



Kent Local Medical Committee

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

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IC24/LMC Interface Meeting Newsletter April 2019

Drs Gaurav Gupta and John Burke joined Mrs Donna Clarke at the recent IC24/LMC interface meeting. Dave Gregory (Interim Associate Locality Director) and Stephen Kemp (Director of Quality, Urgent Care & Nursing) attended on behalf of IC24.

Unexpected deaths and the coroner

Unexpected deaths are a rare occurrence. Verification of death is an ongoing issue in terms of GPs being asked to attend to verify death in care homes. IC24 have an ongoing programme in conjunction with the hospice to train care home staff to be able to verify death.

It was suggested that an A4 sheet with guidance could be produced jointly to highlight the process following nationally available guidelines. It was agreed that IC24 would share what they already have with the LMC with a view to producing joint guidance to be sent to care homes.

Retention & Recruitment of GPs Future of GP Workforce

It was noted that there have been a number of GPs leaving IC24 and staff surveys suggest that this is largely due to rising indemnity costs. There may be GPs who have left and may now come back to out-of-hours (OOH) work in view of the new government backed indemnity scheme. IC24 agreed it is a good time for a recruitment drive. IC24 are aligning all their staff with the NHSE Integrated Urgent Care / NHS 111 Urgent Care Workforce Blueprint. This requires some advanced clinical practitioners (ACPs) to have additional training to bring their skills up to the requirements as there is a huge variation in skills of individuals.

SK reported that the future Clinical Assessment Service (CAS) has to be GP led and GP run, adding that it has proved successful in a London pilot area. The NHSE blueprint has a level 9 Workforce Blueprint clinician (Dr Meriel Wynter) as the lead and that can only be a GP. IC24 have introduced mental health workers and these will be included as part of the CAS.

The LMC asked about the ratio of GPs providing clinical sessions for IC24 to the

number of ACPs, and what the safety parameters are. IC24 do have a desired ratio but that does rely upon GP availability.

A discussion took place about measuring GP performance. DG commented that all GPs are audited against a modified RCGP Urgent Care Toolkit as well as by cases per hour and feedback is given to GPs.

Hospital Discharge Planning - issues with lack of medication for discharged patients

The LMC reported that GPs are concerned about patients being discharged OOH - particularly for palliative care - without necessary medications. SK reported he has validated 64 cases of which 42 were medication requests and found that with end of life (EOL) patients it is rare that it is the hospital but other issues in the community. GG reported that the "Buff sheet" issue has been resolved county wide and prepopulated template CMR forms are now being used and the GP does the prescription which goes with the CMR as the instruction to administer.

GP Feedback

The LMC has received a number of GP concerns about things that have occurred whilst working for IC24 but these do not appear to have been raised with IC24. JB asked whether GPs have a facility to report operational, administrative or professional matters to IC24 e.g. electronically on shift. SK replied that IC24's software includes a 'professional concerns' text box. IC24 welcomes professional concerns via the reporting mechanism available.

JB asked whether IC24 still have regular meetings with local GPs that work for IC24, thereby offering a forum for GPs' questions. GG reported that OOH provider's educational meetings used to take place and this could be the way forward. DG agreed to look into the possibility of this.

IC24 pay differentials

GG commented that people know that pay rates are different in East and West Kent and this causes people to feel less valued in lower rate

areas. IC24 are in discussions with CCGs about this.

GP Registrars

The LMC commented that GP Registrars in training (STs) require 6 hours of OOH training and that NHSE/RCGP published principles around this training including that the quality of care and education 'should be no less than in-hours'. GPs have expressed a concern that clinical supervision only by ACPs may not be adequate. SK reported that the Deanery allows ACPs to be trained as Clinical Supervisors of GPs and those used for this purpose at IC24 have all been trained. GG acknowledged that in the current recruitment crisis for GPs it is understandable that more ACPs are used as long as there is a good mix overall.

Date of Next Meeting:

10th July 2019.

Donna Clarke
Practice Liaison Officer