



# Kent Local Medical Committee

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

8 Roebuck Business Park, Ashford Rd, Harrietsham, Kent ME17 1AB  
Tel. 01622 851197 Fax. 01622851198

Medical Secretaries      Dr M Parks  
   Dr J Allingham  
Clerk                         Mrs Liz Mears  
Deputy Clerk             Mr Carlo Caruso

## Highlights from the Kent Local Medical Committee June 2015

Dr Julian Spinks welcomed members to the Committee meeting, and welcomed Drs Ian Gould (Swale), Sabin Kamal (Thanet) and Zishan Syed (West Kent) as newly appointed LMC representatives. Dr Amit Kumar, previously a Contract Holding representative in West Kent was welcomed back as a Sessional GP Representative for DGS, and Dr Caroline Rickard (previously a Sessional GP representative in South Kent Coast) was congratulated on her appointment as Sessional GP Representative in Ashford. It was noted that there remains a vacancy in South Kent Coast for a Sessional GP and members were urged to encourage colleagues in SKC to consider this opportunity.

Dr Saijit Shetty (Sessional GP Representative for DGS) has recently changed his status to a contract holding GP and has stepped down. Dr Shetty was thanked for his valuable contribution to the LMC.

Julian Spinks announced David Barr's retirement from the LMC, and delivered an excellent speech in recognition of David's 17 years' service. Julian Spinks commented that David has worked tirelessly in supporting the profession, whilst gaining the respect of every organisation and individual with whom he came into contact. Julian offered a huge vote of thanks on behalf of the Committee, and wished David great happiness in his retirement. David responded with a humorous speech reflecting on his time at the LMC and his experiences in working within the NHS, and thanked the LMC for the generous gift of a camera lens. The Committee responded with a standing ovation.

### Flu (Housebound)

Liz Mears had written to CCGs asking them to confirm their contractual arrangements for vaccinating the housebound not on the DN caseload for 15/16, and was pleased to report



David Barr retires from the LMC after 17 years' service.

that the LMC have received a letter on behalf of East Kent CCGs confirming that this now forms part of the contract for 2015/16. It is anticipated that West Kent, Swale and DGS intend to adopt this stance, however the situation in Medway remains uncertain.

### Primary Care Infrastructure Fund

It was noted that 8 schemes were approved in Kent & Medway, and that the successful applicants have been informed. The Area Team are conducting a due diligence process for these schemes. The LMC are still awaiting confirmation from the Area Team of the arrangements for 15/16. It was noted that practices should get an opportunity to submit bids for 2016/17. Practices should not rule out a further opportunity this year if approved schemes do not come through on time.

### Collaborative Fees

The LMC have raised this issue as a potential patient safety and safeguarding risk at the Quality Hub meeting at NHS England. NHSE

have agreed they will put together a proposal to seek funding.

### **Quality First: Managing Workload to deliver safe patient Care**

There were discussions around unfunded workload shifts into general practice. Members felt strongly that unfunded work be pushed back to secondary care, or that CCGs claw back money if GPs are carrying out services in place of hospital trusts. It was suggested that this issue should be addressed nationally, and an audit undertaken to identify specific areas of concern. The importance of clearly defining core services within the GMS contract was highlighted.

Practices are urged to utilise the templates within the Quality First document.

Concerns were raised around shared care, noted as another area where responsibility is changing and no longer reflects 'shared care' as the term is defined. It was suggested that if GPs consider that 'shared care' is inappropriate or insufficiently funded they do not have to agree to it.

A robust collective approach to bounce back unfunded work to secondary care was agreed as the way forward. The LMC agreed to write to all providers and CCGs to explain the position and inform them of this stance, and to add this to future liaison meeting agendas for discussion.

It was noted that EKHUFT have a dedicated email address for GPs to raise issues/concerns about workload shifts ([ekh-tr.gpinfo@nhs.net](mailto:ekh-tr.gpinfo@nhs.net)). It was agreed that this would be beneficial across the patch.

### **Co-Commissioning Update**

James Thallon has agreed to attend a future Committee meeting to discuss co-commissioning. Kent LMC will watch, with interest, one of the Sussex CCGs who have fully delegated commissioning.

### **Premises/Business Rates**

KPCA are no longer able to make any direct payment on behalf of practices. From 1<sup>st</sup> June 2015 practices will be responsible for business and water rates payments which then can be claimed back.

### **Appraisal Standards**

Liz Mears reported that the Area Team are standardising processes across Kent Surrey &

Sussex, however the LMC have identified some standards within the appraisal process that go beyond GMC, RCGP & RO guidance, making it more onerous. The LMC have approached the GMC for a view before going back to NHSE.

### **Annual Conference of LMCs, London**

John Allingham reported that 9 delegates joined the secretariat at the recent Annual Conference of LMCs, held on 21<sup>st</sup>-22<sup>nd</sup> May at the Institute of Education in London. Whilst Kent were only successful in proposing one motion, the majority of delegates were fortunate to speak for or against other motions on the agenda. Particular reference was paid to Adam Skinner, who, dressed as Superman, opposed a motion which suggested that it is time to have one GP contract across the UK. Jim Kelly used an analogy of a window cleaner in successfully persuading conference to pass a motion "That conference believes that the current formula based core contract is unfit for purpose" in that it fails to recognise the ever increasing demand for access and complex care associated with model 21st century general practice, fails to incentivise the expansion of primary care needed to cope with the vision set out in the NHS Five Year Forward View, and should be replaced by a payment by activity contract which directly links workload to resource.

### **KPCA: In Scope/Out of Scope**

Following the national review no decision has been made about future providers, however core and non-core services are being re-defined. All practices have received notification that KPCA can no longer re-distribute patient letters that have been sent back to them for patients who are no longer registered at the practice (which exceeds 800 letters per day). Concerns were raised at the time and resources incurred in the recommendation from NHSE for practices to return the letters to the sender. It was suggested that as misdirected letters were and information governance issue practices might wish to alert the sending organisations IG guardian.

### **LARC**

Concerns were raised around the new LARC contract from Public Health KCC. It was noted that free training is now being offered, however the bureaucracy and list of requirements to provide certificates of training undertaken is extensive just to register for the course, which could result in less providers in the future. The LMC agreed

to write to PH highlighting that GPs are required to have this information as part of their contract and that it should not be necessary to reproduce certificates of training for this purpose.

### **LMC Strapline**

The LMC Executive Committee considered what is important to preserve in general practice and have created the strapline “Supporting list based personalised care, the partnership model and meaningful collaboration”.

### **Levies/Attendance Allowance**

Julian Spinks reported that the Finance Committee met in March to receive income and expenditure information for 2014/15. It was noted that the budgets have been managed well but, in order to continue to remain within budget, changes to the levies were agreed:

Statutory Levy: increase by 1p to 40p per patient per annum (first increase for 3 years).

Voluntary Levy: decrease by 0.5p to 7.7p per patient per annum

Attendance Allowance: unchanged.

### **Sessional GP Sub-Committee**

Mark Speller reported that the Sessional Sub-Committee met in May and are making progress in their initial aim of populating the database of sessional GPs across Kent & Medway. John Allingham has established links with some of the VTS Schemes and regularly delivers presentations on behalf of the LMC. The LMC website will be replaced by the end of the year and will include a sessional GP section. There were discussions around indemnity costs, particularly around the variations in premiums for out of hours work. It was noted that this was discussed at the LMC Conference when it was suggested there should be Crown Indemnity.

### **KCHFT: Community Services and the Delivery of Primary Care, Peter Maskell, Medical Director, KCHFT**

Julian Spinks welcomed Peter Maskell, Medical Director, KCHFT to the meeting. Peter Maskell presented an overview of KCHFT and their vision for Community Services and the Delivery of Primary Care (attached). He reported that modelling has been undertaken, with consideration being given to demographics across Kent. KCHFT envisage whole system integration (GPs, acute, mental health and social care), working to support

MCPs. Their vision supports prevention and early intervention, increasing ability to support more complex and acutely unwell people at home (eg. Hospital @ Home), and working in partnership with the voluntary sector (eg. Age UK).

With LTC and frailty increasing, and frail patients more likely to develop complications in hospital, Peter reported that Hospital @ Home was seen as a positive way forward, and that both GPs and commissioners would be involved in developing care plans. It was anticipated that additional resources of £1million per year would be available from the acute sector as a result of savings on admissions.

Concerns were raised regarding the Central Referral Unit and issues relating to nursing staff shortages particularly across West Kent. Peter acknowledged a vacancy issue exists on a national level, which is exaggerated in West Kent, and agreed to feedback concerns on the CRU, however KCHFT will be utilising the CRU moving forward, as it is a triage system and allows the patient details to be submitted once, avoiding any repetition.

There were discussions around bringing District Nurses under the control of MCPs. Peter suggested a worked example of costs for DN service to be taken as business case to commissioners.

### **Kent & Medway GP Staff Training Service: Annual Report 2014/15**

Sue Timmins delivered an overview of the service provided by the K&M GP Staff training team and presented their Annual Report for 2014/15.

Despite a difficult year, due to circumstances largely beyond their control, Sue commended the team for their hard work and dedication. They reported that, with the support of the LMC and Commissioning Support Unit, they have produced a training programme which, halfway through the year, has delivered almost as many training places as in previous years. Over 500 episodes of training during the financial year were arranged, with attendances on taught courses in excess of 6000 people. In addition, the e-learning capacity continues to grow, with over 1500 on-line courses completed through Learning Pool during 2014.

The Team have already placed firm contracts with trainers and venues for 2015/16 totalling approximately £255K, and envisage providing a substantial training programme for the full year to support practices' needs.

The HCA development programme (KASPAC) is currently being updated to ensure it complies with the new Care Certificate standards. The Team are working with the RCN to determine the additional input required for those HCAs who are already in the workforce (the majority of whom will already hold the KASPAC award from previous years).

Sue reported that the team are currently hosted by the CSU, and a review of the service is currently being undertaken with the intention that the hosting arrangements may change from 1 September. This is not the first time the Team have found themselves in this situation, which can be destabilising, and they are keen to secure a long-term hosting arrangement to ensure continuity and longer term planning moving forward.

The LMC expressed their gratitude to Sue and the team for restoring the momentum to the project, and agreed to continue to support them in their endeavours to offer such a valuable service to practices across Kent & Medway.

#### **Fit for Work Service, Dr Sundar Thava, National GP Engagement Lead**

Sundar Thava delivered a stimulating presentation on this national project (attached), which is funded by DWP, as an attempt to address the issue of keeping people in employment. Dr Thava commented that of the 900,000 sickness absences per year, 300,000 will not return to work. 80% of people working in UK economy do not have access to occupational health, and will therefore access primary care.

Dr Thava presented an overview of the referral service, which encompasses an initial 45 minute assessment, usually by telephone (translation/face to face assessments are available). He emphasised that quality is a big driver within the service, which is structured within a clinical governance framework. All employees working in the service are registered health professionals who have to go through intense training. The service is voluntary, and patients must be employed and consent to being part of the service.

For further information please access the website: [www.fitforwork.com](http://www.fitforwork.com), or contact the advice line.

It was noted that Employers can refer to the service, however it does not facilitate direct patient referral. Dr Thava acknowledged that there are currently limitations, but that this may be available in future as the service evolves. He highlighted the importance of support and engagement to enable the service to shape into something fit for purpose.

It was noted that patients referred to the service would not be able to directly access additional services. Eg. Physiotherapy.

#### **LMC Liaison Meetings/Engagement with LMC Representatives - Phase One**

The secretariat have recently discussed the current CCG liaison meetings and their effectiveness.

Members were asked for brief feedback on their engagement with the LMC office and how the liaison meetings are working from their perspective. The secretariat agreed to forward a short questionnaire to all members, the results of which would be collated for discussion at the next Full LMC in October.

#### **Kent LMC Annual Conference - Wednesday 11<sup>th</sup> November 2015**

GPs and Practice Managers were encouraged to book their place at the Kent LMC Conference "Collaboration - New Opportunities" on Wednesday 11<sup>th</sup> November 2015 at the Ashford International Hotel. Speakers include the Kings Fund (Five Year forward Plan), Dr Ribchester, Senior & Executive Partner at the Whitstable Medical Practice (Vanguard site), Dr Gary Calver & Kim Horsford, Invicta Health & SECAM (Prime Minister's Challenge), Paul Gordon, MacArthur Gordon Ltd (Financial Planning for the Future) and Dr Brian Balmer, GP Executive, GPC (Networks - GPC Support & Development). It was noted that Ashford and Canterbury CCGs have agreed to incorporate the LMC Conference as their PLT for November.

#### **Date of next meeting**

The next meeting of the Committee will be held at 2.15pm on Thursday 8<sup>th</sup> October 2015 at the Village Hotel, Maidstone.

**Kelly Brown**  
**LMC Liaison Support Officer**