



Dear Colleague

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

- IT Failures
- Flu
- Kent LMC Representatives 2023-2026
- Online Access to Records
- EMIS - panic button
- DSQS
- GP Appointments in Kent & Medway
- General Practice Alert State (GPAS) - Submission to National Dashboard
- Life after CCT Pensions and Tax/Accountancy - An update from the experts for new to practice General Practitioners Wednesday 28 June 1-2pm
- **\*\*SAVE THE DATE\*\*** Kent LMC Annual Conference: Innovation in Practice - 5th October 2023
- A reminder about LMC Buying Group Membership
- Contract Changes - Access
- Research into eye movement problems - patient pathway
- Upcoming LMC Interface Meetings

## IT Failures

As previously reported we have been in negotiations with the ICB to agree some support for practices for the long IT failure in March. We have not reached agreement yet with the ICB and I have written back to them asking for their further consideration to support practices. Very disappointingly there have been a further two outages in the last week. I am really sorry that you have had to deal with these and at such a difficult time. We have asked the ICB to share their Business Continuity plans and the learning from the IT Failures and what they will be doing to ensure IT stability going forwards. We will be back in touch shortly.

## Flu

NHS England has published the annual flu letter for the 2023/24 flu vaccination programme. Further details will be available once the specification has been agreed and published. We are

aware that the large pharmacy chains have already started promoting flu vaccinations, enabling eligible patients to book their appointment in September. In response, practices may also wish to consider starting to notify their patients that they will be running flu clinics and use tools such as Accurx's Self Book function to enable patients to book ahead into an appointment in a practice clinic. The letter can be found at [National flu immunisation programme 2023 to 2024 letter - GOV.UK \(www.gov.uk\)](#)

## **Kent LMC Representatives 2023-2026**

LMC Representatives work with members of the LMC Secretariat to identify the views of local GPs, particularly with regard to the development of Primary Care and General Practice. Please click on the links below for details of the LMC Representatives elected for the term of office 2023/2026 in your area:

[Dartford Gravesham & Swanley](#)

[East Kent](#)

[Medway & Swale](#)

[West Kent](#)

We have the following LMC representative vacancies, and will be seeking nominations early Autumn.

- Dartford, Gravesham & Swanley: 1 Contract Holder, 1 Sessional GP
- East Kent: 2 Contract Holders
- Medway & Swale: 1 Contract Holder
- West Kent: 2 Contract Holders

Further details on the election will follow in due course.

## **Online Access to Records**

Following the imposition of the GP contract, all practices are contractually obliged to provide prospective record access to all patients by 31<sup>st</sup> October 2023. The BMA has announced that the GPC is taking legal advice and challenging the risks associated with the project roll out but also advises practices on the steps to take to prepare for the roll out between now and 31<sup>st</sup> October. This guidance can be found at [Updated guidance on accelerated access to GP-held patient records \(bma.org.uk\)](#)

## **EMIS - panic button**

EMIS has decided, as a result of BMA lobbying, that the EMIS panic button will continue to be available for practices who wish to keep it.

The panic button will be removed on Friday 29th September 2023 **unless EMIS receive a specific instruction from customers that the Panic Button in EMIS Web remains available for their organisations beyond Friday 29th September 2023.**

More details on how to make this request will be provided by EMIS by mid-June. More information can be found on EMIS Now.

## DSQS

We are aware that a new version of the DSQS template was sent to practices on 1<sup>st</sup> June, despite practices already having been sent the sign up template for DSQS on 4<sup>th</sup> May. We believe the new template requirements to be a variation and reinterpretation of the DSQS guidance and are in discussion with the ICB about this.

## GP Appointments in Kent & Medway

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.

## General Practice Alert State (GPAS) - Submission to National Dashboard

Thank you to all practices that continue to provide a weekly a submission. The information you provide is invaluable in evidencing the pressure general practice is operating under.

The Kent GPAS report is now included in a National GPAS reporting dashboard and we will need to submit our Opel Status (GPAS state) into the national dashboard by 2pm every Thursday so we would ask that all practices complete their GPAS submission by noon on Thursday of each week.

Submissions continue to be completely anonymised. The LMC is not able to identify individual practices from the submissions. The only data that is shared with either the ICB or other stakeholders is aggregated at HCP or Kent and Medway level. The more practices that take part in GPAS, the more robust the evidence will be. **Collecting this data is assisting the LMC in illustrating operational pressures in general practice. The report takes less than 5 minutes to complete each week.**

We would encourage every practice to submit a report on weekly basis and to provide comments and feedback.

The LMC is able to assist with getting practices started on reporting. Information can be found on our website at [Kent LMC - General Practice Alert State \(GPAS\)](#) or please email the LMC at [info@kentlmc.org](mailto:info@kentlmc.org)

Furthermore, if you are experiencing acute operational pressures please do get in touch. **If your GPAS contact person changes or leaves the practice, please update us with the new contact person at [info@kentlmc.org](mailto:info@kentlmc.org)**

[To view the latest GPAS SitRep please click here](#)

**Life after CCT Pensions and Tax/Accountancy - An update from the experts for new to practice General Practitioners Wednesday 28 June 1-2pm**

Please join the Kent LMC, Andrew Leal, a partner at MacIntyre Hudson, and Paul Gordon, Head of Medical Specialist Wealth Planning at Atomos, for a lunchtime virtual update on Wednesday 28 June 1-2pm, to inform you about the NHS pension scheme and tax / accountancy working independently as a GP

Andrew will look at the tax issues relating to working as either a salaried GP, a locum or a partner and whether a limited company may be beneficial. He will also look at what GPs need to do via PCSE online to ensure superannuation contributions are correctly collected and some of the key issues to consider if contemplation becoming a partner in a practice.

Paul will look to run through the current NHS Pension arrangements and implications as you move from a trainee into general practice. He will cover general financial planning including the likes of mortgages, protection and even wills, and can be quizzed on all areas of finances.

This event will be held virtually via Microsoft Teams, please book your place [here](#)

**\*\*SAVE THE DATE\*\* Kent LMC Annual Conference: Innovation in Practice - 5th October 2023**

We would like to invite you to join us in the afternoon of Thursday 5th October for our Annual Conference, which is FREE to attend and open to all GPs and Practice Managers across Kent & Medway.

We are delighted to announce Dr Rachel Morris, Executive and Team Coach, Specialist in Resilience at Work, GP, and Host of the [You Are Not A Frog](#) podcast will be joining us as a Keynote speaker, and we will also be covering topics on Digital Innovation, Next Generation GP

& Mid Career GP Opportunities, KMMS Medical Students, Wellbeing and Primary to Secondary Care interface.

More details will follow in the coming weeks.

## **A Reminder about LMC Buying Group Membership**

The LMC Buying Group helps GP practices save money on products and services they regularly buy. The Buying Group have negotiated excellent discounts on a wide range of products and services from their approved suppliers.

Buying Group membership is completely free and there is no compulsion to use all the suppliers. They do the hard work associated with finding the most competitive suppliers in cost and customer service, so they save you time as well as money on your purchasing!

Although the Buying Group was originally set up to help GP practices save money on the products and services they regularly buy, membership is now also open to GP Federations and Primary Care Networks.

### *Why use the Buying Group?*

- No membership fees
- Excellent negotiated discounts from a range of suppliers
- Quality products and services
- Free cost analysis for members
- No need to 'shop around' anymore – we've done the hard work already!
- Access to a recruitment platform to advertise your clinical and non-clinical roles for free and a premium 'Featured Job' package for a small fee.
- Access to a community resource hub

If you're not sure whether you're a member and/or have access to the Buying Group website (this is where you can view the pricing/discounts and get quotes) then contact the Buying Group team on 0115 979 6910 or [info@lmcbuyinggroups.co.uk](mailto:info@lmcbuyinggroups.co.uk). They can also help you with any questions you might have about your membership or the suppliers.

## **Contract Changes - Access**

Over the past few weeks, we have shared our response to the Access requirements in the imposed GP contract, QoF and IIF. These responses are summarised below:

From April 2022 to March 2023 the 182 General Practices across Kent & Medway provided 10.5 million appointments an increase of 6% from the previous year. This is for a population 1.9 million, which equates to every person having the equivalent of 5.5 appointments a year, an astonishing achievement. All this work in the context of the lowest numbers of GP's per 1000 population compared to any other area in England.

In the last few weeks there have been several directives released by the NHS some are guidance, and some are mandated. Here we explain what the recently mandated changes to the GP contract means for patients accessing their General Practice. These recent changes were not agreed by the profession and have not been accompanied by additional funding to support increased capacity.

### **When a patient contacts a practice, what should they now expect?**

A patient can expect a response based on an assessment of their need and the finite capacity within General Practice. The contract now states that following a patient contact (in-person, phone or on-line) the General Practice must take steps to provide an 'appropriate response' the same day or the next day if contact is after 6.30pm.

An 'appropriate response' includes one of the below options:-

- Invite the patient for an appointment (in-person / phone or video) at a time which is appropriate and reasonable having regard to all circumstances.
- Provide appropriate advice to the patient – this could include emailing / texting advice or signpost to on-line resources.
- Invite the patient to make use of appropriate services - this could include where suitable directing patients to community pharmacies, urgent treatment centres or A&E departments.
- Communicating with the patient:-
  - asking for further information to make an adequate assessment
  - if suitable the practice can let the patient know they will receive further information about their options at a future date

### **Following patient contact can my General Practice ask a patient to seek help from another service?**

The latest changes make it clearer that an appropriate response to a patient query can include signposting patients to other sources of help that may include attending a pharmacy for advice, refer to self-care advice on a website or even suggest attendance at an urgent treatment centre, A&E or referral to the Community Pharmacy Consultation Service

### **Does my GP or other member of the GP team have to see me within 2 weeks?**

There is no mandated requirement for General Practices to offer appointments within 14 days. There is an aspiration payment that practices working in groups called Primary Care Networks (PCNs) can work towards an offer of appointments in 2 weeks. The new contract can allow for much longer waiting times for routine appointments as long as the patient is made aware of the likely waiting time.

### **When will these changes to the contract be introduced?**

Practices should be aware of the statutory changes to the GMS contracts requiring adherence to the latest advice as set here in the [BMA guidance](#). However, we would remind practices that **unless they have received and signed a contract variation** from Kent & Medway ICB practices are **not** obliged to follow the changes.

We have not been made aware of any practices receiving this variation, if a practice does receive the contract variation, they have 14 days in which to sign it or it automatically becomes enforced. We believe this will give practices a little more time to adjust to the proposed changes.

## Summary of Contract Changes 23/24

The 23/24 GP Contract, QoF and IIF schemes focus on practice's improving access for patients. To clarify what is expected, guidance on each scheme is given below:

### GP Contract:

On 6<sup>th</sup> March 2023, NHS England declared its intention to impose contractual changes onto practices. These changes are include in the letter [NHS England » Changes to the GP Contract in 2023/24](#).

The specific regulatory changes relating to Access were laid before parliament on 18<sup>th</sup> April and due to come into force on 15<sup>th</sup> May.

We strongly recommend the BMA guidance on interpreting these changes is considered [GP access: meeting the reasonable needs of patients \(bma.org.uk\)](#)..

The LMC summary is:

- Both the BMA and the LMC believe this should be implemented in line with the BMA Safe Working Guidance.
- The purpose of the new requirement is to stop practices from asking patients to call back another time/the next day to make an appointment. Instead, when practices have reached safe clinical limits they can signpost patients to other appropriate clinical settings. For example: 111; UTC, Urgent Mental Health Helpline; and the Community Pharmacy Consultation Service (CPCS).
- The contract does not stipulate the timeframe in which a further assessment or appointment is to be offered. It states the further assessment should take place, "at a time which is appropriate and reasonable having regard to all the circumstances". The target to have seen patients within 14 days is within QOF and IIF. Some practices will be able to achieve this, but if practices cannot, this is not a breach of the contract. Although it will have some impact on QOF income.
- It is important that the system develops escalation routes for practices that have reached safe capacity. Practices should ensure that they reflect pressures in their

GPAS weekly submissions to enable the LMC to focus system partners on developing escalation plans that enable safe onward signposting of patients.

## IIF

In 23/24, IIF has been simplified so that 70% of funding will be paid to practice on a monthly basis. The remaining 30% will be paid on delivery of a Capacity, Access and Improvement Plan based on 3 areas:

1. patient experience of contact;
2. ease of access and demand management; and
3. accuracy of recording in appointment books

PCN's are required to submit a draft Capacity and Access Improvement plan to the ICB by 23<sup>rd</sup> June. Details can be found in the Kent & Medway General Practice Update Bulletin of 2<sup>nd</sup> May 2023 [General practice update 2 May 2023 \(campaign-archive.com\)](#)

The Capacity and Access guidance can be found at [PRN00157-ncdes-v2-capacity-and-access-payment-2023-24-guidance.docx \(live.com\)](#).

Please note page 2, point 5:

'ICBs, PCNs and member practices should co-develop and co-own a local improvement plan setting out the changes they intend to make. **Local improvement plans should address any identified barriers to improvement or wider support required and link to local support offers for integrated primary care, and where commissioner support is required, commissioners should commit to providing that support.** The funding provided through the National Capacity and Access Support and Improvement Payment can be used by PCNs to take forward development and delivery of their local improvement plan'

Therefore, when creating their outline plans, we suggest that PCN's consider what support they require from the ICB to be able to deliver those plans, whether that be to maintain or increase access, or to deliver access to patients through other means (ie UTCs, Same Day Hubs, secondary care interface), or the integration of community staff with PCNs.

The LMC summary is:

1. Patient experience of contact is based on FFT feedback and the GP patient Survey. Practices need to ensure they enable practices to submit FFT feedback after an appointment and to submit monthly via CQRS. Plans should reflect the specified 5 questions from the practice's GP survey results and how scores can be maintained or improved.



2. Ease of access and demand management is based on practices either having or migrating to cloud based telephony (CBT) and utilising reporting functions to understand and manage demand and enabling online consultations in core hours.

3. Accuracy of appointment books. Practices are strongly encouraged to read the guidance to understand the 8 appointment slot types that will be reported on to identify if a patient has been booked an appointments with 14 days. Not all slot types will be reported on for these purposes so thinking carefully about how appointments will be mapped is critical.

### QoF Access

The 23/24 Qof Framework can be found at [NHS England » Quality and Outcomes Framework guidance for 2023/24](#) and include a Quality Improvement module on Optimising Access to General Practice.

Practices objectives of the QI module are to:

- Understanding data in relation to practice demand and capacity.
- Raising understanding of quality improvement techniques
- Making changes that enable more effective use of capacity and therefore better meet demand (e.g. reducing the number of avoidable appointments)
- Improving staff well-being
- Improving patient experience

The exercise is carried out at practice level and verification is through submission of the template included in the QoF framework, with practices required to self-declare that they have attended a minimum of two PCN peer review meetings (either in person, where appropriate, or virtually).

### Research into eye movement problems - patient pathway

We have been contacted by a student conducting some research into eye movement problems as part of a PhD at the University of Sheffield. Part of this learning is to understand the referral pathway for patients with eye movement problems and diplopia from primary to secondary care. They have invited you to take part in a short survey regarding your experiences with patients complaining of eye movement problems or double vision.

The survey will take about **5 minutes** to complete.

They appreciate your time in answering this survey. As a thank you, there is the option to be entered into a prize draw with the chance to win a **£30 Amazon voucher**.

No personal data will be collected and all responses will be **anonymous** (if you would like to be entered into the prize draw a separate link will be provided immediately after you press 'submit').

Your responses will help them to understand the methods in use in the UK and highlight areas where development may be useful to you.

This research is being conducted as part of a PhD at the University of Sheffield and the outcomes will be reported in a thesis and possibly a future publication.

If you have any questions or comments, please contact [cajukes1@sheffield.ac.uk](mailto:cajukes1@sheffield.ac.uk)

[CLICK HERE TO ENTER SURVEY](#)

### Upcoming LMC Interface Meetings

The following meetings are taking place over the next couple of weeks. If you have any issues that you would like us to raise please email [info@kentlmc.org](mailto:info@kentlmc.org) with the title of the meeting and details of your request.

**East Kent GP Board – Thursday 8 June**

**EKHUFT/ICB/LMC Interface Mtg – Thursday 8 June**

**West Kent Primary Care Transformation Board – Tuesday 20 June**

**Full LMC Committee – Thursday 22 June**

**Sessional GP Sub-Committee – Thursday 22 June**

Kind regards

Kent Local Medical Committee



**Kent Local Medical Committee**

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*Supporting list based personalised care,  
the partnership model and meaningful collaboration*