winter pressures meeting. As a result of this headteachers were sent a letter from the STP pointing out the additional pressures placed on General Practice by this unnecessary work.

It is unfortunate that Academies can set their own policies and these do not always reflect KCC or national guidance.

Please keep pushing back by writing to headteachers.

Sessional & VTS Conference

How to Live Long and Prosper in General Practice

Thursday 24th May 2018

13:00–17.30

(Buffet and refreshments available)

Inspiration Suite, Village Hotel
Castle View, Forstal Road, Sandling
Maidstone ME14 3AQ

Come and join our free Conference where we will be hearing from our keynote speaker, Zoe Norris and others regarding current sessional issues, pensions, common pitfalls of sessional working and how to overcome them, together with a guide to starting as a locum.

Dr Zoe Norris
Sessional Chair of the GPC

We are delighted to announce that this Conference is **FREE** to attend, and is open to all Sessional/VTS GPs across Kent & Medway

Please book via the Kent LMC website:
www.kentlmc.org/events/6389
(places are limited and are available on a first come first served basis)

Noticeboard

Being an 'Interested Party' at a Coroner's Inquest

Dr John Allingham, Medical Secretary

After over 30 years of medical practice I recently had the experience of attending a Coroner's court for the first time.

I was named not simply as a witness but as an 'Interested Party'. This is a status that is automatically granted to family and beneficiaries named in the deceased's will but can also be given to those whose 'act or omission may have caused or contributed to the death'.

In the event that a GP is named as an 'interested party' it is important to seek legal advice from ones Medical Defence Organisation (MDO) and to ask whether legal representation is advisable.

Interested parties have the right to examine witnesses and to receive a copy of any rule 28 report. (Explanation later in article).

I was represented by a barrister from my MDO.

The coroner is tasked with answering 4 questions which essentially are who, when, where and how but not of apportioning blame. The coroner's rules state that 'no witness is obliged to answer any question leading to incriminate him or her' and that is why legal representation is so important.

I spent a lot of time reading the notes, considering the questions that may be posed and preparing answers. As a result I was able to answer all of the coroner's questions from memory and although I took notes with me to the stand I did not need to refer to them. I would recommend any colleague involved in an inquest to do the same as feedback from my barrister in this respect was positive.

On conclusion the coroner offers a verdict and under rule 28 has to consider whether 'to make a report to prevent other deaths'. In effect this could mean referral to NHS England or the GMC to consider whether a Doctor named as an interested party was culpable in a manner that warranted investigation under the performers list regulations or via a fitness to practice process.

The coroner did not consider a rule 28 report was necessary in my case. Thankfully!

The case I was involved with concerned a suicide and my research revealed the quite shocking figures for this in Kent. We are above the national average and my own practice of 8500 patients can expect a suicide roughly every 18 months. There is training in suicide prevention and awareness available and in my role with North Kent CEPN (Community Education Provider Network) we are looking to commission this in 2018.

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:
Tel: 0115 979 6910 Email: info@lmcbuyinggroups.co.uk Website: www.lmcbuyinggroups.co.uk

Kent Local Medical Committee

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