



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 September 2019

Dr Gaurav Gupta welcomed members to the meeting and introduced Dr Hannah Vincent, GP Trainee who joined the meeting as an observer.

Communication around test results

A draft letter was tabled as a position statement around the copying of test results to GPs. Members debated the contents of the letter and whether it is appropriate for GPs to be copied into test results. Concerns were raised that once copied into results there is an element of clinical responsibility to take action if required.

Subject to minor amendments it was agreed that the letter be uploaded to the LMC website, published in the In-Touch newsletter and circulated to practices, community/mental health and acute trusts.

The LMC poster 'What happens when you are referred to a specialist' recently circulated to practices was discussed. It was noted that EKHUFT have now adopted the poster and DVH have agreed to take it to their Board meeting for further discussion. This will be added to the agenda for future MTW/MCH/MFT interface meetings. Members discussed the possibility of including the poster as part of eRS. This national change will be raised with the GPC.

PCSE: Patient Records Incorrectly Archived

In May 2019 practices around the country were asked to help resolve the PCSE error involving 160,000 patient records incorrectly archived instead of being sent to the appropriate GP practice when patients re-registered. NHS England asked practices to prioritise reviewing these records to ensure that no harm occurred as a result of this PCSE error.

The LMC are keen to ascertain if practices were adversely affected by this error, and have emailed practices asking them to identify how much time they have spent assisting NHSE to resolve this issue. Initial feedback indicates that some practices have been affected, and have taken up to half a day to resolve issues.

GP Staff Training Update

Issues around safeguarding training were discussed at the recent Oversight Board meeting. It was noted that all GPs now have access to the Invicta Health Learning Pool which enables them to undertake the e-Learning. The need for the face to

face element was highlighted with the Primary Care Workforce Tutors (PCWTs).

Anyone experiencing difficulties in accessing safeguarding training should contact the office to enable specific issues to be addressed.

Kent LMC Conference 2019

The 2019 Kent LMC Annual Conference will be held on Thursday 31st October 1.00pm – 5.30pm, at the Great Danes Hotel (Mercure), Heart of Kent Suite, Hollingbourne.

Guest speakers include Jamie Kaffash, Editor, Pulse Magazine, Dr Mike Parks, Senior Primary Care Advisor and Beckie Burn, Head of Programmes, Kent & Medway STP, Dr Paul Bowen, General Practitioner, Medical Director & Partner, Middlewood Partnership & PCN, Bill Millar, Director of Primary Care, East Kent CCGs, Jonty West, Clinical Appraisal Lead, NHS England and NHS Improvement SE Region and Professor Chris Holland, Dean of the Kent & Medway Medical School.

The Conference is **free** to attend and is open to all GPs and Practice Managers across Kent & Medway. It is a chance to hear important information about the future direction of the local NHS system and how this will provide general practice with new opportunities. All GPs and Practice Managers were encouraged to book a place via the LMC website:

<https://www.kentlmc.org/events/9725>

LMC position on single CCG

A [joint letter](#) on behalf of Kent LMC and Dr Bob Bowes, Chair, K&M CCGs System Commissioner Steering Group was sent to practices regarding the proposal for the merger of the eight CCGs in Kent & Medway. The letter outlined eight principles that the LMC agreed with the STP.

- 1) The Kent and Medway system recognises that there is a gap between the provisions of the PCN Directed Enhanced Service (DES) as it is currently and the expectations of local care plans.
- 2) It is clear that as General Practice is under a great deal of stress at present, no further work beyond the provisions of the PCN DES can be expected of Primary Care without adequately resourced additional contracts.

- 3) The Integrated Care Partnership contract will describe outcomes which will strengthen collaborative working to replace the competitive relationships between sovereign organisations which currently exist.
- 4) Recognising that the extent of representation will need clarification, GP contract (GMS/PMS and APMS) holders will be represented by the LMC, separately and in addition to PCNs within:
 - a. the ICS system Partnership Board
 - b. the CCG Primary Care Committee
 - c. the four Integrated Care Partnerships
 - d. the K&M Clinical and Professional Board
 - e. and the K&M Primary Care Programme Board.
- 5) Strong General Practice is essential to the success of the NHS, especially as more care is delivered locally, and no additional work will be expected without additional funding and resources.
- 6) The Constitution of the Kent and Medway CCG will be drafted in consultation with the LMC.
- 7) GMS, PMS and APMS contracts will be managed at Kent and Medway level (not within ICPs) and the primary care budgets will not be reduced, if anything they will be increased.
- 8) The interface between practices and the CCG will continue to have local links, i.e. the same people and the same contact numbers.

Post meeting Note: All Kent & Medway CCGs have voted in favour of a single CCG, which is a first step towards Kent and Medway becoming an integrated care system (ICS).

Verbal report of the Sessional GP Sub-Committee held on 12th September 2019

The Sessional Sub-Committee discussed the new consultation on pensions and Sessional GPs who have been negatively impacted by annualisation.

The forthcoming changes to IR35 and the impact this will have for locums working out of hours were highlighted.

The LMC wrote to PCNs encouraging them to engage with Sessional GPs, with predominantly positive responses. The GPC are trying to establish some template contracts for Sessional GPs working for PCNs.

The difficulties in arranging appraisals due to the lack of appraisers was discussed. It was noted that there is currently a recruitment drive in an effort to alleviate this issue.

GPC Update

Dr Gaurav Gupta is the GPC representative for Kent, and has been appointed as the GPC UK policy lead for Premises and Finance. Dr Sarah Westerbeek was successfully elected to Executive of the Sessional GP sub-committee of the GPC. Members were asked to contact Gaurav or Sarah

with any concerns/questions to be raised at the GPC.

Dr Gaurav Gupta provided an update on ongoing issues with NHSPS and reported that the Public Accounts Committee has opened an inquiry into NHS Property Services. Practices are advised that if they are considering negotiating at a local level they should be mindful that there is a national legal process taking place. Any local agreements made prior to the conclusion of national negotiations may prove to be less beneficial.

It was noted PCNs are extensions of GMS contracts, and as such premises space requirements should be treated the same and should receive the same rent reimbursement. A statement confirming this will be produced by the GPC shortly. Practices with specific queries relating to PCN space should contact Donna in the LMC office.

The long-awaited publication of NHS Premises Cost Directions has disappointingly been delayed. Chair of the GPC has written to the Secretary of State to escalate this issue

NHS 5 Five Year Plan: Beckie Burn

Beckie Burn, Head of Programmes, Kent and Medway Sustainability and Transformation Partnership was welcomed to the meeting.

The draft Primary Care Strategy has been widely circulated for comment, and was previously discussed at the Full LMC in June 2019. A revised version has been produced incorporating comments, including that it needed to be more ambitious, and was discussed at the Primary Care Board immediately prior to the Full LMC on 12 September.

Beckie Burn provided an overview of the draft Strategy for Kent and Medway, which has been developed with significant engagement from primary care, commissioners, other providers of social care, and some patient representatives.

Two major national publications were released in January 2019: the NHS Long Term Plan, and the Five Year Framework for GP Contract Reform, which strengthened the direction of travel for primary care networks, increased investment in primary care and community services, and required systems to develop five year plans for primary care and community services as part of a wider vision to transform out-of-hospital care.

The LMC has been an active partner throughout the development of the Primary Care Strategy, and Beckie Burn highlighted the importance of further engagement and input from all LMC reps into both the final primary care strategy and the relevant

chapter of the Five-Year Plan, which will be submitted by 1st November.

Beckie Burn outlined the vision for primary care and the phased priorities over the next 5 years, with the main focus on PCN development. Members raised questions around the future landscape at a local level, with the potential single CCG for Kent & Medway. It was noted ICPs are forming and there are conversations locally around structure. The need for primary care to have a strong united voice within ICPs is paramount.

The significant issues around IT and n3 networks were discussed and concerns raised around inadequate funding. Seeking a solution was seen as a high priority and Beckie Burn agreed to confirm the new Health & Social Care Network (HSCN) implementation timetable.

The LMC will be meeting with NHS Digital and will invite to a future full Committee meeting.

It was agreed the draft primary care strategy and Five-Year Plan chapter be shared with the LMC for comment ahead of the 1st November deadline.

Primary Care Quality Scheme PCQS

Kent CCGs have worked in collaboration with the LMC to review a number of local enhanced services, resulting in the development of the Primary Care Quality Scheme (PCQS) Phase 1. To address the current service and price variation across Kent, phase 1 aims to commission a standardised bundle of enhanced services with a common service specification, tariff and outcomes for patients.

The Kent wide offer would deliver equality across the patch and is a positive step forward. The historic variation in spend across Kent & Medway was highlighted.

Members expressed concerns that PCQS Phase 1 is being rolled out as a 'bundle' of enhanced services. It was suggested that unbundling would make it easier to bid for specific services. Some members were concerned that the funding agreed would not cover full costs. It was noted that whilst practices can choose to deliver some of the services, they must ensure their patient population has access to all of the services, even if they are delivered by another practice or suitable provider (eg. federation or PCN). It was noted that the LMC requested to unbundle some of the services, but the request was declined by the CCGs.

Phase 2 is being negotiated and should make positive changes for patients and practices.

LMC Constitution

Liz Mears introduced an interactive discussion session regarding the LMC constitution. This was

an opportunity to discuss and hear different views about the composition of the committee. The local NHS is at the beginning of a period of significant change in how it is organised, which will have implications for the LMC.

At the last review the local NHS consisted of 8 CCGs, which the LMC mirrored, and the number of LMC representatives reflected a proportion of the patient population.

From April 2020 the CCG functions will potentially be shared between a single strategic commissioner and 4 Integrated Care Partnerships (ICPs): Medway and Swale; Dartford Gravesham and Swanley; East Kent; and West Kent.

A number of questions and options were outlined for the LMC Constitution for 2020-23 to reflect the changing local NHS landscape.

Members debated the pros and cons of considering four constituencies to reflect the ICPs. The importance of GP representatives and their local constituents continuing to have local links was highlighted. A degree of flexibility could be considered within the constituencies and boundaries to ensure all seats are filled.

The number of LMC representatives required to adequately represent Kent & Medway as a whole was discussed. It was felt that the 40 representatives currently elected adequately represent the patch.

Members debated the number of contract holders, sessional GPs and GP trainees, the LMC strapline and other stakeholders' involvement.

The Committee discussed who should represent the LMC on the ICS and ICP Boards.

It was noted that the changes to the local NHS system will occur between now and March 2021 and there should therefore be some flexibility within the LMC constitution in order that it can evolve over time as the local NHS changes.

All comments and suggestions will be taken into consideration at the next Chair Vice-Chair meeting with a view to drafting a final draft constitution to be ratified at the Full LMC in November.

Annual Conference of LMCs November 2019: Motions

The Committee formed small groups to discuss and draft potential motions for Conference.

Date of Next Meeting:

Thursday 14th November 2019

Kelly Brown
Senior Administrative Officer (Comms)