



# Kent Local Medical Committee

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

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## Highlights from the Full Kent Local Medical Committee Meeting November 2018

Dr Gaurav Gupta welcomed members and observers to the meeting and introduced Dr Helen Smart and I Chivulescu who attended as observers, and Drs Ginika Lazz-Onyenobi (Ashford CCG), Catherine Gardiner (Medway CCG) and Manual Fernandes (SKC CCG) who were recently elected to the Committee.

It was noted that contract holder vacancies remain in Swale and Thanet and GG reminded members to encourage colleagues to consider stepping forward. Anyone interested should contact the LMC office or email [info@kentlmc.org](mailto:info@kentlmc.org).

### Mental Health Services

The LMC wrote to the commissioners and providers on the 24th July 2018 concerning the poor provision of mental health service in Kent. Patricia Davies provided a response to concerns raised on 16th August outlining the service provision and plans moving forward.

Following a subsequent discussion with Lauretta Kavanagh, Liz Mears reported that the Mental Health Leads have proposed and are implementing a Common Assessment Team to address patients with urgent mental health needs. Standard Operating Procedures (SOP) have been drafted and they anticipate the service will be in place by January 2019. Patients who are declined by the service will be signposted appropriately.

An audit is being undertaken in East Kent looking at community mental health team referrals that have been rejected to help identify any issues and gaps in services. The results of the audit will be available for a planned meeting at the end of November.

The number of Primary Care Mental Health Workers in West Kent is set to increase significantly, which was welcomed. In East Kent they are consulting on extension of services.

Members shared views on the varying levels of service provided across Kent & Medway, and concerns were raised around patients in crisis.

The LMC have arranged a meeting with the K&M Partnership Trust (KMPT), the STP and commissioners to address the issues and report on progress.

### eRS

The LMC continue to meet with NHSE, NHS Digital, Acute Trusts and CCGs to raise issues reported by practices.

It was reported that if a practice experiences IT issues resulting in paper referrals being sent as per the business continuity plan that, in this type of instance, an incident number from the CSU is required.

Concern were expressed at the rejection of 2ww referrals. This is a serious safety concern that Trusts and NHSE agreed would never happen. It was suggested that a rejected referral could potentially be raised as a serious incident.

### LMC Secretariat Changes

There have been some changes of hours within the LMC office. Clare Shutler will be retiring at the end of 2018. Dr Mike Parks will retire in the summer of 2019.

Gaurav Gupta expressed his thanks to Clare on behalf of the LMC for her excellent work over years, particularly in relation to the LMC finances.

### LMC Trustee

Following the retirement of Dr Gary Calver, Dr Julian Spinks was appointed as a new LMC Trustee.

### DDRB

Richard Vautrey wrote to all CCG Chairs on the 8th October asking they 'seriously consider funding the additional one per cent

of the GP practice pay award backdated to April 2018 rather than from April 2019'. Ed Waller, NHSE, subsequently wrote to CCG Chairs on the 16th October referring to their letter of the 26th July 2018 stating that the additional 1% is conditional on the ongoing contract negotiations and, if agreed, would only be payable from 1st April 2019. In the letter NHSE emphasises that CCGs should follow the Ministerial decision and national guidance set out in that letter and not deviate!

It was reported that an LMC Conference motion to be raised on the 23rd November calls for no confidence in DDRB, asking that the current system is restructured. It was suggested that this issue also be addressed at a local level in Kent & Medway.

**Post Meeting Note:** the LMC has written to MPs urging them to urgently take up this matter with the relevant departments and ministers.

#### **Report of the Sessional Sub-Committee 8th November 2018**

The Sub-Committee discussed possible dates for next year's Sessional/VTS conference. The LMC will appeal to the VTS to ensure trainees can attend as part of their programme. Potential topics included looking at portfolio roles and potential options.

The LMC and STP are setting up a working group to ascertain what types of roles GPs would be interested in. The sessional representatives have been invited to attend.

It was noted that a Sessional GP Facebook group is now live.

The news that a pathway is being developed nationally for locum GPs to be able to have an NHS email address was well received.

The Committee discussed the upcoming changes with the appraisal process at length, and it was suggested as a possible topic for discussion at conference.

#### **GPC News**

The September 2018 GPC News was circulated prior to the meeting for information.

Questions for the GPC can be raised with Gaurav Gupta or Mike Parks via the LMC office.

#### **New Standard Hospital Contract 2017/19**

Members discussed the Academy of Medical Royal Colleges (AMRC) document "Clinical Guidance: Onward Referral" published in May 2018, and the Implementation toolkit for local systems, which sets out some practical ways in which organisations can collaborate locally to implement the NHS Standard Contract provisions relating to primary and secondary care.

Concerns were raised that NHSE appear to be attempting to enforce the Hospital Contract via primary care. It was agreed that the CCG should 'police' these issues and ensure breaches do not occur.

The lack of contractual sanctions relating to breaches and the significant cost implications for practices who reject this inappropriate transfer of work were discussed.

It was suggested e-DECs should be utilised within secondary care, and that contractual breaches should also be addressed with private providers.

Carlo Caruso reported that the LMC are undertaking many of the suggestions outlined in the toolkit, including conducting deep dives in MTW and holding tri-partite meetings between the CCGs, LMC and EKHUFT in East Kent. The LMC are also developing a video around primary to secondary care interface to be used for induction.

#### **Enhanced Services and Unfunded Work**

Enhanced Services in East Kent are currently being reviewed, and it is the LMC's understanding that this will happen across the whole of Kent & Medway.

The LMC are working with East Kent to review what Enhanced Services are required and the payments for each service, with a view to streamlining systems and rationalising some of the claiming processes. The LMC has been clear that this must not be seen as a levelling down opportunity.

Issues with the anticoagulation Enhanced Service in East Kent were discussed.

The LMC are currently collating information on Enhanced Services, comparing the BMA list of services provided across England versus Enhanced Services per CCG to create a matrix to aid further discussions. It is expected that Spirometry will form part of this work.

### **STP Update**

As part of the work of the STP Primary Care Board a draft primary care strategy and draft primary care workforce strategy have been developed.

It was noted that a key part of the strategy moving forward is supporting primary care networks. Pressures to merge appear to have subsided, and the value of practices of all sizes has been recognised.

The second meeting of the Primary Care Board was full of good intentions and extremely positive, with prospects of getting funding into primary care. The importance of the LMC challenging the process was highlighted, albeit with a little patience to see what can be delivered.

Members discussed the significant reduction in funding since 2004. It was noted that core funding will not be affected by the processes being developed in Kent & Medway and will not address the gross underfunding of primary care. It was agreed that a significant increase in global sum is needed to enable primary care to catch up with other parts of the NHS.

Gaurav Gupta commented that the STP is the avenue for investment in primary care, and encouraged members to feedback any thoughts or comments to either himself or Mike Parks as GPC representatives.

### **GP Partnership Review**

Liz Mears provided an overview of the GP Partnership Review Interim Report published on the 2nd October by Nigel Watson. The report highlighted issues around workload, workforce and risks of partnerships, particularly in relation to premises, indemnity and unlimited liability.

Concerns were raised that issues with Hospital Trusts are impacting on the recruitment of GPs locally. The LMC are attending regular meetings with Trusts and are working together to seek a whole system solution.

Mike Parks referred to the Primary Care Networks (PCNs) highlighted in the report, and urged members to read Primary Care Networks Reference Guide which provides an overview of PCNs and outlines the benefits of practices working together locally, in partnership with community services, social care and other providers of health and care services as multi-disciplinary teams.

Difficulties were expressed in having a defined view on interim report, as from a sessional GP perspective there seems little to attract sessionals into partnership and the report outlines problems and focusses on risks. The need for tangible plans to address workload was highlighted. This view has been fed back to the BMA via the Sessional GP Sub-Committee.

The LMC were in support of the report agreed to provide a collective response to Nigel Watson.

### **Kent & Medway Medical School (KMMS)**

Gaurav Gupta welcomed Professor Chris Holland, Foundation Dean of the Kent and Medway Medical School (KMMS) to the meeting. Professor Holland provided a brief background on KMMS and the vision for the future. KMMS is a joint initiative between Canterbury Christ Church University and the University of Kent. The school will act as a potential draw to Kent & Medway GPs, and is recognised as a positive long-term initiative to help resolve the workforce crisis.

The first KMMS cohort will be in November 2020, and Professor Holland provided an overview of the 5-year training programme. The first two years will focus on community and primary care in practice, with placements in primary and community care settings across Kent & Medway for one day each week. In years 3-5 students will be placed in the Secondary Care settings, with a clear link between Primary and Community Care

settings to enable a true appreciation of patient care pathways.

Logistics of accommodating students within practices and reimbursements were discussed, and concerns were raised around potential premises costs to cover extra rooms. Professor Holland commented that KMMS will be clear on the expectations for funding, and that monies will follow the students through both primary and secondary care settings. An SLA is being developed, which will be rolled out across Kent & Medway, outlining what will be provided and funded. Final decisions will be announced in June 2019.

Questions were raised around infrastructure funding. Professor Holland commented that KMMS places do not come with any funding, and that money will not come in until September 2020. KMMS are currently in discussions with various organisations including Health Education England (HEE), Local Government, the Local Enterprise Board, NHSI, NHSE and the STP to identify any possible funding streams.

Professor Holland was thanked for his time and detailed presentation and the need to encourage students into general practice was highlighted.

#### **Kent LMC Conference Feedback**

The secretariat provided feedback following the Annual LMC Conference “Survive & Thrive in General Practice” held on the 1st November 2018. A full report of the conference will be available in the December edition of our In Touch newsletter.

Kelly Brown  
Senior Administrative Officer (Comms)