



# Kent Local Medical Committee

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## Highlights from the Kent Local Medical Committee June 2014

Dr Julian Spinks welcomed members to the recent meeting of the Committee, particularly Dr Vidya Krishna who was recently appointed as the sessional representative for Ashford. It was noted there remains a vacancy in South Kent Coast for a Sessional GP representative. If you are a sessional GP in South Kent Coast are interested in becoming an LMC representative please do not hesitate to contact the office.

### Appointment of Observers

As per the LMC constitution Dr Mark Nugent (Local Dental Committee), Dr Mike Keen (Local Pharmaceutical Committee) and Dr Sudhir Kondaveeti (Ophthalmic Medical Practitioner) were appointed as observers to the Committee.

### Domiciliary Dentistry

The LMC raised concerns with the LDC, over the Community Dental Service requesting a letter from GPs supporting the medical need for a dental domiciliary visit. The LMC and LDC have subsequently agreed to jointly approach the commissioners to highlight that self or carer declaration is more appropriate.

### Flu (Housebound)

There remain ongoing issues in East Kent over flu for housebound patients. As Lead Commissioners Thanet CCG outlined their position, stating it had been agreed by other East Kent CCGs. They confirmed that as part of their contracting arrangements KCHT takes responsibility for housebound patients already known to the nursing teams and on their active caseload, and that KCHT will continue to provide vaccinations for any family members in the same household who are present at the time of the nursing team visit. This excludes housebound patients not on the DN caseload, who will continue to be the responsibility of the

GP. The problem does not exist in Medway as housebound patients, including carers, are vaccinated by the DN team. West Kent also intends to negotiate along these lines. Negotiations continue!

### National Review of FHS (KPCA)

There was discussion around the National Review of FHS/PCS (Kent Primary Care Agency) being undertaken to reduce costs. It was noted that SSCL (SBS) have submitted a bid to provide the service on a national basis, giving cause for concern. It was agreed that KPCA are an enormous support to practices, and their demise would have a detrimental effect on practices in Kent with the loss of local expertise and the potential issues with the collection of levies.

The LMC encouraged GPs to support KPCA and urged practices email comments via the national feedback mechanism [england.pcsinfo@nhs.net](mailto:england.pcsinfo@nhs.net) or forward them to [info@kentlmc.org](mailto:info@kentlmc.org).

### Interpretation Services

Liz Mears reported that after the Kent Community Trust gave notice to The Big Word Interpretation Service in East Kent, the service was set to continue until the end of June. The LMC are in discussion with the Area Team and will endeavour to seek a resolution to ensure continuity of the service. It was noted that West Kent & Medway practices can contact the Community Interpreting Service (CIS) based in Medway ([cis@medway.gov.uk](mailto:cis@medway.gov.uk)) Tel: 01634 331286.

### PMS Reviews

There were discussions around PMS practices and the correction factor model recently implemented in Essex. It was noted that approximately 60% of practices in Essex were embarking on this

model and will transfer from PMS to GMS and implement the 7 year correction factor. The LMC agreed to investigate further.

### **MPIG Outliers**

It was noted that the small number of significant outliers identified in Kent have virtually all either merged with other practices or they are contract holders where there are virtually no patients, ie. GPs appointed to nursing homes. The tranche of practices below the outliers were a cause for concern, and the office were aware of two such practices. The LMC meet regularly with Stephen Ingram and urged practices to contact the office with any concerns.

### **CQC**

Di Tyas presented an overview of recent and proposed changes at the Care Quality Commission (detailed in the June edition of In Touch (102) available on [www.kentlmc.org](http://www.kentlmc.org)). Pilot visits are now underway and will continue until September 2014. It was noted that CQC are happy for the LMC to attend visits as observers. Please contact the office if you would like the LMC to attend.

Practices were urged to prepare all members of their staff, and ensure comments are fed back to the CQC following a visit. It was suggested that CQC reports could be shared to help identify areas that may need addressing.

### **Courier Charges**

The increase for the courier service provided by KPCA is at the 2013/14 level plus 1% (proposed by NHS England), giving a total of £72,160.

### **Local Authority Payments**

Despite a letter from David Geddes to Area Teams and CCGs in September 2013 stating that all arrangements currently in place should continue, issues are still ongoing. The LMC are discussing the matter with the Area Team and will report back. Practices were encouraged to continue to raise invoices and send them to the KPCA.

### **2013/14 Statutory and Voluntary Levy Accounts.**

There is a good balance across the accounts and the Finance Committee

agreed that both the voluntary and statutory levies should remain unchanged. This will be reviewed again in 2015.

### **Co-Commissioning of Primary Care Services**

There were discussions on the joint letter from Rosamond Roughton, National Director, Commissioning Development and Dame Barbara Hakin, Chief Operating Officer, NHS England regarding the Co-commissioning of Primary Care Services. The letter invites CCGs to submit expressions of interest by 20<sup>th</sup> June 2014 to develop new arrangements for co-commissioning. It is the LMC's understanding that Canterbury & Coastal, South Kent Coast, Thanet, Medway and West Kent CCGs are currently considering co-commissioning.

Members engaged in a debate around the pros and cons of co-commissioning. Initially seen this was seen as an opportunity for primary care colleagues however threats became more apparent, particularly relating to funding. Concerns were raised around the commissioning of general medical services, performance management, the need to ensure an exchange of resources, and possible conflicts of interest.

A motion was put forward "That Kent LMC rejects proposals contained in NHS England's interim response to the Call for Action for general practice to make CCGs co-commissioners of GP Contracts". The motion was carried nem con.

### **Kent & Medway GP Staff Training Team (GPSTT) Annual Report 2013/14**

Claire Trevill, Senior Associate, Learning and Development, KMCS presented the Kent & Medway GP Staff Training Annual Report for 2013/14. Claire acknowledged the help and support of Gareth Pitcher, Jo Purkis and the GPSTT, and commended them in continuing to provide services in such a challenging arena.

During 2013/14 approximately 6,000 training places were provided by the Team, and they commissioned and delivered 393 courses funded from the training top slice and a further 43 courses funded by Health Education Surrey and

Sussex (HEKSS). The figures exclude on-line training where 541 candidates completed e-learning.

A healthy budget plan for 2014/15 comprising top sliced funds together with a credit balance from 2013/14 was agreed and will be available to provide an enhanced programme of training this year.

Consideration needs to be given to the changes in the team and the developments planned for this year, particularly around CQC. It was noted that to date only 50% of practices have completed the TNA, so please return yours as soon as possible to enable the Team to work on accurate information when planning training across the county.

It was suggested that the LMC seek some additional GP leadership in addition to the Education Board to ensure the Team is providing appropriate courses. It was agreed to set up a clinical leadership forum to help steer the team.

Claire called for the LMC to consider and approve the Kent & Medway GP Staff Training Service Annual Performance Report for 2013/14, including the finance and performance data within it. The Committee approved the report and were unanimous in supporting the continuation of the provision by KMCS.

#### **Promoting Collaborative Working Update**

The LMC have supported or led many meetings and discussions around collaborative working to assist practices in determining whether collaborating can provide better services and protect existing services.

John Allingham presented an overview of the current situation across Kent, details of which are available in In Touch 102 - June 2014.

#### **£5 per head resource - Over 75s**

Di Tyas provided an overview of the guidance document produced by NHS England entitled 'A Programme of Action for General Practice'. The document sets out an expectation that CCGs should identify £5 per patient from their budgets for use in improving services for older

people and those with more complex needs, and details national guidance on how this should be spent.

Representatives reported on experiences within their own CCG. It was noted that some CCGs, including West Kent, Medway and Swale, have taken an initial top down approach, whilst other areas have sought proposals.

Gaurav Gupta commented that it was a relatively small amount of money, with over 75s only accounting for 10% of the population. Concerns were raised at the considerable amount of administration time required in exploring options.

It was agreed that practices need to work closely with their CCGs to identify priorities for the funding.

#### **Avoiding Unplanned Admissions**

There were discussions around the Avoiding Unplanned Admissions DES and the potential overlap with the £5 per patient resource. It was noted that the Area Team have invited practices to participate in this ES and practices wishing to participate are required to sign up no later than 30<sup>th</sup> June 2014.

There remains confusion over tools for identifying 2% of vulnerable patients

#### **Pricing Principles (Enhanced Service)**

There are currently no agreed mechanisms in place to review CCG commissioned services provided by practices in Kent & Medway, leading to a wide disparity in pricing between neighbouring CCGs. It was agreed that local contracts (previously Local Enhanced Services) form a considerable part of practice income, and the LMC are keen to ensure services are priced more appropriately in the future. In light of this the LMC is keen to work with CCGs, building upon an approach used for some time by Surrey and Sussex LMCs, to ensure consistency of method used to calculate pricing across Kent & Medway.

The pricing principles document reflects costs incurred by an 'average' practice. Most of the representatives agreed to move forward based on these broad principles.

### **Anticoagulation Services**

The four East Kent CCGs have undertaken a review of anticoagulation services, and were keen to establish a single service.

It was noted that the Area Team currently holds the contract with community pharmacies, which will be extended for one year until September 2015. There were discussions around the pricing inequity across the patch, whereby a test costing £19 when carried out by a GP would cost £25 by a pharmacy and £38 in a hospital. Nice guidelines recommend PGDs cannot be used from Sept 2014 onwards, and therefore the Area Team have agreed, with NICE approval, to extend the use of the PGD and the contract until September 2015, giving time for pharmacists to become trained.

The Committee felt this appeared to be very unfair with a procurement running for two CCGs (SKC and Canterbury), Ashford have a more favourable agreement and Thanet are still working on existing arrangements, whilst the community pharmacists have been granted a contract extension to a different service specification (less onerous) and different pricing (more favourable).

The LMC will gather all appropriate information and consider seeking legal advice.

### **LMC Conference - 22<sup>nd</sup>-23<sup>rd</sup> May 2014**

Dr Julian Spinks reported that Kent had had a very successful conference with a large number of delegates being called to speak. In particular he reported that Dr Adam Skinner had given a particularly moving speech which had led to a standing ovation—something that happens very rarely.

### **Date of next meeting**

The next meeting of the Committee will be held at 2.15pm on Thursday 9<sup>th</sup> October 2014 at the Village Hotel, Maidstone.

**Kelly Brown**

**LMC Liaison Support Officer**