



# Kent Local Medical Committee

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

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## Kent LMC/Kent & Medway GP Staff Training Advisory Board Newsletter June 2016

Dr John Allingham chaired the recent Kent & Medway GP Training Advisory Board. Drs Amit Kumar, David Lawrence, Mrs Liz Mears and Mrs Kelly Brown attended on behalf of the LMC, Liz Ali and Bali Sohanpal attended as practice representatives, Sara Kray, Karen Kessack and Marie Boxall attended on behalf of the CCGs and Gareth Pitcher, Jo Purkis and Sue Timmins attended on behalf of the GP Staff Training Team.

### Community      Education      Provider Networks (CEPNs)

CEPNs are in varying stages of development across Kent. Medway was established first and set up as a CIC, and discussions are taking place regarding the inclusion of DGS and Swale and it becoming a North Kent CEPN. East and West Kent CEPNs are fairly advanced and are currently linked to CCGs.

### Future of the K&M GP Staff Training Team after 1<sup>st</sup> October 2016

Discussions are ongoing, and there is currently no formal decision on the direction of travel for the service. In recent discussions WK CCG made it clear that they do not propose to develop a Kent & Medway wide GP staff training team, but intend on providing a West Kent only service, hosted by their CEPN. The viability of CEPNs delivering the service with no funding for training administration staff was debated.

There were discussions around the East Kent Out of Hospital Training Provision Workshop being held on the 22<sup>nd</sup> June 2016 by Thanet, SKC, Canterbury & Ashford CCGs to explore options for how out of hospital training could be managed moving forward.

The challenges in trying to keep a service across Kent & Medway were discussed, with EK exploring options for broader out of hospital training, WK considering running a service within their CEPN and North Kent hoping to retain a Kent & Medway wide service.

Jo Purkis reported positive changes in the past three months since being hosted by WKCCG, but that the uncertain future remains very discouraging and demoralising for the team. The LMC sympathised with the team and have stressed their plight to NHSE and the CCGs emphasising the urgency in agreeing a way forward.

Concerns were expressed around what would happen to the top slice should the service disperse. The LMC considered the option of moving the service in house, however it was previously deemed unviable as the administration costs and implications of VAT for courses would reduce the funding available for training by up to 60%.

Contracts for trainers have been extended until the end of September, and further changes to the service would result in new contract negotiations. There were discussions around a possible hiatus in the service after 30th September. Concerns were raised at the effects this may have on the training and development requirements, particularly with the impending nurse revalidation.

It was suggested that as the Sustainability and Transformation Plan (STP), put in place to drive the Five Year Forward View, is Kent & Medway wide, that a single training service to cover the patch should be the preferred option.

### **Task & Finish Group**

The benefits of continuing with the Task & Finish group were debated, and it was agreed to hold the group in abeyance until a direction of travel is agreed.

### **K&M GP Staff Training Service Update 2015/16 Annual Report**

Kent & Medway GP Staff Training Service Annual Performance Report for 2015/16 was presented at the Full LMC meeting on the 9<sup>th</sup> June 2016. 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 SECSU, in running such a successful programme. The team arranged and funded over 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, which attracted large audiences and both of which evaluated extremely well. Unfortunately, in the current climate the Team are unable to plan such events for 2016/17.

Gareth Pitcher provided an overview of the finances for 2015/16, and detailed the proposed budget for 2016/17 (which included money carried forward from 2015/16 and the underspend from 2014/15 currently held by the LMC). John Allingham reported that a decision was taken at the full LMC meeting that the LMC retain the remaining underspend until the future of the service has been agreed.

It was noted that the collection of the training levy ceased at the end of March when Capita took over from KPCA, and that the LMC are now collecting the training levy as part of the voluntary levy. GP agreed to invoice the LMC in due course.

Jo Purkis reported that the on-line booking platform has been refreshed and is the principal method for booking courses and ascertaining needs. It was noted that some e-learning is currently unavailable, but in the team are currently in discussion with Learning Pool who offer an extensive list of e-learning courses through their Social Care catalogue. The trainers provided catalogues of bite-sized core skills and social care courses (which can be adapted to fit primary care). It was agreed to approve funding for an initial three-months, and review again in October.

The team are carrying out an analysis of the courses run across Kent & Medway during 2015-16.

Canterbury & Coastal CCG practices have taken out a contract with Blue Stream Academy for on-line statutory/mandatory training, and this is also in use in parts of West Kent. Concerns were raised and the appropriateness of on-line BLS training as this does not meet minimum requirements for assessed practical training. The need to carry out quality assurance on training was highlighted.

### **KaSPaC Annual Accreditation Report**

The Care Certificate has now been incorporated into the HCA development programme (KASPAC). The team have received a glowing report from the awarding body, who found the programme exceptional in terms of both content and management. Pending a decision regarding the service after the 1<sup>st</sup> October, the team intend to apply for a Quality Mark for this course, enabling them to market the course to others, however this would be dependent on resources available. John Allingham congratulated the team on an excellent achievement.

### **Health & Safety e-learning**

The team have been approached by iHasco who offer a range health & safety e-learning courses. The LMC agreed to clarify with Heales the Health & Safety training that they currently provide as part of the contract with NHSE.

### **Safeguarding Adults Training (higher levels)**

There were discussions around Safeguarding Adults Training level 2 (for practice nurses) & 3 (for GPs and safeguarding leads). Sue Timmins reported that the team have currently only been asked to provide level one (mandatory training) to support core GMS services, and that those requesting higher levels are directed to the CCG Safeguarding Lead or the KCSB. The need to identify funding streams for high levels was noted.

It was noted that training up to level 3 can be carried out online. E-learning for Healthcare (<http://www.e-lfh.org.uk/home/>) offer free safeguarding courses to all those employed by the NHS, but there is a requirement to complete face to face training every three years.

### **Training for Staff in the Independent Schools**

A Lead Nurse at a school in West Kent has approached the GPSTT regarding bridging the training gap between school nurses and general practice in primary care, and asking for access to Learning Pool and courses such as KaSPaC.

The training levy only covers staff directly employed by practices, but that Independent School nurses and HCAs are able to access a limited number of courses for a fee. John Allingham suggested an honorary contract could be set up to cover insurance liability etc. The potential for additional resource was noted, but the Board agreed that in the current climate the team were not looking to market additional courses. It was noted that Imms & vacs courses are available direct from PHE.

### **Stress Management Training/Conflict Resolution**

The team have received requests from practices for courses relating to stress management. It was agreed that whilst it was not part of delivering the GMS contract it should be seen as a requirement to ensure the health and wellbeing of staff. Sue Timmins agreed to investigate further after 1<sup>st</sup> October.

### **Appraiser Training**

Marie Boxall reported that a practice nurse was unable to access training to be an appraiser, which was particularly important with the impending revalidation. It was noted that two sessions have been arranged, and if full staff should add their details on the waiting list to help inform training needs in the future. There is no reason why this nurse cannot attend this training, but KMGP do not offer training directly related to the nursing appraisal Clarity toolkit.

### **CCG Training**

Sue Timmins appealed to CCGs to inform the GPSTT of the training organised in their patch, to avoid duplication. It was suggested that Sue be copied into PLT agendas for information.

### **Date of Next Meeting**

The next meeting will be held on Thursday 22<sup>nd</sup> September 2016 1.30-4.00 venue tbc.