Kent Local Medical Committee Est. 1912
Supporting list based personalised care, the partnership model and meaningful collaboration

In Touch

October 2019

In this issue.....

Kent & Medway CCGs Vote to Merge

Dr Caroline Rickard, Medical Secretary

September was a busy month for GPs and CCG staff. All the votes are in and the CCGs are moving to merge from eight to one single Kent and Medway CCG from April 2020. Kent LMC met with the chair of the STP System Commissioner Steering Group, Dr Bob Bowes, prior to the votes and were assured of the following regarding General Practice and its representation:

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.

We continue to work with stakeholders as the Integrated Care Partnerships begin to be formed. During the transition our regular liaison with the acute trusts across Kent and Medway and the individual CCGs continues where we raise and resolve interface issues brought to us by yourselves. Please continue to provide this feedback through the office or through your LMC GP Representative.

The CCGs are now taking their application to NHS England for approval. If this is approved then we will move into a period of transition where CCG staff are aligned into the new structure. The reorganisation at local level runs in parallel to the integration and reorganisation of NHSE and NHS Improvement management structures nationally.

The Kent and Medway CCG will have a constitution, a governing body and be responsible for the commissioning functions which can be carried out at a Kent and Medway level, for example ambulance services. They will define the needs of the population and set the outcomes to be delivered based on these needs and allocate capitated budgets within new financial frameworks that encourage the ICP to focus on population health. They will provide oversight and offer strategic solutions to Kent and Medway wide functions such as estates, digital, workforce and finance. Kent LMC and the STP are discussing the proposed constitution and the structure of the Governing Body.

The Integrated Care Partnerships (ICPs) represent the provider led collaborative, aligned locally to the four hospital trusts. The key functions are to be accountable for the health of their whole population including development and delivery of care. The delivery of the care will be within the ICPs capitated budget. Other functions will include assurance of quality of services and

care provided, local contract management and increased use of alternative contract forms to support integrated pathways.

The Integrated Care System (ICS) is the term applied to the whole health and social care economy of Kent and Medway. NHS organisations, in partnership with local councils and others, will take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. This represents a move to loosen constraints around contracting which hinder patient care and to put the patient at the forefront of commissioning pathways.

The Future of Indemnity for GPs

Dr Michael Devlin, Head of professional standards and liaison, MDU

On 1st April 2019 GPs in Kent and elsewhere in England saw a change to how indemnity was provided to them – a state-backed indemnity scheme for NHS primary care clinical negligence claims (CNSGP). This will have been a welcome development, helping GPs cope with what had been years of claims, costs, inflation, which increased their indemnity payments. The dramatically increasing costs are the fault of the legal system and beyond the control of GPs whose clinical standards remain consistently high.

It is important to keep in mind that the CNSGP has limitations and obligations and I will briefly summarise some of these below. First and foremost it is important to emphasise that the state-backed scheme extends solely to clinical negligence claims that are in scope (more of what that means in a moment). It does not assist individual GPs with GMC investigations and hearings, criminal investigations and prosecutions or with the myriad of medico-legal questions that arise every day in primary and secondary care. GMC hearings can often run to more than £50,000, and GPs unfortunate enough to be accused of a crime related to their practice are unlikely to receive criminal legal aid (for many years this has been subject to means-testing). Therefore, it is vital to retain your medical defence organisation membership and take advantage of being able to seek timely, expert medico-legal advice and assistance.

There are a couple of practical points to flag up about the CNSGP. The first of these is the scheme's scope: it does not respond to every claim received in primary care. The scheme scope document has been updated several times. It is worth being familiar with its contents and checking it regularly. CNSGP will not respond, for example, to claims arising from the provision of travel vaccinations or medicines where a fee is payable by a patient, or to Good Samaritan acts, or for non-contractual reports to the Department for Work and Pensions and for the treatment of private patients. The second important point is around knowing when and how to report a claim to NHS Resolution. There is a guidance document about this too, and it is essential to understand that NHS Resolution requires reporting of certain incidents that may or may not develop into claims, such as notifiable patient safety incidents resulting in severe harm or death, or correspondence from the Ombudsman. If you are unsure my advice is to contact your medical defence organisation and do so without delay.

There are also features of the CNSGP that GPs may be less welcoming of. One of these is that the scheme is discretionary, and that discretion rests (ultimately) with the Secretary of State for Health. The statutory regulations make it clear that assistance may be withheld where, for example, the scheme's conditions have not been complied with (see the "When and how to report a claim" document) or where there has been a failure to cooperate with NHS Resolution. Another feature that may be a concern to GPs is that the scheme rules allow NHS Resolution to disclose "without restriction" any information GPs provide to them when they consider it is in the public interest for them to do so, for example in a notification, to the GMC or to NHS England under the auspices of the Performers List Regulations. On behalf of our GP members the MDU is seeking clarity from NHSR about the circumstances in which all these powers will be used.

In summary, there are changes to indemnity which GPs should find results in financial savings for them. The important thing is to remember that the CNSGP will not assist with all the medico-legal jeopardies that GPs will face and so you need to continue your medical defence organisation membership to protect your professional interests.

Deprivation of Liberty Safeguards (DOLS) Letters

Dr John Allingham, Medical Secretary

I met with Emily Jones from Kent County Council (KCC) to discuss the letters that will be sent to GPs when Social Services make an application to the court to get a DOLS order for a client.

The standard letter that will be sent to a GP does require a response. If GPs ignore the letters the standard practice will be for a court order to be sought compelling a response.

Amendments made to the National NHS contract and the terms of GMC 'Good Medical Practice' effectively make response compulsory.

The letters will ask for a diagnosis and a statement that the patient is not of sound mind. I pointed out that it is not always possible to determine that a patient is not of sound mind because capacity can fluctuate and GPs are not always able to make a accurate determination in some of our brain injured or learning disabled patients.

The response could be that 'I am unable to make this determination'.

There is no funding as this is effectively a legal obligation. Hopefully this will only be an occasional request.

The LMC has produced the poster below for display in practices to assist patients who are referred to specialists. The poster has been circulated to practices and shared with secondary care. If you would like a copy of the poster to display please email info@kentlmc.org.

What to expect when you are referred to a Specialist

Tests and Investigations

The specialist will order all of the tests you need and will communicate the results to you. If you have not heard about your results please contact their secretary at the hospital.

Prescriptions

If the specialist prescribes a new drug or changes one they will provide the first prescription. You might need to collect it from the hospital pharmacy.

Sick or Fit Note (Med3)

If you need to be certified as unfit for work as a result of treatment provided, the specialist should issue a sick note when you leave the hospital. Please ask if you need one.

Follow Up Appointments/Onward Referrals

If you need a follow up appointment or an onward referral to another specialist the hospital will provide it. Please ask the specialists' secretary if it does not arrive in a timely way.

In summary, the specialists are responsible for:

- Looking after your test results
- Providing a prescription when needed
- Issuing a sick note if required
- Providing you with a follow up or onward referral appointment if necessary

LMCs: should you join?

Dr Sarah Westerbeek, Chair, LMC Sessional GPs

Many of you may be thinking, what is an LMC? Or maybe you've heard of them but aren't really clear what they are. Let me try and dispel some of the mystery for you and perhaps pique your interest enough to even consider joining one.

LMCs are local medical committees, each covering different areas of the UK. They have been around for a very long time, since 1911. The committees themselves are made up of local NHS GPs, elected by their colleagues, to represent and voice the views and opinions of local GPs. Each LMC is different in size and Kent LMC is the largest single LMC in England.

Subsequent NHS acts have recognised LMCs as the professional organisations that represent both individual GPs and practices' views at a local level to NHS organisations. This means that, locally, LMCs must be consulted on proposed changes to services and contracts affecting primary care, to ensure the voice of local GPs can be heard.

At a larger scale LMCs provide a link between local GPs and their national negotiating body, the GPC (General Practitioners Committee). This is a BMA committee and negotiates directly at the highest levels with the Government and NHS England on matters affecting GPs, such as terms and conditions and pay.

Should I become an LMC GP representative?

LMCs represent **all** GPs, both sessional and contract holders. Any issues that you or your peers are facing locally, such as issues with contracts, access to jobs and education can be raised through the LMC and can be taken forward on your behalf. Also, if you are experiencing difficulties that affect GPs at a national level these can be fed up through the LMC to the GPC to take forward. Examples of such work include work on PCSE, annualisation, NHS Property Services, indemnity cover and model locum terms and conditions.

In terms of commitment, if you join Kent LMC you will have to attend a handful of meetings throughout the year. It's not a major time commitment but, as with everything, the more energy you put into it the more you get out of it. Some LMCs are excellent at prioritising sessional GPs' issues and many even have their own sessional sub-committee or specific seats for sessional doctors, some of which are unfilled. I chair the sessional subcommittee of Kent LMC and have found joining transformative in terms of my awareness of the 'bigger picture' with regards to local and national changes affecting GPs. Mostly, I enjoy attending the meetings, listening to other people's views, sharing ideas and feeling that I am helping to drive forward changes that will improve GPs' working lives.

Being part of Kent LMC can be a really fun, interesting way to get to know about and become involved in tackling local issues affecting GPs. If you have a passion for sticking up for yourself and your peers, then joining Kent Local Medical Committee is the perfect way of doing that.

If that has piqued your interest enough then please contact Kent LMC office or one of the LMC representatives to find out about joining. The BMA has guidance available on how sessional GPs and LMCs can work together more effectively. More information about your local LMC is available here.

Sarah Westerbeek is the Chair of Kent LMC's sessional sub-committee; and is part of the Executive Team on the GPC's Sessional GPs Committee. She is a salaried GP based in West Kent.

WE NEED YOU!

Kent LMC Elections EARLY JAN 2020

Are you keen and able to contribute and influence events in your local area? At this time of unprecedented change, why not consider standing for election as a Representative of the Kent Local Medical Committee and help to strengthen the voice of General Practice?

The current term of office of the members of the Local Medical Committee expires on 31st March 2020. The Election process for members to the new Committee for the term of office from 1st April 2020 – 31st March 2023 will start in early January, and we will be seeking 30 Contract Holding GP Representatives and 10 Sessional GP Representatives.

If you have not thought about becoming an LMC representative before - now is the time. Please phone the office on 01622 851197 for an informal discussion or further information.

General Practice Staff Training Team (GPSTT) Update

Dr John Allingham, Medical Secretary

The GPSTT now has 5400 staff registered on Learning Pool and this number is steadily increasing. Included in this are 700 GPs who although not covered by the training levy use Learning Pool to access the free on-line learning available.

Kent LMC have also agreed to provide the same educational offer to all staff employed in delivering the PCN Directed Enhanced Service. This will include those staff who are employed by third parties such as federations but who are then seconded to PCNs. At present this number is very small but it will inevitably grow.

The GPSTT have provided a considerable amount of developmental education for current and future Practice Managers using non-recurrent funding from NHSE. Currently ways of extending this offer into 2020-21 are being sought.

The increase in users on Learning Pool, training pressures from CQC requirements, addition of GPs using free on-line learning to the computer licence and growth in Allied Health professionals working in practices have added to cost pressures. Remarkably the training levy has not been increased for 9 years. Currently we are managing by using the underspend from the hiatus years when the service was threatened with extinction and the economies achieved by Invicta Health Learning by using cheaper venues and existing IT solutions. This will not last much longer and we are currently reviewing funding options.

Invicta Health Learning are working with practices and Kent LMC to achieve the best learning outcomes. Sometimes this is not easy.

The Basic Life Support trainers can only train a maximum of 16 students per session. We recently had an instance where 32 turned up to a practice-based session. In future trainers will be given the discretion to ask whoever is responsible for organising a session, probably the practice manager, to decide which 16 to train and who to turn away. We know some people, usually the GPs, are not so good at booking into sessions and turn up uninvited and turning them away may be embarrassing but our trainers do a difficult job and need our support.

Primary Care Quality Standard (PCQS)

Dr John Allingham, Medical Secretary

In the last edition of In Touch I gave you a heads up that this scheme was coming your way. Phase 1 has now landed with a mixed response.

The 'bundle' of services includes community ECGs, Treatment Room services, Ambulatory Blood Pressure monitoring, Phlebotomy and Wound Care.

Negotiations started with the proviso that we wanted the same price for the same specification in all areas. In addition we sought to level up prices which with a couple of local exceptions was achieved. In return the commissioners wanted the services to be accessible to all patients. This led to the bundling of services so that all practices must agree to their patients having access to all these services. In practice some may have to be delivered at a PCN level which will require a subcontracting arrangement. A template will be made available by the LMC. Some practices, where these services have never been funded are concerned about how to set up these services quickly. The commissioners are happy that there is a slow lead-in, with Key Performance Indicators not being looked at until the next financial year. Hopefully this will give time to set up and organise services.

As referred earlier there will be some practices where pricing has reduced. I ask these colleagues to be patient and consider the benefits to their less well-off colleagues. Overall this represents a significant funding benefit to GP practices and there should be more to come.

Phase 2 is being discussed and we are working on funding for the ever growing shared care prescribing and follow ups being passed to us, and a scheme to fund spirometry which is not part of core contracts.

Medway will be a little slower to benefit from this as many services are provided outside of general practice and it takes time to change contracts to enable practices to provide these services.

I reported that 24/48/72 hr ECGs would be included in the scheme. It has been accepted that this cannot be delivered in all PCN areas and that there are clinical issues with the usefulness of some of the current specification. The commissioners agreed not to include this.

Whilst it is not perfect and we all want to have our cake and eat it overall I hope you will accept this is a step forward. There is more work to do and more to come. I am happy to receive comments and suggestions via info@kentlmc.org that we can take into future meetings and negotiations.

To advertise your practice staff vacancies FREE of charge please go to the Kent LMC website. You will need to register on the Kent LMC Website (or log in for existing users) to submit a vacancy.
All vacancies are subject to approval by the Kent LMC and will usually appear on the website within one working day.

Staff Flu Vaccinations

Donna Clarke, Practice Liaison Officer

This year there have been a number of queries about staff flu vaccinations because of the change in indemnity cover.

NHS Resolution who provide the national scheme (CNSGP) will not provide cover for immunising staff because strictly speaking this is an occupational health matter. Historically many practices have simply vaccinated staff and cover was through the practice Medical Defence Organisation (MDO) scheme. The GPC therefore sought to confirm whether the MDOs would still provide cover for members of their additional schemes for Private/Professional cover and they have said that they will. However, the GPC have sounded a note of caution that practices may wish to double check with their own provider especially around vicarious liability for nurses. The RCN are also advising nurses that they should not be vaccinating colleagues.

We therefore believe practices have the following options:

1) GPs vaccinate their staff having checked their MDO will provide cover;

2) Send staff eligible for a free vaccination to their own GP and non-eligible staff to a pharmacy and reimburse the cost;

3) Invite your occupational health provider in to vaccinate your staff.

Payment for Safeguarding reports and activity

Dr John Allingham, Medical Secretary

On July 11th Dr David Geddes the National Director of Primary Care Commissioning for NHSE wrote a letter directing commissioners to consider the need to ensure safeguarding processes fulfill national guidance. In this letter the issue of remunerating GPs for this activity was raised.

This has stimulated discussions locally and Kent LMC are involved in negotiations which so far have produced an agreement to develop a 'local enhanced service' type scheme which will remunerate this service.
Historically the funding for this was held by CCGs under 'collaborative payments' but the settling of invoices to practices has been patchy.

We are awaiting drafts of the scheme which we anticipate will set out standards required for reports and activity

and we expect this to include all safeguarding activities including adults and MARAC. Thereafter discussions about funding will ensue.

It is not possible to put an exact time frame on this process but to expect a Kent (and Sussex and Surrey) wide scheme with the same fee for the same work by the end of this year or early next is reasonable.

Data Protection Officer (DPO) Support for Practices

Donna Clarke, Practice Liaison Officer

As you may be aware, one of the agreements in this year's GP Contract changes was that CCGs were to provide the DPO function to practices from April 2019.

Kent and Medway have two interim DPOs, whilst recruitment is underway for 5 DPOs.

The role is being hosted by Medway CCG and there is now a dedicated email address for any data protection queries you may have that require advice from a DPO

mccg.northkentgpdataprotection@nhs.net

Staffing Changes within your practice

Sophie Webb, Office Administrator

Since PCSE took over from KPCA, the LMC no longer receive updates of any staff changes within practices. This means that, unfortunately, our records are not always 100% accurate, which can result in Practice Managers and GPs not receiving important news, updates and guidance from us.

We understand how busy all practices are, but we ask, where possible, please would you update us on any GP or Practice Manager changes at:

info@kentlmc.org

This will help us maintain up-to-date records and ensure that important information and updates are sent to the right people.

Noticeboard

A Fond Farewell to Dr Mike Parks...

Dr Mike Parks collecting his Fellowship in June 2019 from Professor Raanan Gillon at the ARM awards and honours ceremony

On the 30th June we wished Dr Mike Parks a fond farewell as he retired from Kent LMC after 16 years of serving GPs and practices. Mike, being his humble self, did not want a big fuss but there was no way his retirement would go unnoticed.

Mike trained in Birmingham and did most of his post-graduate training in the Midlands. He moved to Dover to join a two-handed practice in 1987, and became involved in local health service management and was initially unpaid as the LMC representative/sacrificial GP on the Unit Management team of the Community and Priority Services Unit of South Kent Hospitals. Mike was also deputy police surgeon in Dover for 5 years.

As a partner in Dover Mike became the representative for Dover on the LMC, and was a founder member of the Dover District Locality Commissioning Team, and subsequently became chair. Mike also helped to set up Channel PCG and served as a board member and vice Chairman.

In 2000 Mike joined St Richards Road Surgery in Deal, and also became the vice-chair of East Kent Coastal PCT Professional Executive Committee. At this point Mike resigned as an LMC representative as he felt the two roles were incompatible, however he maintained links with the LMC. Mike was also the East Kent Coast PCT Cancer Lead, and became the primary care lead in the Kent & Medway Cancer Network.
Mike was appointed as Kent LMC Medical Secretary in 2003. He has always held the future of a comprehensive free at the point of entry NHS close to his heart, as well as preserving independent contractor status. He has been committed to the future development of primary care, and has worked tirelessly to support GPs.
More recently Mike has been instrumental in setting up a Primary Care Board across Kent & Medway and Co-chairing, ensuring that the health and social care system understand, value and appreciate general practice.
Mike has been the Kent GPC representative and has worked to help inform National Policy.

Mike has seen many changes during his 16 years as Medical Secretary and has steered our GPs through the New Contract in 2004, QOF, PMS contract negotiations and helped many individual GPs and potential practice disputes disperse.

Mike is very well respected with his fellow GPs, GP practices, commissioners, other stakeholders and national GPC colleagues. He will be sorely missed by his colleagues and has had a huge impact on the lives of so many in Kent & Medway. Even though Mike has now retired from the LMC he has taken up a position with the STP as the Primary Care Lead, helping to shape the future architecture and implement the primary care strategy. Mike had the honour of being awarded a Fellowship of the BMA. A Fellowship is awarded to those who have made sustained contribution to the profession.

Congratulations Mike!

Kent LMC joined the LMC Buying Groups Federation in 2008 to deliver savings to practices without creating any additional work or inconvenience.

Membership entitles practices to discounts on products and services provided by the Buying Group's suppliers.

TRUSTED TO SAVE GP PRACTICES TIME & MONEY

Membership is free and there is no obligation on practices to use all the suppliers. However, practices can save thousands of pounds a year just by switching to Buying Group suppliers. To view the pricing and discounts on offer you need to log-in to the Members section of the Buying Group website: https://www.lmcbuyinggroups.co.uk/

Not convinced the Buying Group can save your practice money? Well... why not challenge them to do just that?

The Buying Group offers a free cost analysis service that aims to show member practices how much money they could save just by swapping to buying group suppliers. They can also provide this service for groups of practices working together. For more information, contact the Buying Group on 0115 979 6910 or email info@lmcbuyinggroups.co.uk

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