



Kent Local Medical Committee

8 Roebuck Business Park, Ashford Road Harrietsham Kent ME17 1AB
Tel: 01622 851197 Fax: 01622851198 Email Info@kentlmc.org

Medical Secretaries: Dr M Parks
Dr J Allingham
Clerk Mrs Liz Mears

Highlights from the Kent Local Medical Committee October 2014

Dr Julian Spinks welcomed members to the Committee meeting, and introduced Dr Caroline Rickard as the newly appointed Sessional representative for South Kent Coast.

JS announced Di Tyas' retirement, delivered a moving speech in recognition of her 12 years' service for the LMC, and presented gifts on behalf of the Committee.



Julian commented that Di has worked tirelessly in supporting the profession, whilst gaining the respect of every organisation and individual with whom she came into contact. The Committee responded with a standing ovation. Di thanked JS for his kind words and generous gifts, and counted herself fortunate to have worked so closely with such a talented group of people. Di commented that working as a member of the LMC team has given an insight into the lives and difficulties of the GPs and

practices who serve their practices unstintingly every day. Di also thanked Liz, Mike, John, David, Kelly and Clare, highlighting the importance of team working in resolving complex issues that arrive in the office daily.

Domiciliary Dentistry

The LMC have received confirmation that the Community Dental Service have removed the requirement for a GP signatory in determining if a patient is truly housebound before referral and treatment.

Flu (Housebound)

There has been some significant movement from some of the CCGs around the immunisation of housebound patients, and confirmed that DGS, WK and SKC have negotiated a change in the KCHT contract to include the immunisation of housebound patients not on the DN caseload. It was noted that this is not reflected in Medway, where Community Nurses are no longer vaccinating patients not on their caseload.

The LMC are keen to encourage all CCGs to negotiate contract changes to include the vaccination of all housebound patients.

National Review of FHS (KPCA)

The LMC remain hopeful that the FHS will remain in Maidstone, but confirmed that a national procurement exercise will be undertaken. The timetable is unclear but the LMC understands that there has been a potential providers meeting. It was noted that there have been recent staff changes due to the uncertainty, and that as a result DBS checks are no longer being carried out for practice staff, only for new GPs to the Performers List. It was suggested that practices requiring DBS

checks for other staff should seek alternative providers (eg. Post offices or Avon LMC via the LMC Buying Group).

Interpretation Services

From 1 October 2014 NHS England (Kent and Medway Area Team) contracted with the Big Word for face to face and telephone interpreting services for all GP practices across Kent & Medway. It was noted that the historic arrangements held by a number of practices, principally in Medway, DGS and West Kent CCGs with Medway Council's Community Interpreting Service, remains in place.

Contract Variations

Contract Holders have received a Contract Variation (CV) to facilitate the introduction of Out of Area Registrations. This is to enable patients to register with another practice perhaps near their work/university in preference to a practice in the vicinity of where they live. This has been put back from 1st October until December as NHSE need to put in place any arrangements for home visits and out of hours for those patients wishing to take up this opportunity.

It was noted that this is not part of the GMS contract, and the CV is a mechanism to allow practices to offer this service if they wish. The LMC's view is that practices should sign the variation, however the GPC advises practices not to register out of area registrations because of the current uncertainty of how they will access medical services if they are unwell at home.

Concerns were raised at the unforeseen consequences where patients moving outside of a practice area could request out of area registration to enable them to remain on their current practice list. The LMC agreed to ascertain clear information around fees for home visits and agreed to continue to consult with representatives on this issue.

Local Authority Payments

Some practices have received collaborative fee payments for adoption, mental health and fostering, but it appears payments for case conferences are not currently being processed.

Concerns were raised following the recent guidance issued to schools by the Department of Education around the requirement for general practice to support children who have medical conditions going back into education. The guidance suggests that GPs should notify the school nurse when a child has been identified as having a medical condition that will require support at school, and the funding stream identified to support this is via collaborative fees. In view of the new guidance The LMC agreed to re-address concerns around collaborative fees.

Friends & Family Test (FFT)

As part of the 2014/15 contract negotiations a requirement for general practice to undertake an FFT was agreed. The intention is that it provides an opportunity for patients to provide feedback on the care and treatment they receive, and practices are required to implement this from the 1st December. It was noted that there are some specific requirements, including two questions, the initial question being "How likely are you to recommend our service to friends and family if they needed similar care or treatment?". Patients are invited to respond by choosing options ranging from 'extremely likely' to 'extremely unlikely'. Data from this question will be reported monthly to NHSE and may be published on NHS Choices. It was noted that there will also be a subsequent practice determined question, which will be for practice/PPG use and publication.

It was noted that there are companies willing to provide this service on behalf of practices. iWantGreatCare are presenting at the LMC conference on the 12th November, and are offering the service free of charge to practices for the first 3 years. iWGC have reported the majority of feedback is positive and their solution allows GPs to register and collect patient feedback of their own, which can be used for revalidation purposes.

LARC Update

After significant feedback from LMC reps on the specification and pricing for this service LM reported that Public Health England have subsequently agreed to extend the current contract until 31st

March 2015 to facilitate further consultation and address concerns. It was noted that the final specification and prices will be shared following the consultation period from October to January 2015, prior to the new service commencing from 1st April 2015.

APMS Contract

NHSE AT have issued a prospectus and an invitation to tender for a 10 year APMS contract where there is currently a single handed vacancy, valued at £100 per weighted patient. David Barr highlighted the importance of ensuring there is a clear message that all GPs currently receive less than £100 per weighted patient.

CQC

Two practices have informed the office that CQC have reported problems with their premises following an inspection, and required improvements to be made within specific timescales, with a threat of regulatory action if not completed. It was noted that Medway will be the next area to be inspected. Any practices unhappy with a visit should contact the LMC as soon as possible to enable them to provide advice and support.

GPC Report - GPC News

There were discussions around the key changes to the GP Contract in England recently published by the GPC, particularly in relation to avoiding unplanned admissions and patients' online access to medical records.

Concerns were raised around the responsibility for patient records and the possibility of determining the level of confidential information available online by not displaying specific read codes.

Report from Sessional GP Meeting

A motion was proposed, seconded and carried unanimously to form a Sessional GP Sub-Committee.

Mark Speller was introduced as the nominated chair of the Sub-Committee. The initial aim of the Sub-Committee will be to populate the current database by establishing a network of sessional GPs via appraisal leads, learning sets and the

KPCA. The LMC will then establish the best way to engage with and support this group of GPs. It was noted that the Sub-Committee are keen to re-establish a Sessional GP Conference and expand the Sessional GP section of the LMC website. The sessional GP Sub-Committee will be held three times a year and will report back to the Full LMC.

Co-Commissioning of Primary Care Services

All CCGs across Kent & Medway have expressed an interest in co-commissioning, and it is the LMCs understanding that NHSE seek further information from the CCGs in the near future.

It is the LMC's view that the performance procedures for individual practitioners, and performance management of GMS Contracts should remain firmly outside of CCG direct control. However, it is the LMCs view that CCGs should be involved in these matters as they will clearly impact on the delivery of healthcare for their populations. MP commented that the LMC are involved in the process of deciding what level of involvement CCGs should have in commissioning.

Kent & Medway GP Staff Training Team

Once again the Kent & Medway GP Staff Training Service is under threat, following the announcement by Claire Trevill that KMCS intend to serve notice on the running of the team as they do not believe the contract provides sufficient funding to support the service running efficiently. The LMC have subsequently met with KMCS who have indicated that they have an appetite to continue running the service but in order to enable them to facilitate this they would require £40k additional funding for administration.

The Team has worked in collaboration with the LMC since the early 1990s to provide general practice staff with training free at the point of delivery. The service is unique to Kent and is funded by a 29p levy per patient from each practice, raising about £521,000 per annum.

The 8 CCGs and the AT have contributed to the funding of the administration team, which has been cut from £167,000 to £126,000. It formerly supported 5 staff but now supports 2 plus 1.5 days of management from KMCS. Feedback over many years has been very positive, with the service providing excellent support to staff promoting quality in practice and easing the life of practice managers. Without it there would be a plethora of providers and practices managers would have to identify and book appropriate courses for their staff. The Committee debated various options for the service moving forward, including renegotiating the contract with KMCS, the possibility of CCGs or a GP federation hosting the service. There were discussions around the Community Education Provider Networks (CEPNs), a federated system of community providers who intend to build capacity in the community to offer a wide range of training.

The LMC will write to CCGs requesting funding and will explore the possibility of a GP federation hosting the service, noting the possible implications regarding VAT.

Workforce Planning Tool

The LMC have met with the NHSE, HEKSS and some CCGs to look at what could help improve the current workforce crisis in the immediate term, but also how to plan workforce needs for the future. It was noted that workforce planning for the acute sector is determined via an annual return from all providers but that there is currently no workforce planning for general practice.

HEKSS are keen to implement a primary care workforce planning tool to provide a workforce 'stocktake' and use thereafter for workforce planning purposes. The tool can be used to varying degrees, requires populating and keeping up to date, and would hold a range of data including the number of posts, sessions, WTEs and age of GPs. The LMC are awaiting details on limited funding which may be available to support its initial usage. The LMC's view is that if utilised the tool will greatly assist with workforce planning and should meet the workforce census and minimum

data set requirements if they are introduced.

Kent LMC Annual Conference - 12th November 2014

The 5th Kent LMC Annual Conference will be held on Wednesday 12th November 2014, and is FREE to all attendees. Members were encouraged to take this opportunity to hear from keynote speakers on the future of primary care and share the invitation with their colleagues.

HVS reported that the GPC Sessional GPs Sub-Committee is holding a conference entitled "Sessional GPs - Future Proofing Your Career". The conference will offer expert advice, practical information and guidance to support all sessional GPs in making the most of their careers, now and in the future. The conference will take place on 14th November 2014 at BMA House. (Please see the BMA website for further information).

Collection of Mobile Phone Data for Referrals for Maidstone & Tunbridge Wells NHS Trust (MTW)

Concerns were raised at the request from MTW to collect mobile phone data for referrals. It was agreed that mobile numbers can be unreliable and GP systems may not be able to easily export this information. It was noted that the MDU/MPS do not endorse the use of mobile phone numbers for sending text messages, and GPs should not assume they have permission to use these numbers for texts. It was noted that unlike on the telephone it is impossible to ascertain who picks up the text message.

Date of next meeting

The next meeting of the Committee will be held at 2.15pm on Thursday 12th February 2015 at the Village Hotel, Maidstone.

Kelly Brown
LMC Liaison Support Officer