



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 June 2016

Dr Julian Spinks welcomed members to the Committee meeting and introduced Dr Sam Borin, who will be joined by Dr Shehzad Kunwar as the newly appointed GPST3 LMC representatives. Dr Julius Parker, Chief Executive, Surrey & Sussex LMCs was welcomed to the meeting, along with GP Trainees on the CLIC rotation who were attending as observers.

Dr Spinks congratulated Paula Newens in her absence on her appointment as a partner at a practice in Deal. It was noted that Paula will remain on the LMC as a SKC representative for the duration of the term of office.

Vijay Koshal recently resigned from the LMC as a West Kent Representative and was thanked for his valuable contribution on behalf of the Committee. Elections will be held in the following constituencies in due course: West Kent (contract holder and sessional GP) DGS and Thanet (sessional GPs).

Dr Stephanie De Giorgio was congratulated on being elected at the recent LMC Conference as a GPC Representative and Dr Spinks also congratulated Dr Mike Parks who was successfully re-elected as Regional GP representative.

Training Levy

Following the very belated information from NHSE that the collection of the training levy would cease at the end of March, the LMC wrote to LMC representatives and reached a virtual decision that the training levy would be attached the voluntary levy. It is anticipated that the levy will be re-named to reflect the change in due course. Practices will not be adversely affected and will not be paying any more on levies.

Primary Care Commissioning Committees (PC3s)

The five CCGs with delegated co-commissioning have recently established Primary Care Commissioning Committees (PC3s) as part of the decision making process

for primary care. Terms of Reference have been drawn up and LMCs are cited as non-voting members of PC3s. Mike Parks sought clarification with the CCGs around LMC attendance and it was suggested that should LMC representatives be attending on behalf of the secretariat that they attend meetings outside of their own locality to avoid any conflicts of interest. The importance of a local focus was highlighted and it was suggested that representatives from the relevant locality would be best placed to attend the PC3s.

There were discussions around prioritising the vast number of meeting requests coming into the LMC office. The importance of negotiation at a local level, particularly around issues regarding funding, was highlighted. It was agreed that considerable change lay ahead, and that PC3s should be established before deciding on way forward.

Media Panel

The LMC are keen to develop a Media Panel to engage with the media across Kent & Medway on local health services, and are seeking LMC Representative volunteers across the patch. Full training will be provided, members interested should contact the office.

Collaborative Fees

Some changes have taken place and a payment structure has now been set up by SECSU.

It was noted that invoices issued were subsequently paid following the threat of action through a small claims court. Tonbridge & Malling Housing Association are using a new form which requires GPs to countersign, and states that fees are payable by the patient. Concerns were raised that the patients referred to were usually homeless and out of work and therefore unable to pay such fees. It was agreed that this penalises homeless patients and the LMC agreed to write to the Housing Association seeking that the invidious arrangement

ceases. It was noted that whilst there are no scales for collaborative fees they are grouped into four categories, the final being 'other medical reports' which should be utilised in claiming for ad hoc reports.

LMC Conference - 3rd November 2016

The Annual LMC Conference 'A Practical Guide to GP Survival' will be held from 12.45-18.30pm on Thursday 3rd November 2016 at the Ashford International Hotel.

Merger Workshops

Following a successful pilot, the LMC have organised two further merger workshops for the 30th June and 28th September 2016. Legal, financial and premises experts will be among the speakers and the LMC would encourage anyone considering merging to attend.

Long Acting Reversible Contraceptive (LARC) Service

The question of grandfather rights in relation to LARC training was raised. Following a recent meeting between Public Health and the LMC, Public Health will be writing out to practices to determine their intentions in the longer term, but that no grandfather rights have been agreed to date. PH confirmed that 156 practices have signed up for training and they have not noticed a decline in the number of procedures. Despite its best endeavours the LMC have been unable to reach further agreement with PH around training and accreditation requirements.

Sessional GP Sub-Committee

As many of the issues raised are not specific to Sessional GPs it was agreed the Sessional GP Sub-Committee would hold virtual meetings moving forward, and utilise the list server/hold ad hoc meetings where necessary.

GP Forward View (GPFV)

Mike Parks wrote to all practices in Kent & Medway expressing the LMC's view on the GPFV (published in April), highlighting that the 'steps to address our workforce crisis are welcomed, as are measures to reduce workload' but stressed that it is not a rescue package for general practice.

The LMC are currently drafting a letter to CCGs and NHSE to ascertain how they intend to implement the elements of the GPFV that are relevant locally.

There were discussions around the

Sustainability Transformation Plan (STP). Glenn Douglas (Chief Executive, Maidstone and Tunbridge Wells NHS Trust) has been appointed as the footprint lead across the four chapters of Kent & Medway (East Kent, West Kent, North Kent & Medway), and Primary Care has been recognised as a key part of the transformation. The LMC wrote to Glenn Douglas asking to be actively engaged in the development and delivery of the Kent and Medway STP and received favourable response.

Members discussed in groups the priorities they felt the LMC should be driving forward with the CCGs and NHS England;

- Prioritising PC3 attendance
- Ensuring GP provider representation at STP meetings.
- Representation at strategy boards where pathways are being redesigned (either grass roots GPs or elected LMC reps).
- Help in empowering GPs who want to consider other models of care in conjunction with their NHS work.
- Push for significant funding to be given to general practice for sustainability and recruitment.

The LMC agreed to draw up a plan for further discussion at a future meeting.

Kent & Medway GP Staff Training Service: Annual Report 2015/16

Sue Timmins and Gareth Pitcher presented the Kent & Medway GP Staff Training Service Annual Performance Report for 2015/16. The report provided details on the training activity commissioned and provided by the training team to GP practices across Kent & Medway.

Sue Timmins reported that once again it has been a difficult year for the team, with much uncertainty about their future, and commended them, with the ongoing support from the LMC and SECSE, in running such a successful programme with course delivery numbers being higher than ever before.

The team arranged 700 episodes of training during the financial year, which utilised all of the training top-slice within the financial year and some of the reserve funds held by the LMC.

In November 2015 the team held two highly successful one-day conferences, one for

practice managers and the other for practice nurses. Unfortunately in the current climate the Team are unable to plan such events for 2016/17.

The on-line booking platform (Learning Pool) has been refreshed and practices use this as the principal method of booking courses.

The Care Certificate has now been mapped into the HCA development programme (KASPAC), and the team are now offering the dual award to all new HCA starters - the feedback from the awarding body is excellent. Pending a decision regarding the service after the 1st October, the team intend to apply for a Quality Mark for this course. A contingency programme exists for the Care Certificate for others who move employers but already hold the KASPAC or NVQ award, meaning they only need to undertake the Care Certificate element.

The team have a wide programme of over 250 training sessions already in place for the period to the end of September, but as the service is only hosted by West Kent CCG until 1st October, they are unable to make any course bookings for training after that date. The current financial commitment is predicted to be a pro-rata spend of half the year's income from the surgeries, and course enrolment levels are already satisfactory, with most courses running at maximum numbers across the county.

Gareth Pitcher delivered an overview of the finances for 2015/16 and a projected spend for 2016/17. There were discussions around costs incurred for venues.

Sue Timmins commended the activities and loyalties of the team during a difficult period, asked for continued support of the team during 2016/17 and extended their appreciation to West Kent CCG who agreed to host the service on behalf of all CCGs until 1st October.

The LMC were asked to consider and approve the report, the outline training plan (initially until 30th September 2016 and then for 2016/17), and note the outstanding funding and hosting issues as described.

Julian Spinks proposed that as the team remain in a period of flux the LMC retain the underspend until a way forward is determined. It was agreed that the report be accepted with the proviso to deduct the

underspend that has been identified as being carried forward. Sue Timmins thanked the LMC and commented that they were happy they could still deliver a good core programme taking into account the deduction of the underspend.

Julian Spinks thanked the GPSTT on behalf of the LMC for their continued excellent work.

GP Staff Training Team Task & Finish Group Options

West Kent CCG agreed to host the GPSTT for period up to 6 months, and the Education Board have established a Task & Finish group and agreed Terms of Reference to determine a way forward. The group will outline the service specification across Kent & Medway. The intention is to develop a locally responsive service with provision locally. A mandatory/statutory rolling programme, a single point of access, more on-line courses and more relaxed entry requirements/criteria were highlighted as important issues in the delivery of training in the future.

Liz Mears and John Allingham to meet with West Kent CCG to understand their intentions, as WK CCG made it clear that they do not propose to develop a Kent & Medway wide GP training team, but intend on providing a West Kent only service, hosted by their CEPN. East Kent are looking at all out of hospital training.

There were discussions around the funding of the administration of the service, which was historically funded by NHSE, but that funding ceased in March 2016. The training levy solely pays for the training and not administration. The CCGs are currently funding the administration of the service but only for a period of 6 months. The LMC agreed to clarify the CCGs intentions, and ascertain whether they will continue to cover the costs as part of their responsibility for improving the quality of primary care.

Questions remain around hosting, boundaries and the administration of the service, and the office are currently looking at options for the future provision of the service for members to consider.

Appraisal Standards

The LMC wrote to Felicity Cox and James Thallon on 16th April raising concerns about the guidance recently provided to appraisers regarding the evidence needed for appraisal, and seeking agreement in resolving the

concerns moving forward. Surrey/Sussex LMCs wrote a similar letter to James Thallon raising concerns and expressing their views, and Julius Parker expressed anxieties that elements of the response from NHSE appear to have separated the two LMCs.

Julius Parker reported that he met with Dr Susi Caesar, RCGP Lead for Revalidation, to raise concerns regarding the requirement for locum GPs to obtain structured references, the requirement to submit original complaint letters and the issue of core and non-core CPD. It was suggested that the LMCs jointly seek a resolution through the RCGP and the South Region medical structure moving forward.

Members debated issues around revalidation at length. It was suggested that as CQC has taken on a summative role appraisal should be formative and they should work together. The value of appraisal as a formative process was agreed.

It was agreed that Kent and Surrey Sussex LMCs would jointly write a letter to James Thallon, suggesting that they work together with the RCGP and the South of England Regional team to determine a way forward.

Annual LMC Conference (May 2016) Debrief

The format for Conference changed this year, with day one being held in January as an Emergency Conference. Conference opened with Chaand's speech, which Julian Spinks succinctly summarised.

Chaand opened his speech stating that general practice is becoming unsafe, and that the GPC gave the Government six months to negotiate a rescue plan. The urgent prescription for general practice campaign penetrated the media far and wide, and made the front page of a national newspaper. Chaand commented that the 2016/17 Contract agreement does not include any clinical changes, and that any positive changes to the contract are drowned by the relentless demand outside of the core contract. JS highlighted Chaand's comment that the profession is being 'set up to fail', with an expanding population and unresourced work. The GPC's Urgent Prescription rescue plan is an attempt to stabilise the current unsafe state of the profession and further create a platform for future sustainability.

Chaand stated that the Government finally responded with NHS England's GP Forward View (GPFV), which explicitly damns a decade of disinvestment, and he talked at length about the GPFV, and reported that after much lobbying routine 7 days GP service does not appear in the document. Chaand commented that the GPFV is not a single proposal, and has no fewer than 108 commitments and various funding pots. He stated that the urgent prescription is clear that the immediate priority must be to provide stability to vulnerable practices, and called on NHSE to use the forward view to make explicit KPI's for all Area Teams to ensure there is not a single unnecessary or avoidable practice closure. The GPFV estimates more than a quarter of GP appointments are potentially avoidable, and that the system must do everything possible to stop inappropriate or avoidable waste of GP appointments.

Chaand welcomed the amended standard hospital contract, which stops hospitals sending patients who have missed appointments back to their GPs. GPs having to re-refer to a related speciality or chase up hospital results will also cease, with responsibility falling upon the requesting clinician.

Fundamental to any rescue package is the ability to limit workload, and that the current unsustainable reality of GPs working to unsafe and open-ended demands must cease. GPs should not be forced to manage patients with complex multiple problems within a 10-minute appointment, and should be given longer consultation times in the interests of safe care, even if it means creating a waiting list.

Chaand raised the issue of indemnity, with the need for NHS England to urgently address crippling costs which are directly reducing workforce, and called for a replacement for the over-regulated CQC system, with a system that is proportionate, targeted, understands context and supports practices rather than threatens them.

Chaand expressed that their campaign must also expose the 'elephant in the room', which is money, and stated that woefully inadequate funding must be addressed.

The new format of the conference led delegates into themed debates, which

provided more opportunities for delegates to speak, albeit for one minute on:

- Funding of General Practice
- Workload in General Practice
- General Practice Workforce
- Empowering the Profession

The first afternoon of Conference began with parallel discussion groups on:

- Training and support for a new GP workforce
- Listening to and learning from our diverse workforce
- Mitigating risk in funding and developing GP Premises
- How devolution in Manchester has radically changed thinking
- Experience of creating an extended primary care team in Wessex
- Professionally supported regulation - Preparing for a post-CQC world
- Helping GPs to work at the top of their game
- GP networks - promoting sustainable practice through collaboration
- Responding to new contractual initiatives in New Models of care.

Stephanie de Giorgio attended the training and support for a new GP workforce session, and reported that there were discussions around ensuring GPs didn't become managers of other allied health professionals, which allied health professionals would be useful in practices and how to improve recruitment in general practice from medical schools.

Gaurav Gupta proposed a motion that NHS Property Services Ltd was not fit for purpose, and spoke woefully of his experiences of being a NHSPS tenant, sentiments which were clearly shared by conference. Members discussed the ongoing issues around premises, particularly in relation to the high invoices received by NHSPS tenants. It was noted that a new lease and cost directions have been published.

There were 19 motions regarding 7 day working, which was widely condemned as overstretching the workforce and compromising continuity.

Members debated ongoing issues around unfunded work, particularly in relation to the new Firearms regulations, which request GPs to sign and return to police within 21 days.

Mike Parks wrote to the GPC following conference seeking to identify the actions they are taking on several issues, including GMS cost plus, MPIG and PMS erosion. Julius Parker commented that there was an overwhelming resistance from GPC Executive for any robust negotiation around an activity based contract. The LMC are awaiting a response.

Conference ended on a themed debate regarding GPC reform, which explored options for the future. It was noted that there will be four national GPCs. GPC UK will be held over two days in Edinburgh in 2017, and dates will be agreed for GPC England meetings. The negotiating team are elected to GPC UK, and the negotiating team for GPC England will be an appointment/selection process.

There were discussions around the changes to the GPDF, and how this may impact on membership of the Board.

Members discussed issues around list closures and it was recommended that they read the Quality First document to help manage workload (available on the LMC website) and utilise the regulations to refuse to register more patients as long as they can demonstrate they are not discriminating.

NHS England are currently drafting a document on list capping and will issue something on informal list management and list closures shortly.

Date of next meeting

The next meeting of the Committee will be held at 2.15pm on Thursday 6th October 2016 at the Village Hotel, Maidstone.

Kelly Brown
Liaison Support Officer