Kent Local Medical Committee Est. 1912
Supporting list based personalised care, the partnership model and meaningful collaboration

July 2018

In Touch

In this issue…..

Electronic Referral Service (eRS) Update

Dr Caroline Rickard, Medical Secretary

The 2018/19 contract agreement introduced a requirement for GP practices to refer via eRS for all referrals to first Consultant Outpatient appointments from 1st October 2018. This is linked to the NHS England requirement for hospital trusts to only accept eRS referrals to these appointments from the same date if they wish to receive tariff payment.

Currently Trusts are adopting a 'soft' switch off followed by a 'hard' switch off. During the soft switch off phase they will still accept paper referrals but will inform you next time you need to use eRS. Once 'hard' switch off is adopted paper referrals will be declined.

The dates of 'hard' paper switch offs are as follows:

- Medway NHS Foundation Trust: May 2018
- Darent Valley Hospital: October 2018
- Maidstone and Tonbridge Wells Trust: May 2018
- East Kent Hospitals University Foundation Trust: October 2018

As you know Kent LMC released a statement regarding our concerns around eRS. These reflect national concerns from the GP community. We are keen to make sure everyone is trained in the use of eRS before any 'hard' switch off is implemented. With patient safety being paramount. We would also like to minimise additional burden on GPs, particularly within the GP consultation.

There is no contractual requirement for the patient to leave with an appointment, eRS referrals can be managed outside of the GP consultation by administrative staff. The only exception you may wish to consider is 2WW referrals. This type of referral has caused the most concern across the trusts.

All trusts have processes in place for contingency. In the event of IT failure on either side, it is worth having a copy of your trusts contingency plans which will provide clear guidance on what to do in such an event. Redirection - where a patient referral needs redirecting to an alternative clinic it is up to the Trust to redirect the referral internally. Consultant to consultant referrals are outside of the eRS guidance and so there is nothing to stop consultants to continue doing this when required according to the Hospital Contract 2017-19.

It is important to note that not all services fall within the scope of eRS. Nurse led clinics and same day referrals will not require eRS referral. Private GPs, prison GPs and referrals made by out of hour GPs or GPs based in urgent care centres also fall out of the scope and these GPs can refer outside of eRS.

Continued overleaf…

Your Trust will be communicating with you about which clinics are not included.

What is an ASI? This stands for Appointment Slot Issue – this occurs when there is no suitable appointment for your patient on the eRS system. The referral in this instance is Deferred to Provider i.e. put onto the hospital worklist. Providers have a responsibility to actively manage their ASI worklist and offer appointments in a timely way.

All CCGs should have an eRS lead, who should be a point of contact for practices. If there are IT issues which are preventing the eRS system from working, or times when you are unable to process referrals on eRS please alert the CSU and make sure it is flagged as an eRS issue. The CCG/CSU and NHS Digital can all help you to arrange additional training if it is required.

Kent LMC Sessional & VTS Conference

Dr Caroline Rickard, Medical Secretary

The LMC hosted a Sessional and VTS conference. Dr Zoe Norris, GPC Sessional Chair, delivered an inspiring introduction to medical politics and the GP portfolio career. We heard about how resilience can be improved from one of the founders of Resilient GP – Dr Stephanie De Giorgio. Kent LMC's own Dr John Allingham gave an introduction to the different ways of working as a newly qualified GP, common pitfalls and how to avoid them! Finally, we learnt about NHS Pensions from Paul Gordon. Attendance was very good, it was delightful to see so many young and enthusiastic GPs. We will keep you posted around up and coming changes to the LMC Website, a Sessional Facebook Group and local First Five learning sets.

An opportunity to comment on new reforms for GP Contracts, QOF and digital-first primary care

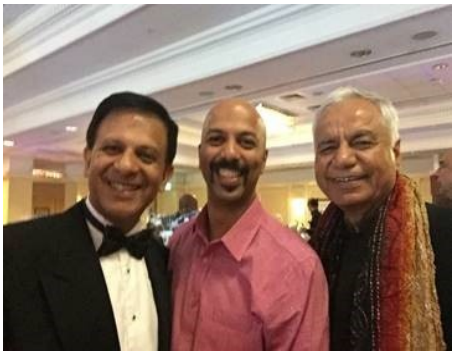
Some of you may have heard about what is being heralded as the biggest shake up of the GP contract since 2004.

The BMA sent out a communication to all GPs at the beginning of July regarding the NHS England review of QoF and funding arrangements for GPs to reflect digital changes. For those of you that did not receive it you can find it here:

https://bma-mail.org.uk/JVX-5QGJT-6B36IQY55B/cr.aspx.

The LMC would like to encourage as many of you as possible to follow the links in the article to have your say and ensure that the GPC are actually representing GPs working at the coal face.

Congratulations to Dr Gaurav Gupta on being re-elected to the GPC



The LMC would like to congratulate Dr Gaurav Gupta, LMC Chair, on being re-elected to the GPC at the BMA Annual Representative Meeting last week.

As a GPC representative, Dr Gupta will continue to play a vital role in representing doctors' interests and ensuring that their voices are heard, nationally, locally and in the workplace.

General Practice Partnership Review – Have your say!

Dr Caroline Rickard, Medical Secretary

Dr Nigel Watson, Chief Executive of Wessex LMC, an experienced GP partner and fellow of the RCGP, and longstanding member of GPC has been appointed the independent chair of the review announced by Jeremy Hunt in February 2018.

What follows is a summary of the information we have so far, which has been released by Dr Watson in his Blogs. You can read his articles in their entirety on the Wessex LMC website.

As we all know General Practice absorbs a lot of the work the NHS performs, with 400,000,000 patient contacts per year. Yet despite this the share of NHS funding being invested in primary care has fallen and we have seen hospital specialties receive investment and grow.

The review sets out to consider:

- The challenges currently facing partnerships within the context of general practice and the wider NHS, and how the current model of service delivery meets or exacerbates these.
- The benefits and shortcomings of the partnership model for patients, partners, salaried GPs, locum GPs, broader practice staff (practice nurses etc) and the wider NHS.
- Drawing on 1) and 2), consider how best to reinvigorate the partnership model to equip it to help the transformation of general practice, benefiting patients and staff including GPs

Four weeks into the review Dr Watson released his second blog to summarise his findings and actions so far.

They have established governance structures, a virtual reference group, and have started visiting various parts of the country. Among other areas they have been to Devon where just in this one area there are many different models of provision of primary care services. One practice has gone into partnership with the Acute Trust, and there is a super partnership providing care to 30,000 patients. There have also been difficulties, as has been reported in the press many GPs in Plymouth resigned their contracts due to recruitment and retention problems. The review has spoken to GPs and staff from all of these areas. They plan to continue their tour of the country and will be visiting Kent in the coming months.

Dr Watson states in his second blog that he does not feel the partnership model is dead. He has observed that daily workload has become too great with the existing resource. Funding has not kept pace with the increasing demands of an ageing population and increasingly complex patient conditions.

Workforce

While we are training more GPs than ever before, fewer are joining the permanent workforce. At the end of their careers older GPs are leaving the profession earlier than they might have done due to all the issues above, and it's not just the GPs, nurses are retiring at a greater rate than they are coming in. The role of the practice manager has become more

complex and stressful.

Liability and risk

The current structure of GP partnerships means that GPs carry unlimited personal liability, compounded by partners being jointly liable. The risk by many is being seen as greater than the benefit. Messages about the future of general practice are negative and uncertain. Yet I for one really enjoy my job, I enjoy the varied work, the contact with a diverse population - you can see a three-day old baby in one appointment and 10 minutes later be seeing an 83-year-old. In my opinion we are one of the last true generalists in medicine. We are experts. We should pat ourselves on the back. We process a phenomenal amount of work effectively and efficiently.

Dr Watson has found that younger GPs will consider partnerships but need more certainty and are increasingly looking for portfolio careers.

Would you like to have your say? You can e-mail GPPartnershipReview@dh.gsi.gov.uk

Practice Staff Vacancies

To advertise your practice staff vacancies* FREE of charge please go to the Kent LMC website.
You will need to register/log in to your account to submit a vacancy.

*All vacancies are subject to approval by the Kent LMC and will usually appear on the website within one working day.

Support for Doctors

Dr Caroline Rickard, Medical Secretary

There are many organisations and charities which are available to support doctors in need. Doctors may need assistance for many reasons, support with complaint procedures – NHSE and GMC, financial, and stress/burnout.

The LMC are available to assist with a wide range of issues, from partnership/contractual to supporting with pastoral support. We have a good knowledge of the NHS Performers List Regulatory process, which includes the Performance Advisory Group (PAG) and Performers List Decision making Panel (PLDP).

The NHS Practitioner Health Programme has now been rolled out which provides a free, confidential service for all doctors/dentists physical and mental health problems. The Sick Doctors Trust offer support for doctors with addiction issues.

In terms of support for financial issues, the Cameron Fund is a charity for GPs which offers help in times of poverty/hardship and distress. The Royal Medical Benevolent Fund offer financial support depending on individual circumstances through grants/loans and information on debt management.

Hope 4 Medics offer support for doctors in every scope of practice who have a disability.

Royal Medical Benevolent Fund
The Doctors' Charity

The Cameron Fund
The GPs' own charity

NHS
NHS Practitioner Health Programme
Supporting the Health of Health Professionals

SDT Sick Doctors Trust

Staffing Changes within your practice

Sophie Webb, Office Administrator

Since PCSE took over from KPCA, the LMC no longer receive updates of any staff changes within practices. This means that, unfortunately, our records are not always 100% accurate, which can result in Practice Managers and GPs not receiving important news, updates and guidance from us.

We understand how busy all practices are, but we ask, where possible, please would you update us on any GP or Practice Manager changes at:

info@kentlmc.org

This will help us maintain up-to-date records and ensure that important information and updates are sent to the right people.

Medical School Success!!

Kelly Brown, Senior Administrative Officer

The LMC were delighted to welcome Peter Nichols, GP Associate Dean, Honorary Lecturer and Honorary Research Fellow, University of Kent, Kim Stillman, **GP Associate Dean and East Kent CEPN Clinical Director** and Hazel Smith, previously STP Director of Partnerships, to their Full Committee meeting in April to talk about the successful bid for a Kent & Medway Medical School (KMMS).

Kent & Medway is currently one of the largest geographical areas without a medical school, and has been identified as having some of the most deprived neighbourhoods in England. KMMS will be a Partnership between the University of Kent and Canterbury Christchurch University, based on both institutions' campuses, and will initially offer places for 100 students per year. Placements throughout the Medical School Year are an integral part of the program and will be in Primary Care and Community settings for 1 day per week for the first 2 years, starting in September 2020.

The effect of KMMS will not only be that there will be a flow of bright young enthusiastic doctors to our local health economy but also that more GPs and Consultants will be attracted to work in Kent and Medway. It will be instrumental in achieving sustainable medical services across the patch and GPs and practices across Kent & Medway will have an important role to play in offering student placements.

This is a very exciting time and a real opportunity to improve outcomes for patients across Kent & Medway, and the LMC would like to congratulate everyone involved in the bid.

University of Kent
Canterbury Christ Church University

Kent LMC Annual Conference

SURVIVE & THRIVE IN GENERAL PRACTICE

Thursday 1st November 2018

13:00–18.30

(Buffet and refreshments available)

Ashford International Hotel, Simone Weil Avenue,

Our FREE Conference is open to all GPs and Practice Managers across Kent & Medway. Come and join us to hear from our keynote speaker, Professor Chris Ham, The Kings Fund CEO, on making sense of Integrated Care systems.

You can also hear first hand about the work of the STP and the impact on general practice from Glenn Douglas. We are delighted to have a number of excellent speakers to enlighten us on new models of primary care, information sharing with both the police and your Responsible Officer, topped off with how to ensure the financial efficiency of your practice!

Professor Chris Ham CBE
CEO, The King's Fund

Programme

Integrated Care and how GPs are involved
Professor Chris Ham CBE, CEO, The King's Fund

Kent Vision
Mr Glenn Douglas, Accountable Officer for Kent & Medway CCGs

Building Partnerships
Dr Mina Gupta, Chair, Modality Partnership

Sharing information with police
Detective Superintendent Susie Harper, Kent Police

Appraisal, revalidation or professional performance
Dr James Thallon, Medical Director, NHS England (Kent & Medway)

Making your practice financially efficient
Mr Andrew Leal, BA FCA, Percy Gore & Co, Chartered Accountants

Firearms Update

Dr John Allingham, Medical Secretary

Just when you thought you had got to grips with the new firearms licensing system Kent Police have come up with their own alteration.

Kent will now not issue a firearms licence without a medical report and have put the onus on the licence holder to obtain one. They have provided a specimen letter for licence holders to submit to their medical adviser which states 'should a fee be payable please forward an invoice to my home address'. I met with the senior police office responsible for this and tried to persuade him to use the words 'I understand a fee is payable and I will meet it according to the practices policy on private fees'. He agreed to consider this as a future amendment.

For now Kent LMC advice is:

- Charge the patient a fee realistic to the work involved bearing in mind accurate answering of the questions posed may involve trawling the entire clinical record.
- Do not offer any opinion. Answer questions as yes or no and state that you are unable to determine 'any other condition that may be relevant' to a question you are not qualified to answer.
- If you decline to complete the report the onus is on the patient to find someone who will.
- The police recommend that the medical record is tagged to indicate the patient holds a firearms licence and there are relevant Read (and Snomed) codes. Not everyone agrees with this. From a personal viewpoint I would like to know before I enter the house of a confused or agitated patient if there might be a firearm within.

I was interested to learn in Kent that at the time of my meeting with the Police there were 27,866 licence holders and that multiple firearms can be held on a single document. Food for thought!

Update on reported stock loss in Kent & Medway

KM Screening and Immunisation Team, Public Health England South East NHS England

In 2017/18, GP practices across Kent and Medway reported stock losses, caused by an avoidable event, of nearly £143,000. Almost £55,000 of this stock loss was due to fridge equipment failure. Other main causes were fridge doors being left open (c.£27,000) and fridges being switched off in error (c. £22,000).

		2017/18 Avoidable stock loss (does not include external power supply issues)		
	No. practices	Vaccine Waste (£)	Total Number of Vaccines	Total Number of Incidents
Ashford	13	£19,455.42	676	17
Canterbury and Coastal	17	£24,709.37	888	31
DGS	30	£12,257.80	507	24
Medway	49	£13,230.04	597	43
South Kent Coast	29	£17,374.53	628	19
Swale	18	£10,973.00	394	12
Thanet	14	£6,970.54	228	28
West Kent	59	£38,013.47	1,380	72
TOTAL	**229**	**£142,984.17**	**5,298**	**246**

Source: ImmForm

In order to reduce stock wastage, practices are encouraged to:

- hard-wire plugs into switchless sockets
- install fridge alarms to alert staff to door being open
- maintain good stock rotation without over filling fridges
- ensure all staff are aware of recording of fridge temperatures and any necessary follow-up action
- fridges are equipped with sufficient aids to monitor fridge temperatures
- ensure vaccine deliveries are immediately transferred to fridges on receipt

Practices should ensure they have a current cold chain policy in place that is being followed and that all members of staff dealing with the immunisation programmes are aware of the steps that should be taken when a cold chain issue is identified.

All cold chain events should be reported as stock loss on to ImmForm and all those events not attributable to external power supply issues should be reported to the Screening & Immunisation Team via phst@nhs.net

Please do not hesitate to contact the KM Screening and Immunisation Team at phst@nhs.net for further information.

GDPR (General Data Protection Regulations) Post 25th May!

Donna Clarke, Practice Liaison Officer

So, 25th May 2018 came and went without too much commotion and now here we are living under GDPR. I think we were all grateful for Dr Paul Cundy from the BMA producing the most useful Blogs and collating relevant templates for practices (and the LMC because it affects us too!!).

In case you have missed my various emails over the last few months, you can access his Blog through a Dropbox at:

https://tinyurl.com/y8ehywsv.

This is still being regularly updated as we all start to work through what GDPR means in practice. There is also emerging guidance from the BMA available on their website at:

https://tinyurl.com/y9sqxks4

The two most common queries that I have received from practices since 25th May have been as follows:

1. **Do we need an external DOP?**
The current advice from Paul Cundy is no. In fact, he suggests it is better to have someone internal as they will need to be the point of contact for anyone who has a query relating to data protection. They do not need to be an expert on data protection law as has been suggested by scaremongering solicitors, rather they need to have a basic knowledge of GDPR and know where to find the answers. The most important thing to remember is that you should not be spending lots of money on an external DPO service. It is possible that as time goes on and things become clearer there may well be DPOs appointed who work within federations or the CSU, for example, and work for a group of practices.

2. **Do we really have to provide a SAR (Subject Access Request) totally free of charge to a solicitor?**
Yes, if it really is a SAR and not a duplicate request you cannot charge anything. *However*, if the request is from an insurance company then they should not be asking for a SAR, they should be asking for an Access to Medical Records Act (AMRA) report which is chargeable. If you are at all uncertain about the reason for the request, you are perfectly entitled to ask for clarification and this can include asking the patient, in order to decide how to proceed. If a patient makes a SAR request it is also worth checking with them what their reason for the SAR is as it may be that there is a specific issue and a Targeted SAR (TSAR)

maybe more appropriate where only part of the record is actually required. It would also enable you to ensure that they have not been asked by an insurance company to ask for the information to pass on to them as this type of coercion is strictly against GDPR. There are 3 Blogs in the Dropbox link above on this subject – 7, 7a and 7b.

Finally, it is worth remembering that total GDPR compliance is a work in progress and as long as you are seen to be working towards complying with the regulations and have a DPO and accessible privacy notices in place and all your staff are aware of GDPR and who to ask when a query arises, you will be OK.

Prescribing in General Practice

Dr Caroline Rickard, Medical Secretary

In April 2018 the BMA issued the guidance for primary care. This useful 11 page summary is on the BMA website.

Highlights include Drug Switching – when asked to do a bulk switch over at the request of the CCG they should provide adequate resource to facilitate this and inform patients of change. However, GPs always retain their clinical judgement and, where they can make a clinical case for not switching a patient, they have every right to continue to prescribe as they feel is clinically appropriate.

Regarding the Non-GP prescribing, when a non-GP prescriber initiates a new drug, they accept responsibility for that prescription, but usually have no method of reissuing repeats and so that responsibility invariably falls on GPs. When faced with a request from the patient for a repeat prescription initiated from outside the practice GPs should review the patient and set up a repeat prescription if appropriate or refer the patient back to initial prescriber. Good working practice would advise that anything prescribed for the long term prescription should be notified to those likely to continue the medication (i.e. the GP). The responsibility for checking interactions remains with the prescriber.

Community Drug Charts – there is no need for a GP to complete a community drug chart (MAR Chart) as a prescription is all that is legally required for a nurse or other community worker to administer medication. The BMA believe that there is widespread confusion around this issue. Many people believe that it is an instruction for the medication to be administered, whereas it ought to be regarded as a record that a medication has been given, with the instruction being provided by the information provided by the prescriber on the prescription and re-

coded by the dispenser on the original packet. We do have concerns that many organisations that use MAR charts use them inappropriately as an authority to administer, rather than as a record of that administration. If the employer of the community nurse (or other worker) requires any additional documentation then the responsibility for completing that resides with the organisation whose staff are using it, compiled by information provided by the prescriber, and completed by staff trained in the process. The drugs themselves should be given according to the prescription as recorded on the original packet, with the only fact that it was given (or not) entered on the MAR chart.

Noticeboard

Congratulations!

The LMC would like to congratulate Dr Cathryn Lay from Amherst Medical Practice in Sevenoaks (pictured left below) on being awarded Fellowship of the Royal College of General Practitioners (FRCGP).

The LMC Buying Groups Federation offers an extensive range of products and services for GP practices on which they have negotiated excellent discounts.

Kent LMC has been a member of the LMC Buying Groups Federation since 2008. This means that all practices can access the discounts the Buying Group has negotiated on a wide range of products and services.

TRUSTED TO SAVE GP PRACTICES TIME & MONEY

If you're not sure what the Buying Group is all about then this short video explains what they do: LMC Buying Group Federation.

By registering with the Buying Group's website: www.lmcbuyinggroups.co.uk/members/, you can view all the suppliers' pricing, contact details and request quotes. The Buying Group also offers any member practice a free cost analysis which demonstrates how much money your practice could save just by swapping to buying group suppliers.

And if your practice is part of a GP Federation group then the Buying Group Plus initiative could help you save additional money as a group. This short video explains what Buying Group Plus does: http://tinyurl.com/z5zv8u9.

Contact:
Tel: 0115 979 6910 Email: info@lmcbuyinggroups.co.uk
Website: www.lmcbuyinggroups.co.uk

Re-register with INVICTA health LEARNING

Delivering training to GP Staff throughout Kent & Medway

The Invicta Health Learning Management System is having an upgrade! Before we can implement this upgrade we need all **eligible staff** to complete a short **online form** confirming their Name, Surgery, Role and accept our new Terms and Conditions.

All users MUST re-register by the 31st August to prevent their account being deleted.

Please click here or visit the below website to re-register:
https://www.surveymonkey.co.uk/r/IHLMS-re-register

Kent Local Medical Committee

8 Roebuck Business Park
Ashford Road
Harrietsham
Kent ME17 1AB

Tel: 01622 851197 Fax: 01622 851198
Email: info@kentlmc.org website: www.kentlmc.org