



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 2019

Dr Gaurav Gupta welcomed members to the meeting and announced that Drs Alicia Watts and Catherine Gardiner have both given birth to baby boys. The Committee congratulated Alicia and Catherine on their new arrivals. David Onuoha joined the meeting as an observer on behalf of the Local Pharmaceutical Committee.

Dr Gupta announced that 12 LMC representatives stepped forward to attend the Annual Conference of LMCs for the 10 delegate places, meaning a ballot will be held.

Primary Care Network (PCN) Update

A huge amount of work has been undertaken by practices to meet the requirements of establishing PCN's across Kent & Medway. Three practices are not currently in a PCN. Discussions are ongoing between the practices, the LMC and CCGs to help practices who wish to be part of a PCN achieve this.

The LMC have facilitated dial in surgeries and PCN workshops with legal and financial advisors to support the development of PCNs. A Clinical Director (CD) Learning set and WhatsApp group have been established, and the LMC will continue to run workshops to support the PCNs. The first meeting of the learning set identified the learning needs of Clinical Directors and how the LMC can provide support. The LMC are working with the STP and CCGs to help shape support centrally for CDs, avoiding duplication and providing simplification.

It was noted that the GPDF have commissioned the preparation of template Schedules for use in relation to PCNs. Londonwide LMCs have also produced templates and have agreed to share their information.

Members discussed the constitution of ICP Boards, which vary across Kent & Medway. The need for a strong primary care voice on the Boards was highlighted. The LMC have made approaches to emerging ICPs to request an invitation to join the ICP boards.

Dr Sadia Rashid sits on the ICP board in East Kent, which is in the early development stage, and reiterated the importance of ensuring primary care has a strong voice.

If a practice does not wish to be part of a PCN the patients of that practice will be included in a PCN for network services.

Communication of Test Results

Concerns were raised around responsibilities when GPs are copied into results from investigations carried out in secondary care. Whilst legally the assertion is that GPs are the record keeper and responsibility for acting on results remains with the requester, if GPs become aware then they are automatically involved in the process and would be expected to act on results.

Members debated the issue and expressed anxiety at the serious implications of copying GPs into results of investigations that were requested by others, usually secondary care. It was agreed that GPs should continue to receive outpatient letters but that results should only be available on systems such as DART where the GP can access them if necessary.

Members agreed to raise at LMC/CCG liaison meetings.

Primary Care Quality Standards

Following the presentation of the draft Primary Care Strategy the LMC wrote to Drs Fiona Armstrong and Mike Parks, Co-Chairs of the Primary Care Workstream to raise concerns that it does not go far enough in supporting and sustaining general practice. It was noted that Phase 1 is currently going through CCG Primary Care Committees and Governing Bodies, and issues have been raised around a potential increase in workload for some localities in delivering the same services for the same price across the patch.

Verbal report of the Sessional GP Sub-Committee held on 13th June 2019

Sarah Westerbeek reported positive reflections on the Sessional conference, and agreed to run it again next year, hopefully to include the VTS. Ensuring the relevance for Sessional GPs in the changing landscape was key.

The new contract was discussed, and the importance of the LMC office role as a port of call for sessional doctors. Indemnity changes/contract negotiations were highlighted.

There were discussions around PCNs and the non-medical workforce (pharmacists/paramedics) and

the impact on Sessional GPs who are supervising this group of people.

The Committee reflected on the direction of travel that the new contract is pushing partnerships and the impact and potential increase in the sessional workforce.

GPC Update

Following the inadvertent archiving of medical records by Capita, GPs have subsequently been asked to review the records. Dr Gaurav Gupta raised this issue on behalf of Kent at the GPC. The LMC to contact practices informing them to keep account of time taken to undertake this piece of work.

Dr Gupta reported that a working group has been established and will meet on the 28th June to look at Regulatory reform.

Members were asked to contact Dr Gaurav Gupta or Dr Sarah Westerbeek with any concerns/questions to be raised at the GPC.

Adult Mental Health Update

Dr Gupta introduced Helen Greatorex, Chief Executive, Dr Rosarii Harte, covering Executive Medical Director, KMPT and Kirsten Lawson Associate Medical Director Community Recovery Care Group (East).

Helen Greatorex thanked the LMC for the invitation and the warm welcome, and reported that KMPT have undertaken a lot of work in delivering high quality patient care over the last 3 years, and whilst they appreciate they have a long way to go they hope that general practice have started to see a positive impact.

It was agreed that ensuring the patient comes first is key, and KMPT are keen to identify what really good Mental Health intervention looks like.

KMPT and the Committee discussed the issues raised by the LMC and the current feeling in general practice. Anxieties were expressed that whilst a good level of service exists for patients who experience self-limiting issues that can improve with CBT, or those who are at the other end of the spectrum, there is little or no service provision for patients who are in the 'middle ground', who may suffer with severe depression or severe personality disorders.

Kirsten Lawson reported that there is a programme of change to articulate provision of services for this group of people, which will take time but will actively change the way community mental health services are delivered.

Rosarii Harte reported on the success of the Recovery College project in Thanet, which has received really positive feedback from service users.

Members debated the high rejection rates for patient referrals, and it was suggested this should be raised with the commissioners, as no other services reject at the same rate.

KMPT reported that GPs have one of the highest referral rates predominately due to the gap in provision for patients who fall in the 'middle' category. It was agreed that this group of patients are beyond the remit and ability of GPs, and that the rejection rates are unhelpful and dangerous. KMPT reported that there will be non-medical prescribers as part of the new service, and that it will have a 0% rejection rate. The LMC welcomed the new developments.

There were discussions around crisis intervention, and KMPT agreed to look at this with managers to escalate concerns. It was noted that specific cases are helpful in resolving issues, and KMPT requested that further issues be forwarded to Rosarii Harte for investigation – Tel: 01622 724133. Email: Rosarii.Harte@nhs.net

Helen Greatorex thanked the Committee for their honest feedback and agreed to take the issues raised back for further discussion.

Dr Gupta thanked the KMPT team for attending the meeting and extended an invitation for them to return to the meeting in 12 months.

Primary Care Strategy

Dr Gupta introduced Beckie Burn, Head of Programmes, & Ravi Baghirathan, Director of Operations, Kent & Medway STP.

Beckie Burn delivered a presentation on the draft Primary Care Strategy. The engagement process commenced in February and identified themes for the strategy, which included workforce and workload, comms and engagement, practice infrastructure, care redesign, finance and contracts and implementation.

A vision has been developed in partnership with those working in primary care, for integrated, well-staffed and sustainable primary care networks that support both communities and colleagues to feel happy, healthy and valued.

Beckie Burn outlined the ten priorities to start delivering the vision and confirmed that the extensive comments received will be reflected in the next draft.

Concerns were raised that there are high expectations for PCNs, and if community led collaboration is critical, how can it be delivered in a way that is not top down.

It was agreed it should be a bottom up approach. The STP are looking at the commissioning infrastructure, and Beckie Burn highlighted the importance of co-design and framework

It was suggested that learning examples of failures in commissioning would be helpful, and that commissioners should have a duty of candour.

Dr Gupta commented that the Primary Care Strategy needs to provide sufficient resources to enable collaborative working across all parts of the NHS, which will reduce unnecessary workload transfer to primary care and improve patient care.

Concerns were raised about dispensing practices not being mentioned in the Primary Care Strategy, which could have a detrimental effect on rural practices.

It was felt that the draft Primary Care Strategy does not necessarily translate into improved outcomes for patients.

Dr Gupta highlighted the need for positive change with the increase in activity whilst funding remains static, and referred to the LMC letter to the Co-Chairs of the Primary Care Workstream outlining the LMC proposals.

Beckie Burn welcomed continued involvement with LMC representatives.

GP Staff Training Annual Report

Dr John Allingham provided an overview of the GP Staff Training Annual Report 2018/19.

The LMC have been working closely with Invicta Health Learning and commended the team on their efforts to provide a high quality and cost-effective service. The team have continued to improve the Learning website, held conferences for Practice Managers and Practice Nurses and redeveloped the healthcare support worker training programme STEP (previously KaSPaC), which has successfully achieved RCN accreditation.

The team have delivered on GPFV monies for Practice Manager development, and are looking to secure funding for next year.

A question was raised around the team being able to provide bespoke training for practices/PCNs not currently in their scope. Dr Allingham commented

that the main remit of the service is to provide training to support delivery of GMS core contract, and the team currently only support levy paying practices. However, they are looking at how to extend their scope to include staff employed by PCNs, and can consider particular needs on an individual basis.

Members discussed issues around safeguarding training. It was suggested that the current provision be identified with a view to discussing the issue further with the Workforce Tutors.

Dr Gupta thanked Simon Lundy, Neil Potter and Om Singh for attending the GP Staff Training Oversight Board and Dr John Allingham, Donna Clarke and the Invicta Health learning team on their great achievements.

LMC Constitution

It was noted that the three-year Committee term comes to an end in March 2020 and consideration needs to be given to possible changes to the LMC constitution to reflect the changing NHS landscape.

Areas for discussion were:

- Are the 40 LMC representatives still adequate?
- Is a 30/10 partner/Sessional GP split still appropriate?
- With 8 CCGs likely moving to one, should the current division of representation by CCG locality change to the 4 ICP areas?

It was noted that any changes will need to be proposed, discussed and agreed by the Committee at the Full meeting on the 12th September, with a final sign off at the Full LMC on the 14th November 2019.

BBC Report: MTW Worst for Cancer Care Waits

BBC News have published an article on the 'Worst places for cancer care waits', with MTW being the worst performer in the UK.

This is very concerning for patients and would be discussed at the CCG/LMC liaison meeting on the 18th June. There was no mention of the extra workload placed on general practice as a result.

It was suggested it would be helpful if the LMC could produce a poster similar to the LMC leaflet 'You have been referred' for practices to display in waiting rooms.

Date of Next Meeting:

Thursday 12th September 2019

Kelly Brown
Senior Administrative Officer (Comms)