December 2014

In Touch

In this issue.....

Five Year Forward View (FYFV) The future of Out of Hospital Care in Kent - *Dr Mike Parks*

The Five Year Forward View published by NHS England is a hugely important document for the whole of the NHS. Unusually this is actually an 'NHS' vision and is not from Government. Never the less it specifically calls on the next government to implement a range of changes and signals a significant change in the way we should think about the component parts of the NHS. No more primary, secondary, tertiary and community care but simply In Hospital and Out of Hospital Care.

The document is largely in line with GPC policy and as such, despite a few areas where we would disagree, has been widely welcomed. In particular the importance of general practice is emphasised and the pressures on GPs recognised. Subsequent discussions with NHS England have confirmed a real appreciation of the vital role of General Practice with its registered list as being one of the great strengths of the NHS.

There is a clear commitment to invest more in Out of Hospital Care and recognition of the importance of building an Out of Hospital service that has both the capacity and capabilities to deliver what is needed. The underfunding of Out of Hospital Care compared to Hospital Care is recognised as is the need to shift investment from acute to primary and community services.

Recruitment into General Practice is not keeping pace with demand and so the number of GPs in training needs to be increased as fast as possible with new options to encourage retention. Discussions with NHS England suggest that there is recognition that the training and recruitment of more practice nurses and practice managers is also essential. Helpfully this accords with the work the Deanery have been doing in establishing many more opportunities for nurses in training and trained nurses to appreciate the joys of working in Out of Hospital care.

NHS England agrees the need to make working in General Practice more attractive and that measures to address the current level of demoralisation of the general practice workforce is a key element in promoting the role we have in the NHS.

Specific commitments have been made to stabilise core general practice funding and to expand funding to upgrade primary care infrastructure and scope of services. The GPC is offering NHS England a number of potential solutions to address the issue of chronic underfunding.

Mention is also made of building more

self-reliance and self-care amongst the public as is more support for carers. The building of teams around practice is also emphasised.

Two alternative models for the delivery of Out of Hospital Care are described:

1. **Multi-Speciality Community Provider:**

In effect horizontal integration of all Out of Hospital Care. NHS England is espousing the concept of list based population level provision. This will require at the very least strong networks or federations who genuinely work closely together and some would say the merger of practices to form super partnerships. Community Services and even Community Hospitals can be swept up into this model but only at scale and, on the whole, not by existing less than moderate town sized practices or federations. I think we want General Practitioners to be the leaders in this model. It seems likely that any incentives there will be for practices in the next few years are likely to enable this model.

2. **Primary and Acute Care Systems:**

In effect vertical integration with secondary care. List based GP + hospital service + mental health services combining for the first time general practice and hospital services. This could be GP led or hospital led, but with the existence of powerful Foundation Trusts would seem most likely to be led by secondary care. There may be no other alternative to this in some parts of the country but I really don't think we want to see this develop in Kent. This is not to disparage the Acute Trusts in any way but simply to say we can and should want to do it better. We need a shift towards more care in the community both because this is better for patients and is affordable. The default position of admission to hospital has to be overcome.

FYFV also contains more information about the direction of travel for primary care. For example the publication of more performance data, the development of more expert patients, full access for patients to their health records, GP appointments on line everywhere, evening and weekend access to GPs.

The LMC will be starting a process of consultation with you, the members, over the next few months so that we are clear about what you want and how you see the future of Out of Hospital Care in your locality. Please feel very free to make your view known to your elected representative or directly to the office. This is a period of almost unprecedented change in the architecture of the NHS.

We need to be clear what challenges we can rise to and what core values we wish to protect and promote going into (what is for once since the publication of FYFV) a slightly less uncertain future.

Next Steps Towards Primary Care Co-Commissioning

Liz Mears

The LMC held an urgent Full Committee meeting on the 24th November to debate its position on the three proposed models of Co-Commissioning.

Summary of Co-Commissioning Functions Primary Care

Function	Greater involvement Model A	Joint commissioning Model B	Delegated Commissioning Model C
General practice commissioning	Potential for involvement in discussions but no decision making role	Jointly with area teams	Yes
Pharmacy, eye health & dental commissioning	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role
Design and implementation of local incentives schemes	No	Subject to joint agreement with the area team	Yes
General practice budget management	No	Jointly with area teams	Yes
Complaints management	No	Jointly with area teams	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with area teams	Yes
Medical performers' list, appraisal, revalidation	No	No	No

Each CCG will need to engage its membership and will require a vote on which model to adopt. This is an extremely important decision for general practice, which has to be made before the 9th January, and the LMC feel it is vital that practices are well informed.

The LMC formally agreed the following motion:

The LMC strongly opposes Model C (Delegated Commissioning), and cannot recommend Model B (Joint Commissioning).

The reasons that were expressed at the meeting were as follows:

Model C
Delegated Commissioning:

- Fundamentally changes the CCG from a membership organisation
- Primary care committees have lay and executive majority
- Clinical disengagement
- Potential for primary to secondary resource shift, rather than secondary to primary
- Threat to the nationally negotiated GMS contract by implementation of local flexibilities
- CCG will assume powers over management of GMS/PMS/APMS Contracts with power to impose contract sanctions and ultimately to remove contracts
- We are not aware of any CCGs that have put forward any comprehensive commissioning proposals that would require delegated powers to implement

Model B
Joint Commissioning:

- Compromises ethos of membership organisation as formal Joint Commissioning Committees would be established with NHS England
- Conflicts of interest would remain
- Likely to force CCG mergers as there is no additional resource for Joint Commissioning Committees
- NHS resources further diluted
- Threat to nationally negotiated GMS contract by implementation of local flexibilities
- CCG involvement jointly with NHS England over GMS/PMS/APMS contract management
- We are not aware of any CCGs that have so far put forward proposals for local flexibilities that cannot be implemented under current arrangements.

It was felt that Model A (Greater Involvement) was not dissimilar from the current position, with the potential for more involvement in discussions with AT, and the possibility of moving to joint commissioning in 2015-16. This Model does not require any CCG constitutional changes, and the CCG remains a membership organisation, with NHSE retaining statutory decision making and legal responsibility.

We strongly recommend that GPs and their practices take time to consider the options and attend any CCG meetings about their proposals.

Need a break? Want to help in a sustainable way?

Have you the ability to cope with uncertainty, live in a resource poor environment for a week, share teaching with village nurse midwives? If so consider volunteering with Phase Worldwide in Nepal.

This charity supports health (and education farming sanitation and lifestyle) provision in remote areas of Nepal not covered by the Government health service.

What it involves:

- Self fund your trip to Nepal (or apply separately for funding from another source).
- Have a briefing in Kathmandu.
- A few days later travel between 3 - 5 hours to a remote clinic, living with the health care workers, limited or no electricity, outside squat toilets and outside cold water.
- 1 week of shared learning with staff who are so impressive (role a bit like a sit-in tutorial but done in Nepalese so it brushes you up on body language).
- Teaching sessions in English after the clinic finishes.
- Travel back to Kathmandu, relax and fly home.

2 weeks away and a whole new refreshing and worthwhile experience. Most of the GPs who have been are towards the latter part of their careers, able to cope with clinical skills, and no tests.

I would recommend it highly and I am happy to talk with anybody interested.
John Sharvill, GP in Deal (Tel 07817 136812)

Working to Support General Practice
(for those Monty Python fans...what have the LMC ever done for us?)

Dr John Allingham

We don't have a Dr John Cleese on the Kent performers list but we do have one or two GPs who, like the Judean Popular Front leadership in Life of Brian, do ask the question what do the LMC ever do for us? We cannot claim to have bought aqueducts, sanitation, roads or public baths to the people of Kent but just like Cleese's revolutionaries there are many things that quietly go on under our influence.

Many CCG decisions and specifications are modified following discussions at our regularly liaison or other ad hoc meetings. In fact with 8 CCGs in Kent the Office and elected representatives have 32 liaison meetings a year. We believe this work ensures the best for those of you working hard at the coalface. If there are issues you would like discussed contact your local representatives or the office.

We meet regularly with 3 of the main hospital trusts and have slowly made progress with the interface between primary and secondary care. Our perennial battles with work being dumped on GPs like post op Med 3s make headway each year although like the Forth Road Bridge it will never be painted. Please tell us your gripes and we will raise them (info@kentlmc.org).

Other liaison meetings include the Area Team, Community Trusts and the local Pharmaceutical Committee. Although there are big gaps between some of these meetings we save the issues that are raised and try to get answers from the appropriate horse's mouth.

Every day the office fields what seems like hundreds of phone calls and e-mails answering questions about the day to day work of practices, how to interpret the rules and regulations and what the latest changes are. Many are questions we know the answers to but some are more complex and we have to seek advice from our National leadership, other organisations and even lawyers. Don't be afraid to ask. We are here to help.

A lot of time is spent supporting Doctors in Difficulties. We help, support and advise through complaints, performer's list problems, contractual disagreements, partnership issues and even GMC referrals. Whilst most GPs practice without difficulty we are finding that the world we work in has become increasingly vexed and our workload in this respect grows with each passing year. If you are on the receiving end of anything in this respect please talk to us before you send that letter or e-mail that could dig your hole deeper!

CQC has generated a whole industry in itself and we have helped in seeking clarification and providing advice and education to support practices. Hopefully the new inspections are less painful and the CQC website and handbook have helped.

When practices seek to improve or develop new premises the LMC are involved as advisers and to liaise with NHS Property Services sitting on the premises group meetings. Whilst you need architects, surveyors and developers - don't forget the office, there is usually something we can help with.

For the last 4 years we have organised conferences with national speakers and have continued our range of employment law, premises, pensions and other seminars. We are always pleased to see new faces at our sessions.

Other educational activity includes the oversight of the educational top slice that supports staff education and training and the continual updating of our website with useful information. Our website is also a free way to advertise jobs. Have a look.

Our national negotiators from the General Practitioners Committees (GPC) follow policy determined at our National conference. Every year Kent representatives put up a good showing proposing motions for the good of us all.

Your LMC carries out many more activities in pursuit of primary care paradise. So when you meet with the other revolutionaries and the Dr Cleese leader figure asks what have the LMC ever done for us? You might answer liaison meetings, daily advice, help with performance, support for practices, education, website and national policy and then start the revolution.

NHS 111 in Kent & Medway—20 months after the start

Kerri-Anne Chappell, Senior Associate, Transformation & Service Redesign South East CSU

Performance
The Kent, Medway, Surrey and Sussex (KMSS) NHS 111 service went live in March 2013 and covering a population of 4.7 million, it is one of the largest NHS 111 contracts in England. The service is provided by SECAmb in partnership with CAREUK and is situated at two bases Ashford (Kent) and Dorking (Surrey).

The service offers signposting and self-care, not treatment. Performance for call answering is now routinely achieving national standards and following a rectification process the service is now identified as a top performing service. Where triaged to require a clinician from within the service (around a quarter of calls), 90% of callers can now be transferred directly or be called back within 10 minutes. Call volumes have steadily increased and are now averaging 87,000 a month, increased to 100,000 in those months with public holidays.

Clinical Governance
The provider reports monthly into the Kent and Medway Clinical governance meetings, which are led by CCG GP clinical leads. This enables CCGs and other provider stakeholders to review service trends, quality issues and influence change and development.

There are on average 35 complaints per month into NHS 111, which compared to 104 per month for the same period last year is a marked improvement. Interestingly 39% of recent complaints were identified as being unjustified and therefore categorised as not upheld or passed to another provider. This figure has more than doubled and suggests that NHS 111 is getting the blame for gaps in service provision or issues outside its remit.

Commissioner concerns
Areas of concern are the referral rates into A&E and 999 services. The KPI for callers advised to attend A&E is <5%, the KMSS rate had been consistently between 5-5.5% although this is under the national average. Recently the rate has been increasing (as has the national average) and even though an in-depth investigation has taken place it is not certain of the overall cause, however we do know that actual numbers attending A&E are lower due to the nature of the way this KPI is reported.

The transferred to 999 national KPI is >10%. Since the beginning of the financial year KMSS had been meeting this target but in the last two months it has increased (as with the national trend) to just below 11%.

999 and NHS 111 colleagues have discussed potential solutions for reducing these referrals and increased clinical staff in the 999 control is being put in place to manage referrals. The GP floor walker pilot which uses a GP at weekends within the 111 service continues to be implemented and has seen 63% of 999 calls redirected during this time.

Winter period
The provider has given commissioners sufficient assurance that unlike last year, it has enough capacity and is using incentives to match staff to the hourly forecasting schedule.

Repeat prescriptions continue to make up 3% of all calls into NHS 111 which rises to 20% over bank holidays putting pressure on not only NHS 111 but OOH services. GPs can help reduce this pressure by ensuring patients are reminded to put in their scripts early and that these are processed before the bank holiday.

Development
NHS 111 is still in its infancy. The service is performing well and is

identified as a service of best practice by NHS England. However despite developments within the service, commissioners can do more to improve the future of this service.

Less than 1% of calls within Kent and Medway are directed to community services, the majority are going to A&E, OOHs and Primary Care. To reduce this, CCGs need to increase the availability of directly accessible services to move callers away from core services.

Commissioners also want to change the ways calls triaged to 'Speak to a GP' are managed. It is now planned for this to transfer to the out of hours providers to minimise duplication.

Future
The KMSS NHS 111 contract comes to an end on the 31st March 2016, with potential to extend. CCGs are required to consider what future service model and procurement strategy they wish to proceed with. A commissioner workshop was held by SECSU for CCGs on the 4th December to provide current contract learning. Gaps in downstream services such as Dental and Pharmacy were particularly identified as areas that prevent NHS 111 functioning to the best of its ability. Other future work includes improving access to special patient notes, better linkage to community services and mental health pathways.

To visit the NHS 111 call centre- contact Theresa Clark on: Theresa.clark3@nhs.net

CWJ Template Contracts & Policies

Kelly Brown

Clarkson Wright & Jakes have recently reviewed and up-dated the template contracts and policies to ensure they comply fully with current employment law and practice and CQC requirements.

The following documents are now available on the KMGP Website:

Policies:

- Absence due to reason other than incapacity, including leave for dependent emergencies and parental leave
- Adoption Policy
- Anti-Harassment and Bullying Policy
- Capability Procedure
- Computers E-mail and Internet Policy
- Data Protection
- Discipline and Dismissal
- Equal Opportunities Policy
- Examples of Regulations/Reasons for Dismissal
- Flexible Working Policy
- Grievance & Appeals Procedure (larger practices)
- Grievance & Appeals Procedure (small practices)
- Maternity Policy
- Paternity Policy
- Retirement Policy – Fixed Retirement Age
- Retirement Policy – No Fixed Retirement Age
- Shared Parental Leave (Adoption)
- Shared Parental Leave (Birth)
- Sickness and Injury
- Social Media Policy
- Time off to attend Antenatal appointments
- Whistleblowing Policy

Template Contracts:

- Employee working annualised hours
- Fixed full-time employee
- Fixed term part-time Employee
- Full-time Employee
- Part-time employee
- Template letter for casual staff
- Template letter offer of employment

For clarity Clarkson Wright & Jakes have itemised all recent changes pertaining to the contracts and policies and they are detailed in the Introductory Letter (available on the KMGP website).

It is our view that these documents represent a high quality set of employment policies and procedures and would recommend, if you do not already do so, that you give due consideration to their use within your practice.

To access the documents:
Go to the GP Staff Training website and log in using your usual username and password:
http://kmgp.learningpool.com/login/index.php
Go to COURSES and under 'Practice Managers Only' click on "Resources for Practice Managers". You should then be able to access and download the documents.

If you are not currently registered on the KMGP website you will need to create a new account and provide the necessary information. (Please note: you must have an @nhs.net email address in order to register. This information is only intended for staff employed in a GP Surgery within Kent and Medway). A confirmation email will be sent for you to click and complete the registration process. To access the employment law documents you will then need to obtain authorisation by contacting the LMC Office on 01622 851197 or the training team on 01227 791295.

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Workforce Planning Tool

Liz Mears

You will have received a joint letter from HEKSS, NHS England, the CCG and LMC encouraging you to engage with the process to use this tool. The expected outcomes will be to understand the current General Practice workforce, enable capacity planning and implement education and training programmes. The tool is free to access, with data being held within a dedicated server maintained by HEKSS. Data shared by HEKSS will be provided in an anonymised aggregated format.

Practice List Size	2015 Payment
0-5000	£300
5000-10000	£400
10000+	£500

Please note that the data **will not be shared with external organisations or used for any other purpose without your explicit consent.** Your CCG will be arranging orientation and training sessions in early 2015 and will be in touch.

The information we are asking you to provide will prove extremely beneficial in developing education and training for current staff and planning the workforce of the future and to address many of the capacity and capability pressures that you are facing. Your support is most appreciated.

Kent LMC 5th Annual Conference: Primary Care—A Time of Challenge!

Liz Mears

Thank you to those of you who were able to attend our 5th Annual Conference. We were treated to presentations from five eminent speakers.

After a warm welcome from our Chairman Julian Spinks the afternoon kicked off with Ruth Rankine, Deputy Chief Inspector from the CQC.

Ruth Rankine, Deputy Chief Inspector, CQC, delivered a presentation on the framework for inspections

Ruth took us through the changes to the inspection regime and the framework for all inspections. She explained that the intelligent monitoring would be used to prioritise the individual visits. We are now seeing the outcome of this monitoring with the recently published results!!

There are now five domains – Safe, Effective, Caring, Responsive and Well-led used to assess the provider and each of these domains have between three and five Key Lines of Enquiry (KLOE). These are high level questions that are supported by prompts in the GP CQC Inspection Handbook. Within each of the domains the CQC are looking at how well the practice meets the needs of the six different population groups. Ruth went through the ratings scale – Outstanding, Good, Required Improvement and Inadequate and explained that there was a national consistency checking process with panels ensuring that ratings were reliable.

The CQC have learnt lessons from the pilots between April and September 2014 and have produced a handbook:
http://www.cqc.org.uk/sites/default/files/20141008_gp_practices_and_ooh_provider_handbook_main_final.pdf
and myth busters:
http://www.cqc.org.uk/content/gp-and-out-hours-mythbusters-nigel-sparrow
which explain the requirements in detail.

West Kent were part of the pilot and 10 out of the 18 practices inspected were fully compliant. Some reasons for non-compliancy was out of date drugs/fridge issues and lack of DBS or risk assessment.

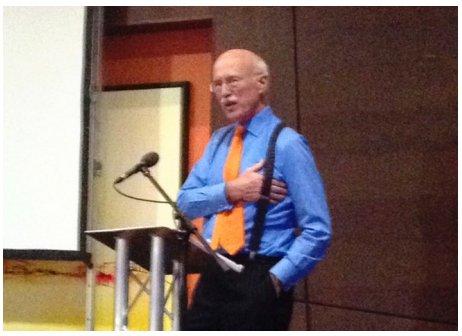
Ruth confirmed that practices will be informed 2 weeks before an inspection and the inspector will telephone the practice beforehand to discuss the visit. There is a standardised agenda and an opportunity at the start of the visit for the practice to present to the visiting team their good and not so good points.

We were then taken through the Mental Capacity Act 2005 from Julian Sheather, the Ethics Manager at the BMA. Julian explained what is meant by capacity and when a person lacks capacity. He went through the basic principles and who and how to assess capacity. The presentation and discussion thereafter was extremely useful and all feedback was positive.

Julian Sheather, Ethics Manager, BMA talked about Medical Ethics and the Mental Capacity Act

We were all highly entertained by Michael White, Assistant Editor of the Guardian who gave us his opinion of the NHS Five Year Plan. Michael has appeared many times on the television on Question Time, Newsnight and Have I got News for You. He writes a weekly column for the Health Service Journal and is an expert on Health Policy.

Michael recounted many stories at high speed which was an entertaining interlude to the afternoon.



Michael White, Assistant Editor, The Guardian offered a political view on the NHS 5 Year Forward plan

Dr Neil Bacon gave an engaging presentation about iWantGreatCare which is currently one of the largest providers of the NHS Friends and Family Test.

Neil had set up iWantGreatCare to provide a mechanism to allow patients to feedback to practitioners about the care they have provided.

The NHS Friends and Family Test will be applicable for general practice with effect from 1st December 2014. iWantGreatCare are one of a few providers who feel they fulfil all the requirements of the Friends and Family Test.

Neil relayed a couple of very interesting stories where doctors had received feedback that they had now acted upon following the direct patient feedback.

Dr Neil Bacon, Founder & CEO, iWantGreatCare—Making the Friends and Family Test Work for You

Dr Brian Balmer was our last speaker of the day. Brian is the Chief Executive of the Essex LMC and a GPC member since 2002. He was elected to the GPC Executive Team this year.

Brian outlined some of the issues general practices are facing. It is the last block contract trying to manage clinical risk for the population with diminishing resources amid rising and uncontrolled workload.

He talked about changes to the contract this year, the removal of MPIG, the future of PMS contracts and questioning if core funding is stabilised will it be enough to cover the workload?

Dr Brian Balmer, Chief Executive, Essex LMC and GP Executive, General Practitioners Committee

Premises are key to making the changes aspired to in the NHS 5 year forward view. The GPC is concerned about the NHS Property Services Lease that is being promoted by NHSPS for their own buildings. This has not been agreed with the GPC and they are concerned that it is not fit for purpose. Brian referred to the new models being promoted for the future – Multi-speciality Community Providers (MCPs) which are GP led but include other professionals and Primary and Acute Care Systems (PACS) – hospitals running GP registered lists.

Dr Brian Balmer received much applause for his honesty and thought provoking presentation.

Calling All Sessional GPs…

The Kent Local Medical Committee provide a wide range of advice and guidance to all GPs and practices, and send out regular publications such as this newsletter, 'Making Connections' (a summary of interface meetings between local LMC reps and CCGs), GPC updates and details of forthcoming meetings and seminars.

Sessional GPs account for nearly half of the GP workforce. It is very important to register your contact details with the LMC to enable us to offer you support and inform you about future LMC and primary care issues.

The Kent LMC office staff are very approachable, and are the fulcrum of the organisation. We employ a Chairman, 2 Vice-Chairmen, 2 Medical Secretaries, a Clerk, a Deputy Clerk, a Consultant in Negotiation & Representation and an Executive Support Team, and are available to answer queries and offer support on a wide range of issues (eg. contractual terms and conditions, changes in regulations and new services). We also have a website which offers advice and guidance - to receive regular updates from our website please register on www.kentlmc.org.

If you would like to register with the Kent LMC (or are unsure if we have your contact details) please email kelly.brown@kentlmc.org, or contact the LMC office on 01622 851197.

If you are working with sessional GPs can you please encourage them to provide us with their contact details.

Friends & Family Test

Liz Mears

December saw the introduction of the Friends and Family Test into GP Practice. The FFT is a powerful tool that gives all patients the opportunity to provide continuous, near real-time feedback about their experience of the NHS care and treatment they have just received.

A variety of resources have been developed by NHS England to assist with implementation, including guidance on making the FFT inclusive, communications resources and case studies.
http://www.england.nhs.uk/ourwork/pe/fft/fft-guidance/

For further information please contact Caroline Love
caroline.love1@nhs.net
Phone 07825 582849

Partnership Changes

David Barr

Changes to partnerships now need to be organised with care to ensure that the consequences are carefully considered.

Partnership deed

It is advisable before new partners are appointed that the necessary amendments to the partnership deed are prepared and signed. Where there is an up to date partnership deed already in place changes should be relatively straightforward. However where premises/leases are involved in the partnership deed this may take more time. A partner taken on with a mutual assessment clause is still a full partner and should be added to the partnership deed.

GMS or PMS Contract

Proposed changes to the GMS or PMS contract should be notified to NHS England with the appropriate notice. Where approved NHS England will provide a signed confirmation and provide amended contract details. Full details and sample letters are on the Kent LMC website. It is important to note that ALL partners should sign the contract variation notice (including a partner that is leaving the practice). However for a large practice if the partners have agreed in writing a scheme of delegation (for example that one partner is authorised to sign such notices) then so long as that partner and the joining or leaving partner sign the notice that will be acceptable. Please however attach a copy of the delegation arrangement.

Performers List

GPs who are already on the Kent and Medway Performers list will, when joining a partnership for the first time, change their status on the Performers List from a Sessional GP to a Contractor. If the new partner is registered on the Performers List outside of Kent the appropriate transfer forms obtainable from KPCA will need to be completed. Contractor GPs who are retiring and proposing to work in a different capacity, as a salaried GP or a locum need to advise KPCA of their change of status.

CQC

Changes to the partnership will require a change in the practice registration. For existing partnerships adding or removing an individual name is relatively straightforward and can be done on the CQC website. Newly appointed partners may also need a DBS check as part of the registration process.

Where a sole practitioner takes on a partner or partners then the nature of the registered entity will change and it will be necessary to cancel the original registration and apply for a new registration as a partnership. This process will take at least 5 weeks to complete. Similarly where a partnership comes to an end and the practice reverts to a sole practitioner there will need to be a new application by the sole practitioner.

Changes in personal details

Individual GPs must notify NHS England, CQC and the GMC when their personal details change, for example change of home or practice address. Changes that may affect registration, for example, any convictions or cautions accepted (which are admissions of guilt) must be notified to your partners and the appropriate authorities without undue delay.

Any other change in circumstances that may affect your ability to perform your duties as a GP or your responsibilities as a partner in a practice must also be disclosed as appropriate. For example changes in your health, your business or personal finances (for example bankruptcy, court orders). The LMC will provide confidential advice to members and practices.

Kent Local Medical Committee

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KMCS>

NHS
Kent and Medway
GP Staff Training Team

Dear Colleagues

On behalf of Kent and Medway Staff Training and Education Board I apologise for the problems that have been encountered over recent months. I am aware there have been issues with the booking of and access to courses. I am pleased to inform you that Sue Timmins has temporarily come out of retirement to fix some of the administrative problems that have occurred. We are already seeing a significant improvement in course provision and there is a plan to meet many of the remaining shortfalls in what remains of this financial year.

Cost cutting reduced the staffing levels to a point that when illness occurred the service lost viability. We are actively planning for the future and are seeking a medium term solution to protect the service. It is likely the hosting arrangement currently with KMCS will change. The LMC value this service very highly and will strive to ensure it provides the quality education our staff deserve.

Yours sincerely
John Allingham
Chairman Kent and Medway Staff Training and Education Board

How to Access the KMGP Staff Training Service

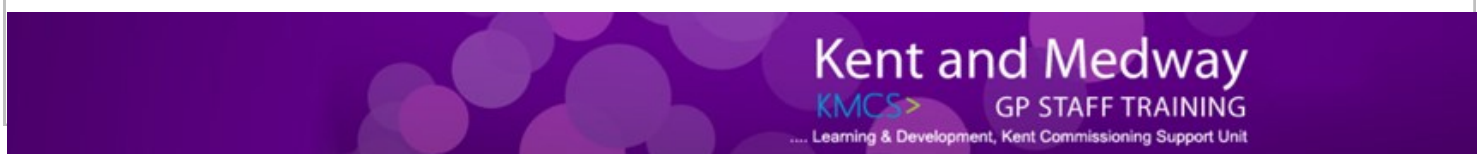
Learning Pool Accounts:
We are pleased to announce that delegates are now able to create their own Learning Pool accounts, and will therefore no longer need to contact the KMGP Staff Training team with their requests. Should delegates wish to register an account go to http://kmgp.learningpool.com. Delegates will need to provide their full name, nhs.net email address, Job Title, Practice Manager's email address and Surgery G code.

Please note that delegates are unable to register with their personal email addresses and will require a nhs.net email address. We need to ensure that only NHS practice staff have access to the site. Please also note that practice managers are unable to register accounts on behalf of their staff, as the system will only allow an email address to be registered once. We hope that this will be a more convenient and efficient way for delegates to take control of their Learning Pool accounts.

Course Bookings:
We are advising delegates that they **MUST** reserve their own course places via Learning Pool, we can no longer reserve delegate course places. Therefore to avoid any disappointment please advise your staff to reserve their own course place by logging into their Learning Pool accounts. Booking course places on behalf of delegates is very time consuming for us. The KMGP Staff Training Team are responsible for commissioning courses, and our utmost priority is ensuring that we are providing surgeries with a quality and sought after training programme. Please do not hesitate to contact us should you experience any difficulties booking a course place, and we will endeavour to guide you through the booking process. However we can no longer book places on behalf of delegates.

Course Advice:
Unfortunately we are unable to provide clinical course advice. Should you require advice regarding what courses you need to undertake, then please contact us (Tel: 01227 791295 or email kmgpstafftraining@nhs.net) and we will direct you to the relevant person, for example either the LMC or the Practice Nurse Advisors.

We are working on issuing a new course programme which will be released in January.



Introduction of Stop Smoking Service new data base Quit Manager within GP Practices

Sarah Martin, Smoking and Wellbeing Manager, KCHT

The GP Project within Kent Community Health NHS Trust Stop Smoking Service covers 7 CCG areas, including 208 GP Practices.

We are responsible for engaging with all of these Practices and where appropriate ensuring a contract is signed to deliver the stop smoking service at the Practice. Currently we have 138 trained advisers based at these Practices. A key part of the role is to performance manage these advisers ensuring that success rates stay within guidelines, and appropriate support is offered to try to address any problems. Similarly, referral only contracts are in place to encourage GPs to refer patients into the core service and a payment is generated by a successful treatment outcome.

The GP project contribute to the biggest percentage of quits into the stop smoking service and last year contributed **2395 quits**. Referrals from GP Practice have been consistently rising over the last year with **2637** coming in last year. This is good news as the more referrals we receive, the more patients successfully quit smoking.

Earlier in the year we piloted our fantastic new Data Base 'quitmanager' in 12 GP Practices, this has replaced paper data monitoring forms and is quick and easy to use. The pilot has been a success and all GP practices offering the service are able to use the system.

The feedback has been really positive and the data base allows us to record and respond to live data, ensuring our service is effective in helping smokers to quit. The system also generates payments to GP Practices as the treatment outcomes are recorded, and this in turn ensures payments are received timely and accurately.

We have a short paragraph below from Jo Stevens, one of our GP adviser's based in Maidstone telling us how much value she attributes to quit manager.

Ros Backham is the GP Project Officer for the Stop Smoking Service and Sarah Malone is the GP Project assistant.

WHERE WAS LIFE BEFORE QUIT MANAGER!!!!

I really wanted to write and say a huge thank you for developing the new QUIT MANAGER! It truly has changed my life within smoking cessation. I have worked for the Vine Medical centre as a HCA for 12 years and for most of that have been trained as a stop smoking adviser. Previously I was using the old paper system to record my smoking data and found it a real challenge to keep a check of patients and get the time to record data when I was always so busy. Smoking cessation is such an important part of my HCA role but obviously is just one part, my HCA role is very challenging with busy clinics undertaking a multitude of different tasks.

Since changing to using the QUIT MANAGER system I have found it so easy to keep a track of patients and record their data. Once the initial information is recorded, each visit is a quick data entry and having all my clients on full view on the system daily, gives me a great chance to follow up those lost to service or have missed appointments. I have also found that because I am chasing patients more and encouraging them to attend each week, I have had a greater increase in 4 week co readings and a reduction in lost to service clients.

The system is easy to use and prompts clearly even giving the date when a 4 week quit can be recorded, Excellent!! I have also found the option of looking back at past quarters data helpful to ensure I am on target to achieve my years quit smoking target.

Thank you again for allowing me to pilot this scheme and I look forward to hopefully helping more patients quit smoking in the future as obviously this is all our main aim!!

Regards
JO STEVENS, HCA VINE MEDICAL

Noticeboard

A fond farewell to Di Tyas...

On the 31st October we wished Di a fond farewell as she retired after 12 years of serving the LMC, GPs and practices.

Di joined the LMC in 2002 as LMC/PCT Liaison Officer, at a time of great change with the abolition of Health Authorities and the establishment of PCTs and the proposed introduction of the new GMS contract. Di's great strength in building personal relationships with LMC representatives and PCT senior managers and her attention to detail are legendary, and were a tower of strength in the changing environment that the LMC faced. Di became Deputy Clerk in 2006 and Clerk in June 2012 and set about a major overhaul of the office systems which have significantly improved the organisation of the LMC's administration and control of finances.

It is not often one can say of a retiring colleague that she has gained the respect of every organisation and individual that she has come in contact with irrespective of their position and whether or not they have agreed with what was being said.

On the 9th October Di attended her last Full LMC meeting, where Julian Spinks delivered a moving speech in recognition of her 12 years' service for the LMC, and presented gifts on behalf of the Committee. Di thanked Julian 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.

Di will be sorely missed by all, and on behalf of the LMC and GP practices across Kent & Medway we would like to wish Di a long, healthy and happy retirement.

The LMC office will be closing at 12 noon on Wednesday 24th December and will reopen on Friday 2nd January 2015.

Please note calls will be monitored during this period.

Wishing you all a Merry Christmas and a Healthy New Year from all at the LMC Office