



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 February 2016

Dr Julian Spinks welcomed members to the Committee meeting and introduced Dr Emma Simmons as a newly appointed Sessional GP representative in Medway. Dr Stephanie De Giorgio was co-opted as a contract holding representative for South Kent Coast constituency at the Extraordinary Full LMC meeting in December.

Julian Spinks announced Dr Rob Sadler's retirement from the LMC after more than 20 years. Rob first represented GPs on the Canterbury & Thanet Area Health Authority in 1990, and joined the LMC in 1993 when Dr Murray McGregor was Chairman. During his time at the LMC Rob was appointed Vice-Chair, Chair (2005-2008) and an LMC Trustee. Rob has been a keen trainer and a tremendous advocate for the GP Staff Training Team over the years. Dr Spinks offered a huge vote of thanks and presented Rob with a gift on behalf of the LMC and wished him great happiness in his retirement. Rob responded that he had enjoyed his time with the Committee and will be sorry to leave what has been an extremely effective LMC over the years. He wished his colleagues well in what will undoubtedly be challenging times ahead. Members responded with a standing ovation.

It was noted that as the LMC will be holding a full election at the end of the year, with the current term of office ending in March 2017, an interim election for the sessional GP vacancies in Thanet and West Kent would be deferred. The LMC are able to co-opt GPs to join the committee for the remainder of the current term. All agreed to encourage GP colleagues to consider this opportunity. Anyone interested should contact the LMC office.

Urgent items under any other business

Members debated the announcement by the Secretary of State to impose the Junior Contract in August 2016, and Gaurav Gupta proposed a motion:

Kent LMC strongly condemns the imposition of the new unsafe and unfair contract on Junior Doctors by Jeremy Hunt and the Department of Health, and believes that this will cause irreparable damage to the NHS and patient care by destroying doctors' morale and losing the goodwill of hardworking staff.

The Motion was seconded and the vote was carried unanimously.

Post Meeting Note: The LMC wrote to the Secretary of State to express concerns and highlight the motion. The letter was copied to Kent & Medway MPs, Health & Well Being Boards, HOSC Chairs, Leaders of KCC and Medway Council, CCG Chairs/AOs, Kent & Medway GP Practices, Local Professional Committees, BBC and Chair of the Junior Doctors Committee

Long Term Conditions (LTC) Year of Care (YoC) Presentation - Chris Hume, KCC Public Health

Chris Hume, KCC Public Health delivered a presentation on the Long Term Conditions Year of Care Programme. The aim of the programme is to create a new way of funding and commissioning integrated health and social care services for people with multiple long term conditions.

Chris Hume outlined the current position, with the different systems that exist, particularly relating to payments. The programme has linked data from acute/community trusts, mental health, social care, hospices, ambulance and out of hours care, and they are currently

adding data from continuing health care and IAPT. It was noted that all data is linked anonymously by using a pseudonymised patient number.

It was noted that that 64% of GP practices in Kent have signed up to share data, and work is progressing well in East Kent, where CCGs are actively developing capitated budgets to support new models of care using the linked dataset. Chris Hume thanked practices who have taken part to date, and encouraged others to consider signing up.

The National LTC Year of Care Programme ends on 31st March, however the funded Kent programme with CCGs and KCC will continue to develop the 'integrated dataset' in collaboration with HSCIC. It was noted that the Vanguard in East Kent will be taking the lead and resourcing development of capitated budgets.

Members welcomed the initiative and felt it would identify differentials in the current system, particularly in relation to quality and productivity, and help to recognise work that is currently unfunded.

Questions were raised around patient consent. Members were reassured that the data is pseudonymised and only used at an aggregate level and therefore consent is not required. KCC PH have produced a leaflet for practices to display explaining the good practice of sharing pseudonymised information.

Julian Spinks raised the question of the programme being rolled out in Medway. KCC PH have developed within Kent but would speak with Medway if they identified the need and funding.

Collaborative Fees

Collaborative fees remains a difficult issue. The administration of claims has now been transferred from the KPCA to SECSU, and the budget has been transferred to CCGs.

The LMC is trying to ascertain what information practices have been given

with regard to the changes to the administration of claims, and if there has been a reduction in the number and types of claims processed since this change. It was noted that as CCGs are now responsible for collaborative arrangements this item will be added to future CCG liaison meeting agendas.

LARC Update

Following a meeting with KCC Public Health the LMC was hopeful that concerns raised regarding training requirements for LARC were acknowledged and agreement reached on a way forward. KCC wrote to practices in January requesting copies of current letters of competency or copies of booked or planned training for practitioners undertaking the service. Following a subsequent conversation with KCC, the LMC reported that NHSE were only reminding practices of the requirements and were trying to gauge the demand for further training.

Appraisal Standards

The LMC met with NHSE to discuss concerns raised regarding Appraisal Standards. Several misunderstandings between the Appraisers and NHSE were highlighted. It was noted that NHSE do not require a structured reference every year, but once every 5 year cycle. With regard to CPD points, the RO Team prefer 40 hours to relate to core general practice activities, and for a balance over a 5 year period.

NHSE have agreed to write to appraisers and provide an aide memoir to appraisees, which will be sense checked with the LMC before sending.

The difficulties in recruiting GP Appraisers was noted. The LMC agreed with NHSE to encourage GPs to consider becoming appraisers.

Medical Secretary/Clerk's Report

Due to time constraints the Clerk's report was written and circulated prior to the meeting as an attachment to the Agenda.

The launch of the new LMC Website was highlighted, which includes many new and improved features. It is anticipated the website will go live at the end of February (www.kentlmc.org).

As previously agreed by the Finance Committee the office is in the process of recruiting a practice liaison officer to work 2 days per week and anticipate posting an advert shortly.

Kent & Medway GP Staff Training Team

John Allingham provided an overview of the current status of the GP Staff Training Team.

A review was commissioned on behalf of NHSE, the LMC and the 8 CCGs in Kent & Medway, commissioned a review which identified the stakeholders, the needs of the customers, and options for future service delivery.

SECSU have served notice to quit hosting the service with effect from 31st March 2016, and NHSE are no longer prepared to fund the administration of the service from the same date. NHSE wrote to CCG Accountable Officers requesting that they consider the future provision of the service.

Discussions are ongoing between the CCGs, CEPNs and NHSE. The LMC understand that both East and West CEPNs may be interested in hosting the service. There has been a mixed response from CCGs, however all see the value of the training provided for via the levy and are keen for it to continue in one form or another

Special LMC Conference of LMCs Debrief

The GPC called a special conference of LMCs on **Saturday 30th January 2016** in response to the urgent pressures currently facing the general practice profession. Julian Spinks reported that 10 elected delegates **attended on behalf of Kent LMC** and delivered some excellent speeches.

Delegates shared their personal experiences of conference, and in particular the younger delegates were congratulated on their valuable contributions. It was noted that this was the 'first wave' of conference, and it was hoped it set the tone and will keep the momentum going until the second day of the national conference in May.

Members debated motions suggested for discussion, particularly around separate contractual arrangements for care for residents of nursing/residential care homes, physicians' assistants, premises and appraisal & revalidation.

The importance of recruiting and retaining GPs was inevitably debated, and it was suggested that the LMC approach the CCGs with more determination to have a marketing/recruitment campaign.

Caroline Rickard suggested creating innovative posts to encourage GP trainees to stay, start a portfolio career, with possible attachment of 2 sessions in practice. It was noted these posts currently exist and work well in Wessex.

The significant increase in workload was debated, and it was suggested that the public need to be made aware of pressures GPs are under. The LMC suggested running a 6 month local media campaign with the help of LMC reps to address this issue.

Members discussed the Quality First: Reducing GP Workload and anxieties were expressed at 'saying no to patients'. It was suggested exploring with the CCGs ways to commission services outside of GMS/PMS (possibly as a GMS plus contract) with adequate funding which would retain continuity.

The LMC agreed to explore the possibility of running seminars across Kent & Medway to offer advice and guidance to practices on managing workload.

It was suggested that producing a patient leaflet entitled 'You have been referred...'

outlining what patients should expect from secondary care may be beneficial.

Next Steps

Following an active debate, concerns were expressed around the six month timescale agreed at the Special Conference with the GPC, Julian Mead proposed a motion:

“Kent LMC demands that, within one month, the GPC ballots GPs on what actions they would be prepared to take without breaking their contract to ensure the safety of patients and strengthen our negotiators position. We believe, in light of the contract imposition on our junior colleagues that general practice is next”.

The motion was seconded and passed unanimously and the LMC agreed to forward to the GPC.

Motions for the Annual Conference of LMCs - 19-20th May 2016

Representatives formed small groups to debate and draft potential motions for the Conference.

Date of next meeting

The next meeting of the Committee will be held at 2.15pm on Thursday 9th June 2016 at the Village Hotel, Maidstone.

Kelly Brown
Liaison Support Officer