

In Touch

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Collaborative Working

Liz Mears

The Health & Social Care Act 2012 brought about the advent of CCGs and new procurement and tendering rules. Whilst presenting traditional General Practice with considerable challenges this also gives rise to significant opportunities. More services will be provided 'Out of Hospital' but other providers are waiting in the wings, ready to provide services in primary care. This could leave practices on the side lines where they are not in a position to bid for services or even to provide the list based services on offer to them. Working together may provide opportunities but may be seen to threaten traditional General Practice which has been a successful model since its inception and is still highly prized.

Financial and patient demand on the profession will increase and practices are being pushed further to provide more for less.

90% of NHS work is done in Primary Care for 9% of the budget which is exceptional value for money.

There is an emerging middle ground between primary and secondary care which would be attractive to both primary care providers and others.

If you want to be a serious contender to provide more services, or in some cases preserve what you have, working together collaboratively seems the right way to proceed if general practice wants to survive.

You may be concerned that being part of a larger organisation will lead to loss of control. The GPC believes it still possible to ensure your values are retained, but it is important to establish your 'Common Cause' (please see the article



on page 4 from Mike Parks), gain commitment and explore feelings of partners, staff and patients.

You will need to allocate time to consider the future and your long term viability and sustainability.

There is no one model of collaboration that suits all of general practice. These are some models that we would recommend you consider:-

Simple alliances/formal and informal joint ventures

Two or more practices may agree simple collaborative alliances to deliver one or more specific community or enhanced services for local patients. This can enable better use of combined resources, such as staffing and premises space, in order to increase access to a wide range of patients.

Merger

Mergers previously involved 2 or more neighbouring practices that are confronted with similar limitations. A desire for larger better equipped premises is one driver for this as is the opportunity to increase the patient list size and practice income. The benefit of sharing staff is also significant.

A partnership agreement between the partners of the practices will usually be sufficient for a merger to take place but this maybe subject to change in the future.

Private Company Limited by Shares

Formed with a group of private individuals who wish to form a 'for profit' business using their own contributions as capital while protecting their personal interests.

Community Interest Company (CIC) and social enterprises

'Not for profit' Organisations re-

invest profits into business or the community. Control of CICs is dependent on whether the CIC is a private company limited by shares or by guarantee.

There is significant interest and activity amongst practices and things are growing and moving quickly. The LMC are assisting with many of these deliberations and are very happy to continue to

do so. Please contact us if you want to progress things locally.

We do recommend to any practice considering working collaboratively to take legal and financial advice.

It is vital to invest the time and money in the governance process to ensure that your arrangements are appropriate and fit for your 'Common Cause' and beyond.

Community Prescription Charts (Buff Forms)

Liz Mears

We met with the Kent Community Healthcare Trust to discuss 'buff forms' used as there had been much upset about proposed new forms - the amount and length of the forms.

John Allingham has looked at the form proposed for palliative care and it seems sensible to pilot this form in a few areas to ensure that

it is appropriate for all. This work will then lead into looking at the rest of the proposals.

We have already agreed with them that 12 separate forms is not feasible for general practice and we will work together to come up with something that meets the needs of patients and practitioners. We will update again soon.

Waiting Room Music PRS and PPL Licences

Kelly Brown

We would like to remind practices of their legal obligations to obtain the relevant licences if they play music in their practice for staff or patients.

In the UK if you play copyright music in public to any audience outside the domestic or home circle it is considered a 'public performance'. The Copyright, Designs and Patents Act 1988 states that you require permission from the copyright holder to 'perform' music in public - a music licence will grant this permission.

What type of licence will I require?

Phonographic Performers Ltd (PPL) and Performing Right Society (PRS) for Music are two separate independent companies and in most instances a licence is required from both organisations for you to legally play recorded music in public. While both organisations licence the use of music and collect royalties for the music industry, each represents different rights holders and have separate licences, terms and conditions.

PPL licenses the use of recorded music where played in public, broadcast on radio or TV, or used on the internet, on behalf of record companies and performers.

PRS for Music is a society of songwriters, composers and music publishers. They license the use of their members' musical compositions and lyrics when they are played in public, broadcast on radio or TV, used on the internet or copied onto physical products such as CDs or DVDs.

- If you have a television in the waiting room you will need a television licence, a PRS Licence and a PPL Licence.
- If you play music from tape/CD/MP3 you will need a PRS Licence and a PPL Licence.
- If you have radio music playing in the reception area or waiting room only you will need a PRS Licence.



How much is a licence?

The cost of a licence is determined by a number of factors: these include the seating capacity of areas with music, how you want to play music (for example, via TV, radio or compact disc) and whether music is played to callers on hold. Please contact the Societies directly for further information.

How do I obtain a Licence?

You can apply for both licences online. For further information please contact:

Phonographic Performers Ltd (PPL)
Tel: 020 7534 1070 or visit <http://www.ppluk.com/>

Performing Right Society (PRS) for Music: Tel: 0800 068 4828 or visit <http://www.prsformusic.com/Pages/default.aspx>

Kent Local Medical Committee Representatives 2014-2017

Ashford CCG

Dr J Kelly	Kingsnorth Medical Practice	Ashford	01233 610140	jkelly5@nhs.net
Dr S Rashid	New Hayesbank Surgery	Ashford	01233 624642	sadiarashid@nhs.net
Vacancy*	Sessional GP			

Canterbury & Coastal CCG

Dr D Grice	Northgate Medical Practice	Canterbury	01227 463570	davidgrice7@btinternet.com
Dr G Gupta	Faversham Health Centre	Faversham	01795 562004	g.gupta@nhs.net
Dr S Lundy	Newton Place Surgery	Faversham	01795 530777	s.lundy@nhs.net
Dr A Parkin	Whitstable Health Centre	Whitstable	0844 4772566	andrewparkin@nhs.net
Dr M Speller	Sessional GP	Canterbury		gp@markspeller.co.uk

South Kent Coast CCG

Dr P Barley	The Cedars Surgery	Deal	01304 373341	p.barley@nhs.net
Dr G Calver	Sandgate Road Surgery	Folkestone	01303 851241	garycalver@nhs.net
Dr J Mead	River Surgery	Dover	01304 823039	julian.ds.mead@googlegmail.com
Vacancy*	Sessional GP			

Swale CCG

Dr S Murthy	Sheppey Health Centre	Sheerness	01795 585105	Sira.murthy@nhs.net
Dr M Philpott	Sessional GP	Sittingbourne		drmphilpott@hotmail.com
Dr R Syed	Grovehurst Surgery	Kemsley	01795 430444	reshma.syed@nhs.net

Thanet CCG

Dr O Lyell	The Grange Medical Practice	Ramsgate	01843 572740	oliverlyell@nhs.net
Dr R Sadler	Sessional GP	Ramsgate		robert.sadler@nhs.net
Dr M Sohail	Bethesda Medical Practice	Margate	01843 209300	muhammad.sohail@nhs.net

Medway CCG

Dr C Balachander	Borstal Village Surgery	Rochester	01634 408765	c.balachander@nhs.net
Dr T A Bui	Sessional GP			tashum@blueyonder.co.uk
Dr C Grzonka	Sessional GP			cordulagrzonka@nhs.net
Dr K Pancholi	St. Mary's Medical Centre	Strood	01634 291266	kavita.pancholi@nhs.net
Dr N Rishi	Gillingham Medical Centre	Gillingham	01634 851777	naveen@1ofn.com
Dr O Singh	Lordswood Health Centre	Chatham	01634 863168	om.singh@nhs.net
Dr J Spinks	Court View Surgery	Strood	01634 290333	julian.spinks@nhs.net

Dartford, Gravesham & Swanley CCG

Dr I Jones	The Cedars Surgery	Swanley	01322 663111	ian.jones6@nhs.net
Dr P Kasinathan	Pilgrims Way Surgery	Dartford	01322 279881	prav@kasinathan.co.uk
Dr J Kent	Old Road West Surgery	Gravesend	01474 352075	jill.kent@nhs.net
Dr D Lawrence	Lowfield Medical Centre	Dartford	01474 224550	david.lawrence@nhs.net
Dr Sanjit Shetty	Sessional GP	Northfleet	03000 300000	shetty.saijit@nhs.net

West Kent & Weald CCG

Dr R Blundell	North Ridge	Cranbrook	01580 753935	drjrblundell@btinternet.com
Dr L J Burke	Sessional GP			c/o info@kentlmc.org
Dr R Claxton	Warders Medical Centre	Tonbridge	01732 770088	Richardclaxton@doctors.org.uk
Dr M Ironmonger	The Surgery	Brenchley	01892 722007	markironmonger@eml.cc
Dr V Koshal	St Johns Hill Medical Practice	Sevenoaks	01732 747216	v.koshal@nhs.net
Dr A Kumar	Aylesford Medical Centre	Aylesford	01622 885880	amit.kumar2@nhs.net
Dr S Meech	The Mote Medical Practice	Maidstone	01622 756888	stephenmeech@doctors.org.uk
Dr N Potter	Marden Medical Centre	Marden	01622 831257	n.potter@nhs.net
Dr A Skinner	Winterton Surgery	Westerham	01959 564949	adam.skinner@nhs.net
Dr J Van Sloun	Sessional GP			vansloun@f2s.net

* If you are interested in the Sessional GP vacancies that exist in Ashford and South Kent Coast we would be delighted to hear from you. Please contact the office on 01622 851197 for further information.

GMS Practice Funding Ready Reckoner

David Barr

NHS England has produced a ready reckoner for practices to use as a rough guide to estimate how their funding will change in 2014-2015, taking into account MPIG reduction and contract changes.

The LMC office would encourage

practices to complete the calculations as it will enable you to gauge the effect on your practice. We are particularly keen to hear from practices who will be adversely effected.

A link to the ready reckoner is available on the LMC website.

Finding a 'Common Cause'

Mike Parks

The Oxford Dictionary defines making common cause as 'unite in order to achieve a shared aim'. History tells us that for organisations or individuals to work together a shared aim or joint interest is needed.

A good example of this in our recent past is the development of GP Out of Hours Organisations. I know they've moved on since but originally groups of GPs sat down together and arranged themselves in a way that enabled the development of co-operatives and the liberation of themselves and their families from the tyranny of being on call.

When I first started in practice in Dover with Dr Bundy we shared a rota with another two handed practice. We had fixed days of the week (my day was Thursday) and worked three day weekends. This meant that I worked from Thursday morning until Monday evening straight through every four weeks. My goodness did we have a 'shared cause'.

Why am I boring you with this now?

We are just emerging into a new world with higher expectation, more regulation, less forgiveness and less certainty about the future of our practices. We have the CQC, the GMC, the Area Team, CCGs and NHS England all expecting us to do more, for less money, with better access and to actually smile at the same time.

Conversations with commissioners has made me realise that we now need them to be very clear about what they want to commission and how.

- How are community services to be commissioned?
- How are 'enhanced services' to be commissioned?
- Would they, as in other parts of the country, like to commission from fewer providers and have fewer contracts?
- How are local authorities going to commission public health 'enhanced services' such as stop smoking service, health checks, contraception?
- Would they prefer fewer contractual relationships?

Now is the time to sit down with our neighbours and work together to find a solution that retains the very real and beneficial values of 'my family doctor, my practice' whilst keeping ourselves afloat.

Do we have a common cause? You bet your life we have.



PREMISES SEMINAR

Wednesday 7th May 2014
Commencing 1pm (Buffet Lunch)
Seminar 1:30PM–5pm
Holiday Inn, Canterbury Road,
Ashford, Kent

TOPICS TO BE COVERED

PREMISES COST DIRECTIONS

The changes and what you need to know on rent review, space utilisation and improvement grants

CQC AND YOUR PREMISES

Preventing threats to your contract

MINIMUM STANDARDS

What these mean for Premises and what you must do to comply

SALE & LEASEBACK

Realising the value of your asset

DISPUTES AND PROPERTY OWNERSHIP

Leases and top tips to avoid problems

GUEST SPEAKERS:

Rosemary Jones
Invicta Chartered Surveyors

Edwina Farrell & Nathan East
DAC Beachcroft LLP

WHO SHOULD ATTEND?

This is aimed at all GPs whether owners or occupiers of Premises.

This seminar will reveal the key areas relating to your property that can impact your Partnership, your NHS Contract and the income it receives.

*This Conference is **FREE** to attend, however please do give some time to the representatives who have kindly sponsored this event.*

To book a place please download and complete the form on our website and return it to the LMC Office, 8 Roebuck Business Park, Ashford Road, Harrietsham, Kent ME171AB (Fax: 01622 851198) or e-mail clare.shutler@kentlmc.org **no later than Wednesday 30th April 2014.**

If there are any pressing questions that you would like to ask, please provide a short summary at the time of registering.

Primary Care Services review and what it may mean to your mail!

John Allingham

NHS England has set a 40% cost saving target for Primary Care Services nationally. This will mean significant changes to Kent Primary Care Agency (KPCA).

There is an ongoing review of these services and practices have been consulted. We urge you to contribute to this discussion, sign up to any updates and help fight to preserve the services by emailing england.pcsinfo@nhs.net.

One area that may be targeted as a possible cost saver is the service that redirects incorrectly addressed mail. KPCA currently receive 800 items of mail per day from practices for redirecting. This mail could become the practices'

responsibility to return to sender or redirect. Through our various liaison meetings we have and do try and encourage hospital trusts to update patient details regularly with varying success.

As most of the mail is patient specific every item sent to the wrong practice constitutes an Information Governance breach. We suggest that you may send each item to the Information Governance Officer of the organisation who sent it to you and as his or her in-tray grows higher it may encourage organisational change!

If we start with the hospital trusts who generate the lion's share of this post we may ease the strain for the future.



The IG officers for our trusts are:

East Kent Hospitals University Foundation Trust:
Michael Doherty
(michael.doherty2@nhs.net)

Maidstone & Tunbridge Wells NHS Trust:
Gail Spinks (gspinks@nhs.net)

Dartford & Gravesham NHS Trust:
Susan Aylen-Peacock
(susan.aylen-peacock@dvh.nhs.uk)

Medway NHS Foundation Trust:
Ann Nettleship
(ann.nettleship@nhs.net)



Kent and Medway AAA Screening Programme

NHS Abdominal Aortic
Aneurysm Screening
Programme

The Kent and Medway Screening Programme have been inviting men for screening in their 65th year since April 2011.

Since the programme started 348 aneurysms have been found that require monitoring either yearly or quarterly. To date 70 men have been referred for surgery having an AAA larger than 5.5cms.

There are 22 locations throughout Kent that have clinics. Mostly are held in GP practices and a few are held at the local hospital.

Since the programme started we have had over 2000 self referrals onto the programme. At the end of December 2013 the programme has successfully screened over 30,000 men.

There will be a number of advertising campaigns over the coming months to promote the service for those not automatically invited.

Our DNA rate stands at 13%

The aim for this year is to pilot a 3rd invitation with the cooperation from the GP surgeries involved. If this is successful it will be implemented on a larger scale.

If GP Surgeries and Practice Nurses would like any further information please contact the programme.

01227 868775

E-mail: kent.aaascreening@nhs.net

Care.data

John Allingham

We reported on this subject in In Touch 6 months ago and published the exemption codes for patients wishing to withhold their data from the programme.

With the recent publicity in the national media many practices are being approached by patients wishing to dissent and have rung the LMC Office to ask how to do it.

Whilst we expect all practices to keep their back copies of In Touch bound and behind glass we know that many disappear in the piles of 'Hello' magazines or 'Horse and Hounds' depending where you practice! So here they are again:

The code to prevent data leaving the practice is 9Nu0 which is 'Dissent from secondary use of GP identifiable data'.

The code to prevent data leaving the Health and Social Care Information Centre (HSCIC) is 9Nu4 which is 'Dissent from disclosure of personal confidential data by HSCIC'.

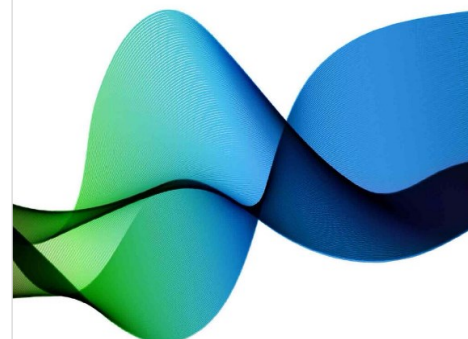
Although there is a 6 month pause in the system going live there are no plans to change it. The pause is to 'work with patients and professional groups including RCGP and BMA to promote awareness and build public confidence'.

The system works on pseudonymised data. It is this which will concern many patients as the identifier which remains is the post code. It is possible using other post code containing data sources such as the spending habit data from supermarket loyalty cards to narrow the pseudonymised data down to a few households!

If, for example, the medical data



Better information
means better care



This leaflet contains important information about your health records.

You, and everyone who lives with you, should read this leaflet carefully. It is important that everyone knows how we share, protect and use information about their health.

You have a choice.

contains an HRT prescription and only one household has a female over 50 it is easy to see how the security could be breached.

For Advice & Guidance email info@kentlmc.org

Kelly Brown

The Kent Local Medical Committee provide guidance, advice and support in the following areas, to name but a few:

- PMS/GMS/APMS contracts
- Salaried GP contracts and terms and conditions
- GMS/PMS/APMS regulations and the Statement of Financial Entitlement
- Patient Medical Records including access to records
- IM&T
- Superannuation issues
- Ethical responsibilities
- Doctors whose performance causes concern
- Medico-legal issues
- Complaints and disciplinary issues
- Partnership Agreements
- Pastoral support
- Dispensing issues
- Premises
- Clinical Commissioning Groups
- Enhanced Services
- Private/Collaborative Fees
- Dispute resolution in partnerships
- CQC advice and support
- Collaborative Working
- Pharmaceutical matters



For advice & guidance email
info@kentlmc.org

Our role is to represent the views of all GPs to a variety of bodies i.e. NHS England, CCGs, Social Services, Educational establishments, Patient Representative Bodies, the BMA via the GPC, Members of Parliament, the Royal College of General Practitioners (RCGP) and the local and national press. Our role is enhanced under the NHS Health & Social Care Act 2012.

If in doubt, always contact us first at info@kentlmc.org and we will be able to help or guide you to the most appropriate organisation i.e. BMA, your own accountant or solicitor etc if we are not able to help.

Superannuation—A very good reason for making your payments in a timely manner...

NHS Pensions

provided by...



Business Services Authority

NHS Pension Scheme: Payment Schedule

NHS employers have a statutory duty to ensure scheme contributions reach the NHS Pensions bank account by the 19th of the month following the month in which the earnings were paid to the member.

From 1 April 2014 new scheme controls will be introduced to protect taxpayers and the scheme: Administration charges and interest will be introduced for NHSPS employers who pay their scheme contributions late. However, employers will not pay any interest or administration charges if they pay their scheme contributions by the existing due dates, e.g. the 19th day of the month following deduction, for regular employee and employer contributions.

The preferred method of payment is by submission of the RFT1 or GP1 form each month via Pensions Online; this then initiates a Direct Debit payment. The RFT1 or GP1 is only available via e-forms and can be accessed using the link via N3 Pensions Online. If you make payment by any other method, you must ensure the payment is received with sufficient time for the funds to clear prior to the 19th of the month. Submissions of online payments prior to 3pm on the final processing date would ensure compliance.

Below is a table clearly stating all pertinent dates for the financial year to March 2015.

Contributions month	Payment due by 19th of the following month (Latest Designated Payment Date)	Final processing date to ensure your payment reaches us by the 19th. No later than 3pm
January 2014	19 February 2014 Wednesday	14 February 2014 Friday
February 2014	19 March 2014 Wednesday	14 March 2014 Friday
March 2014	17 April 2014 Thursday	14 April 2014 Monday
April 2014	19 May 2014 Monday	14 May 2014 Wednesday
May 2014	19 June 2014 Thursday	16 June 2014 Monday
June 2014	18 July 2014 Friday	15 July 2014 Tuesday
July 2014	19 August 2014 Tuesday	14 August 2014 Thursday
Aug 2014	19 September 2014 Friday	16 September 2014 Tuesday
September 2014	17 October 2014 Friday	14 October 2014 Tuesday
October 2014	19 November 2014 Wednesday	14 November 2014 Friday
November 2014	19 December 2014 Friday	16 December 2014 Tuesday
December 2014	19 January 2015 Monday	14 January 2015 Wednesday
January 2015	19 February 2015 Thursday	16 February 2015 Monday
February 2015	19 March 2015 Thursday	16 March 2015 Monday
March 2015	17 April 2015 Friday	14 April 2015 Tuesday

Payment Schedule 12/02/2014 Version 1.0 1

Presentation to Dr Gary Calver

Kelly Brown

Dr Stephen Meech presented a gift to Dr Gary Calver at the recent LMC meeting in recognition of his contribution to the profession in his role as Kent's GPC Representative over the past 12 years.

Gary stated it had been an interesting time covering the new contract negotiations amongst other initiatives, and that it had been a privilege to serve on the committee on behalf of Kent GPs.



Dr Stephen Meech and Dr Gary Calver at the Full LMC meeting in February



Kent Local Medical Committee

8 Roebuck Business Park
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Fax: 01622 851198
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website:
www.kentlmc.org

LMC Buying Groups Federation:

Are you making the most of your membership?

What do practices get from their membership?

- Significant savings on everything you regularly buy
- Freedom from the burden of having to 'shop around' to achieve value for money
- Information updates from the Group and its suppliers on which to base purchasing decisions (without any obligation to buy from those suppliers)
- An entirely free 'value added' service from your LMC

How does it work?

The Buying Group: Advertises and promotes the deals negotiated to its constituent practices (who are free to take up or decline offers – no compulsion)

The Suppliers: Offer best pricing in anticipation of significant extra business, courtesy of the group's endorsement and promotion.

What is on offer?

Practices have access to the specially negotiated prices offered by our approved suppliers including deals on Stationery and Office Equipment, Medical Consumables and Equipment, Testing and Calibration, Staff Uniforms, Oxygen Cylinders, Utilities (Gas and Electricity), Insurance Brokerage & Independent Financial Advice, Telecoms, Confidential Waste Shredding, Website Design, Travax Website Subscription, Digital Dictation Software, Medical Record Digital Reproduction, GP Rota Software, DBS Checks Processing Service, Practice Management Support Tools, GP Vacancy Advertising and Magazine Subscription Packages.

For further information please contact the LMC Buying Group (www.lmcbuyinggroups.co.uk) on (0115) 9555366 or email info@lmcbuyinggroups.co.uk.

LMC BUYING GROUPS FEDERATION
"Saving practices time and money"

Practice Staff Vacancies

The Kent Local Medical Committee are pleased to announce that we now have the facility to advertise Kent & Medway GP practice vacancies on our website.

To make use of this **FREE** service please visit...

www.kentlmc.org

click on the red button on our homepage and follow the instructions



On completion of the form your vacancy will be submitted to Kent LMC for approval before appearing on the website, normally within one working day.