

Kent Local Medical Committee

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

Highlights from the Kent Local Medical Committee February 2015

Dr Julian Spinks welcomed members to the Committee meeting, and introduced Mr Carlo Caruso as the newly appointed Deputy Clerk and Dr Ian Gould, GP from the Memorial Medical Centre, Sittingbourne as an observer.

It was noted that vacancies exist in Swale and West Kent for contract holding GP representatives, and in Ashford for a sessional GP representative. An Election will be running in the near future and members were asked to encourage GP colleagues to consider these opportunities.

Flu (Housebound)

The LMC has written to all CCGs welcoming arrangements that some have made to formally change the KCHT contract to ensure the seasonal flu was provided to housebound patients in 2014/15.

It remains the LMCs view that the provision of nursing services including vaccination to genuinely housebound patients is a district nursing task, and the LMC have asked CCGs to ensure it is included in the 2015/16 contract, and confirm the arrangements that have been put in place for 2015/16.

Out of Area Registration

NHSE Area Team initially received responses from 100 practices wishing to provide the new ES. The LMC raised concerns that the initial correspondence from the Area Team was misleading, and that the Area Team had interpreted expressions of interest as a sign up to deliver the service. The Area Team subsequently clarified the situation with practices, and have now confirmed 54 practices have signed up (12 of whom are willing to provide services for more than their practice area), 17 have positively

have not withdrawn and 29 vet The Area Team will be responded. writing to the 29 practices and will assume non-response still is а commitment. The committee expressed a concern that lack of response was more likely to reflect a desire not to provide the service. Practices were urged to respond to the AT if they do not wish to provide the service.

It was noted that coverage is better in East Kent, and there remain some gaps in West Kent and DGS. The AT will inform NHS111 who has signed up so that patients can be sign-posted.

BMA guidance states that a practice should only register out of area patients after they have sought and obtained assurances from the Area Team that arrangements for urgent GP services, including home visits, are in place for individual patients at their place of residence.

Local Authority Payments

The LMC have raised concerns around this issue with James Thallon, Medical Director, Kent and Medway Area Team of NHSE. Whilst NHSE understand the concerns unless they withdraw funding from another area they do not have the funds available. It was noted that NHSE are undertaking a review of this issue nationally but there is no progress to report back to date.

Members were urged to continue to send invoices to Local Authorities for payment, and to read the BMA Guidance - Quality First: Managing workload to deliver safe patient care, which provides detailed advice on what practices should and could choose not to provide.

LARC update

Following discussions with the LMC Public Health England issued a revised specification and requested immediate feedback. The LMC office reviewed the specification with a clinical eye and responded to PHE.

PHE propose to harmonise prices across the area (Insert SDI £53, Remove SDI £77.50, Insert IUD/IUS £92, Remove IUD/IUS £26.50) resulting in the fees not be attractive enough for some GPs to continue providing the service.

Anxieties were expressed that despite previous feedback PHE have not moved forward on the fundamental issues of pricing and training. Concerns were raised around the detrimental effect on patients if services is not provided. It was noted that PHE indicated that in the event of practices not signing up the service would be commissioned elsewhere (possibly by the Community Trust).

The LMC agreed to forward a copy of the draft specification to members and coordinate a response to feed back to PHE.

Primary Care Infrastructure Fund

The letter sent to practices from Dame Barbara Hakin regarding the Primary Care Infrastructure fund was discussed. It was noted bids against the £1bn four year investment programme will sit alongside the annual incremental premises programme. Further details will be published in April 2015.

The timescale for practices to submit bids for investment in 2015/16 was very short, and they are likely to be Improvement Grant type applications. However in future years bids are more likely to be new build applications. Practices submitting bids will have to demonstrate that they are in line with the Five Year Forward View (FYFV), reducing admissions, and that they have the support of their CCG.

Liz Mears reported that NHSE have applied for a £1.5m Improvement Grant for Kent & Medway (which was granted for 2014/15), and are awaiting confirmation that it has been secured.

NHSE have issued a link for FAQs which will be updated on a weekly basis.

GPC Report

The next GPC Roadshow will be taking place at 19.00-20.30 on Wednesday 4th March at the Village Hotel, Maidstone (buffet available from 18.30). GPs and Practice Managers were encouraged to take up the opportunity to hear from and question Dr Chaand Nagpaul, Chairman of the GPC, on the challenges facing General Practice. The Roadshow is free to attend, and places are available on a first come first served basis.

Debate: Opportunities and Implications of the Five Year Forward View for general practice and the LMC

Julian Spinks opened the debate by reported that the FYFV was discussed at a recent Chair/Vice-Chair meeting and three key areas were identified as aspects to preserve; the partnership model, meaningful collaboration and personalised care.

The FYFV was considered to be the next change that general practice will have to adapt to, and it was agreed that it should be considered as a positive opportunity to change and strengthen/revitalise general practice.

It was agreed that the preferred model of care was Multi-speciality Community Providers ("MCPs") (horizontal integration), rather than Primary and Acute Care Systems ("PACS") (vertical integration).

Concerns were raised around clinical leadership at a time when GPs were challenged with a recruitment crisis and a lack of resources. It was agreed that the MCP model would not depend on GPs to undertake all of the work. The importance of federations moving forward was discussed.

There were discussions around how the LMC should support its members moving forward. It was agreed that practices should be encouraged to work together,

and that the LMC should identify areas where this is not happening in an endeavour to help take things forward. The importance of ensuring LMCs have a statutory role moving forward was highlighted.

The LMC will be holding an event in June with keynote speakers to discuss the opportunities for the FYFV. The LMC will be extending invitations to vanguard practices to hear about their experiences. Further details on the event will follow in due course.

Quality First: Managing Workload to deliver safe patient care

There were discussions around the BMA Guidance recently published covering: reducing clinical workload that is inappropriate for GPs or practices; reviewing limiting and voluntarv additional work/enhanced services; measures to cease unfunded and under resourced work; working in partnership with patients to empower them with appropriate self-care and management skills: collaborative working with neighbouring practices; developing new systems of working and managing practice list sizes. The BMA suggest discussing this guidance on a wider basis (within forums) to send a strong message to commissioners and providers.

The templates were extremely useful and the LMC agreed include this as an agenda item for future liaison/interface meetings with CCGs and Secondary Acute and MH providers in an attempt to help control practice workload.

The increasing number of requests from schools for sick notes was discussed. The LMC agreed to provide a template letter outlining GP responsibility in relation to providing letters and notes to cover sickness absence.

Reports from Sessional GP Sub-Committee/GP Trainees

The Sessional GP Sub-Committee are working towards developing a comprehensive database of Sessional GPs in Kent. The KPCA and Liz Atkins have agreed to forward an email to sessional GPs on behalf of the LMC to request email addresses. It was agreed that different roles will be required in moving forward with the FYFV to help support local ideas and models, and that the database will be utilised to engage with this group of doctors and ascertain their workforce perspective.

The possibility of including a Sessional GP section on the LMC website was discussed.

Paula Newens was introduced as an ST3 in East Kent. Paula is keen to raise the profile of GP trainees and their unique perspective on the profession, and highlighted the importance of being able to link practices with suitable trainees, and the need to identify both the needs of trainees and what practices are looking for in a new GP.

There were discussions around recruitment and retention and the importance of including trainees in discussions was highlighted. It was noted that CCGs are keen to find a way forward with this issue with federations maybe creating a post-graduate post, and discussions had taken place at the about the Primary Care federation Workforce Tutor exploring how GP graduates that trained in the area might be encouraged to stay.

The LMC agreed to contact trainees with information/link to the LMC website prior to their graduation. The LMC do not currently have a GP Trainee representative for Medway or West Kent. Members were asked to encourage their trainees to consider this opportunity.

Kent & Medway GP Staff Training Team

An update was provided on developments with the Education Board. Hazel Carpenter has secured project management funding to undertake a review of the training function and future requirements, which will take approximately 4-6 months. NHSE and CCGs have therefore agreed to carry forward the service, hosted by South East CSU, until the end of September 2015 whilst this review is undertaken.

The service provided by South East CSU has improved significantly, largely due to Sue Timmins coming out of retirement to re-join the team. Sue will remain with the team during the review and will be in post to train her successor.

It was noted that there is no longer a predicted underspend, due to training that has now taken place and courses that have been scheduled until the end of March 2015. There remains a predicted underspend for the PNA delivering training. The LMC have agreement from the Chair/Vice-Chairs that this could be used to provide additional administrative support to ensure courses are procured for 2015/16. The underspend carried over from 13/14 will be utilised for future training post review.

Building the Workforce - The New Deal for General Practice

NHSE, HEE, RCGP and the BMA have jointly produced a 10 point action plan to address immediate workforce issues and to take initial steps in building the workforce for the future. The plan is part of the implementation of the Five Year Forward View, and it aims to improve recruitment into general practice, retain doctors within general practice and support those who wish to return to general practice. It was agreed that the 'outline' plan will help workforce issues if it delivers, but that more information is required.

Co-Commissioning - Feedback from Members

At a recent meeting in Medway practices voted in favour of Option B, but against a change to the constitution to facilitate this option. Medway CCG are subsequently exploring 'committees in common' in an attempt to move forward with Option B.

West Kent, DGS, SKC, Thanet and Swale CCGs all voted for Option A.

Despite 52% voting for Option B in Canterbury & Coastal CCG they are also moving forward with Option A as their constitution requires a 75% majority.

Date of next meeting

The next meeting of the Committee will be held at 2.15pm on Thursday 4th June 2015 at the Village Hotel, Maidstone.

Kelly Brown LMC Liaison Support Officer