



Dear Colleague

Welcome to this week's edition of the LMC Express. The local updates for this week include:

- GP Appointments in Kent & Medway October 2022
- GPAS Reporting: reflecting winter pressures
- Talking Wellness – Mental Health First Aiders Community of Practice
- Annual Conference of England LMC representatives, 24/25 November 2022: Building Safe Practice
- Mental Health Urgent and Emergency Care

GP Appointments in Kent and Medway October 2022

The LMC has updated the ' **GP Appointments in Kent & Medway** ' poster to help practices evidence to patients the amount of work being carried out, and the pressures faced, by general practice, and the steps patients can take to help themselves manage their care. Practices may wish to display this in their waiting rooms or add to their websites and social media sites. The data is sourced from NHS digital. The next update will be published soon after the next release of GP appointments data, at the end of December 2022

GPAS Reporting: reflecting winter pressures

We are very aware of the winter pressures currently faced by practices, exacerbated by the strep A situation. The LMC is meeting with the ICB this week to understand what support can be put in place.

The GPC met with NHS England last week and outlined actions NHSE could take to support practices in response to winter pressures. The GPC specifically encourages all practices to participate in GPAS reporting as way of indicating the pressures faced by general practice. GPAS is anonymous, presented to the ICB on a HaCP footprint and we ask that all practices complete GPAS and reflect the pressures in general practice. The criteria when deciding whether your practice is green, amber, red or black can be found on the Kent LMC website at **Kent LMC - GPAS Definitions - Stakeholder and Practice Level Guide**

We are having discussions with the ICB on how they can support practices in the various levels of GPAS so it is even more important that practices, if at all possible, engage with the GPAS each week. If a practice hasn't yet signed up to GPAS and would like to do so, or if you require any help with GPAS, please contact the LMC office at info@kentlmc.org or on 01622 851197.

Talking Wellness – Mental Health First Aiders Community of Practice

Talking wellness are developing a community of practice for Mental Health First Aiders across the Kent and Medway System. Each session will be a mixture of training, and peer support sessions.

The first session is an open session with the opportunity for MHFA's across each organisation to network, share good practice, discuss possible topics for training and discuss the challenges experienced as part of the role.

This poster has the dates for the sessions and the teams link – please would you be able to share this with your Mental Health First aiders and, if you are able to, come along to the first session!

Any questions please contact Laurie Burleton (laurie.burleton@nhs.net)

Annual Conference of England LMC representatives, 24/25 November 2022:

Building Safe Practice

Thursday 24th November Morning Session, Dr Theo Bennett, East Kent LMC Representative

Thursday marked the first in person England conference since 2019. Kent was well represented as a team of 15.

The morning kicked off with some standing orders followed by Kieran Sharrock giving the GPC report. Ongoing challenges that primary care faces that have not improved with the easing of the pandemic were a focus. We are working harder than before offering more consultations per month compared to pre-pandemic levels. It was disheartening and disappointing to hear that in the last 12 months we have lost 380 GPs and that burn out and levels of anxiety are higher than ever amongst colleagues. He reflected on the words of Jeremy Hunt, our now Chancellor, from the HSC GP report calling to have status restored and for us to move away from micromanagement. Why do we receive 8% of NHS budget but provide 90% of the care? Within his closing statement he called on us to consider supporting industrial action citing the current trajectory isn't sustainable.

Kieran's report was followed by the motions for the morning. Kensington and Chelsea were first on the agenda highlighting concerns around unsafe working due to Dr shortages and lack of funding. Little five was asking for all practices to report themselves to the CQC as requiring improvement. Well supported motion which was passed except little five was rejected.

Next up was Derbyshire whose motions highlighted diminishing access to mental health services. Passionately supported with many recognising it's a GPs job to refer and MDT teams referring

referrals and rejecting them was proving detrimental. It was recognised in the debate that it's the system not our mental health colleagues.

Mental health was followed by childhood immunisations raised by Tower Hamlets. They applauded the work that GP practices have done in the last year despite most of the work going unrewarded through QOF payments. They highlighted the barriers that inner city practices and areas of deprivation face and were asking for a new system to pay for work done and not for targets reached. Called for it to be removed from QOF.

Zishan was up next putting forward Kent LMC motion highlighting inadequate gender dysphoria services. The motion was passed in its entirety with no one speaking against it. Well done Zishan!

The hot topic of patient access to records was up next. Sentiment was shared around wanting records to be shared but making sure this was safe and the correct process in place. The motion was passed in full.

This was followed by another hot topic of the catastrophic impact of the energy crisis. Gaurav in his role as Premises Lead responded on behalf of the GPC asking for the motion to be supported in its entirety which it was with no one speaking against it.

The morning finished with a motion proposed by Devon LMC which again was responded to by Gaurav on behalf of the GPC. They called for changes to the CQC with the evidence available around adverse outcomes in practices with minority ethnic CQC Registered Managers. The motion was passed in its entirety.

Thursday 24th November Afternoon Session, Dr Richard Claxton, West Kent LMC Representative

The Afternoon on Thursday 24th was something of a Curate's egg – Good in parts, and to be honest, although I'm now something of a veteran at these conferences, I was completely baffled in others.

The headline motion of the afternoon – and the one that inevitably grabbed the attention of the Daily Mail, was motion 15. Presented by Paul Evans from Gateshead & Tyneside, it called for reformation of the core hours in the GP contract; the hours being too long, and discriminatory against GPs with families, and that this mostly affects female GPs. It culminated in a call to 9-5 core hours.

"Dr Findley is dead – and good riddance!"

Introduced by the Chair to a soundtrack by Dolly Parton, there was a good debate – including contributions against friend of Kent LMC; our erstwhile Medical Secretary John Allingham (now representing his new constituents in Leeds). John warned of how this would play in public

perception. He also rightly pointed out that flexible hours were already an option within the existing contract.

Speaking for the motion; Sarah Westerbeek spoke eloquently of the need to acknowledge that the workforce is now 57% female, and GPs like her were forced to turn to a mix of clinical and non-clinical work for flexibility. This dilution of the clinical workforce was partly forcing people out of clinical roles - and partnerships.

“If we're serious about gender equality, reducing the gender pay-gap, please support the motion.”

The mood in the room was led by the passion in her and others speeches; acknowledging how badly the 9-5 message would play in public perception, but nevertheless hoping that it would highlight the desperate plight of Primary Care, the workload, the dwindling workforce and the risk to patient safety, and the motion was carried.

Other motions came and went, with speeches from Reshma Syed in favour of more GP involvement in ICS workstreams (and against the Fuller Stocktake), and Mark Ironmonger's maiden (surely not – Mark?) speech highlighting the importance of Whole Time Equivalents to make sense of calculations of GP workforce provision, in a motion on how to define a session in General Practice. The Enhanced Access part of the PCN DES was panned (motion 17), and the GPC encouraged to give us teeth when we push back against workload transfer from secondary care (motion 18). Vijay Koshal spoke on this motion – against the naming and shaming of badly performing trusts – rightly concerned that what's sauce for the goose, is sauce for the gander, and this part was rejected in the vote – but the other parts carried. A motion (20) calling for a staff grade/SAS type career option in general practice – was narrowly passed (111 vs 110) in spite of Raj Thilla's concerns about the two tier schism in the workforce that would ensue.

Another emergency vote was calling for Conference to support the imminent Junior Doctors strike ballot to be held on 9th January. Some of the statistics quoted by Trainees were truly frightening, including one GP Trainee – Annabelle Clarke citing her £100K student debt, others described a fall of pay since 2008 in real terms of 25% and another citing a survey showing that 30% of current trainees not wanting to stay in GP after completing their CCT. The Trainees present were the only ones on Thursday to receive a standing ovation, as the motion of support was overwhelmingly carried.

The day ended in November gloom. The conference room at The Quakers' Hall is called The Light – due to its ceiling skylight



at the apex of a pyramid. Much of the day spoke to the dark days ahead for the profession, and few real solutions given. Friday would prove to be better, but this was the view as I looked up

Friday 25th November, Dr Caroline Rickard, Kent LMC Medical Director

Day 2 of the Conference took the unusual step to close the doors to the media and to have break out rooms which delegates rotated through. This enabled a rich discussion in smaller groups (about 100 in each). The day was summarised at the close by the Chair of Conference, Dr Shaba Nabi. The purpose has been for the GPC executive team to hear the range of views from General Practice, and to help to inform their negotiations for the next contract. Below is a summary of the four rooms (which can be found in the Agenda with more detail around current GPC policy).

1. **New GP contract**
2. **PCN DES**

The Agenda Committee is aware of the strong desire from the profession to move all PCN funding into the core contract. The purpose of this workshop is not to reiterate this desire, but to consider best alternatives to the current PCN DES, if this aim is not achieved. The leverage to achieve this aim can be discussed in workshops 3 and 4.

3. **Non-NHS options**

This workshop will not be discussing any radical changes to healthcare modelling, as this is not in the gift of GPC England or NHS England. Instead, it will focus more on the desire and implementation of a mixed model, whereby NHS and non-NHS options may feature within the core contract.

4. **Current Policy for Alternative Action**

- *Enable GPC England to identify most powerful alternative action available from membership*
- *Enable GPC England to identify the barriers that would need to be overcome to maximise the participation in any alternative action*

We would like to draw your attention to the update section (pages 3-14) of the [Agenda](#) pack which summarises GPC actions taken in response to previous motions passed at Conference.

Mental Health Urgent and Emergency Care

Kent and Medway Mental Health Urgent and Emergency Care Transformation Programme (MHUEC) will provide a clearly defined improved pathway and an increased menu of interventions for individuals who are experiencing mental health crisis.

This improved MHUEC pathway and increased range of community crisis alternatives will offer individuals experiencing a crisis, viable alternatives to using NHS emergency services and may potentially result in a reduction in incidence of detention under Section 136 of the Mental Health Act (1983).

The transformation programme is being co-produced with experts by experience and system partners. We would like to hear from GPs and practice staff about their views on developments including improvements to:

- safe havens
- professional support for partners such as police and ambulance service
- enhanced community care
- crisis houses
- mental health ambulances
- places of safety

If any of you have half an hour to spare for an interview or are willing to take part in an online focus group on **Thursday, 15 December between 1 and 2pm**, please contact kmicb.engage@nhs.net

Kind regards

Kent Local Medical Committee