



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 January 2017

Liz Mears chaired the recent Kent & Medway GP Training Advisory Board. Dr John Allingham, Donna Clarke and Dr David Lawrence attended on behalf of the LMC, Nicky Macdougald and Sue Gassor attended as practice representatives, Clare Fuller and Ruth Germaine attended on behalf of the CCGs and Gareth Pitcher, Jo Purkis and Sue Timmins attended on behalf of the GP Staff Training Team.

Evaluation of Courses

Currently the GPSTT are collecting basic feedback sheets re satisfaction and value for money. Under the future service specification more detailed feedback will be gleaned and analysed to inform service development.

GPFV Training Allocation Monies

The CCGs have all received their money for Receptionist Signposting and Correspondence Management (Medical Assistants) and each CCG is looking at different ways of using it. The GPSTT may be involved in commissioning in the future.

Future of the K&M GP Staff Training Service after 1st April 2017

Liz Mears reported that there is still no definitive news to date. West Kent CCG, who have been temporarily hosting the service, are in discussion with other CCGs re administration funding. WK CCG planning to write to LMC imminently with the outcome.

Discussion took place about possible scenarios but no decisions can be made without CCG feedback. LM assured the Board that the LMC have been constantly chasing CCGs for an urgent response, which is expected before the end of January.

K&M GP Staff Training Service Update

Sue Timmins provided the following update to the Board: The team is continuing to deliver the service as best as they can whilst uncertain of the future. It is difficult to forward plan but they are using waiting lists to prioritise course booking. It is not down to lack of enthusiasm in the team that the courses are not there to book. ST also reported a reduction in the training budget compared to last year which is due to issues with PCSE not collecting the levy correctly during the first quarter.

There is good uptake for the courses that are there.

The team are being asked for new types of training following CQC visits e.g. conflict resolution training. This was discussed and agreed not to be a statutory/mandatory urgent priority at present.

Practices are being encouraged to put their staff names on waiting lists during this time, which will help with prioritising course provision.

Current priorities for in-house training are Fire, Life Support and Chaperone training.

First Aid Training

There has been some conflicting guidance over the years about what should be provided by GPSTT. Nicky Macdougald suggested that this is not a requirement for GP practices based on risk assessment, therefore GPSTT should not provide. Health & Safety Executive Guidance is clear about employer's responsibility.

Post-Meeting Note from NM:

First Aid at Work training

There are no regulations which give a blanket statement that all employers must have a trained first aider. There is however formal guidance from the Health

and Safety Executive which all employers are expected to follow:

<http://www.hse.gov.uk/pubns/casestudy9.pdf>

<http://www.hse.gov.uk/pubns/priced/l74.pdf>

The regulations state that in regards to First Aid at Work each employer must have a formal risk assessment of the working environment, the people that work there, the type of tasks undertaken and include visitors to the site such as the Public. There is no provision for first aid to the public but the guidance says that this should be taken into consideration.

It is imperative that practices have a written risk assessment, which is suitable and sufficient and through this they should determine the first aid measures needed for the practice. The case studies give examples of what may be needed.

Primary care is generally low risk with doctors and nurses on site for a large part of the day, risk assessments are likely to show that having trained first aiders on site is not needed.

INR - Information available on Learning Pool

GPSTT do not provide this training as it is not core to all practices and the Enhanced Service specification should provide funding for training.

B12 Training Entry Criteria

Now called "Theoretical Aspects of B12". Historically staff had to wait for Flu training before B12 training could be taken, but the new course allows for injection competencies to be signed off within the practice. HCAs will still have to have completed the KASPAC course or equivalent before they can do this course.

Learning Pool Email Addresses

Confirmation requested that all staff must have nhs.net email address for registering as some practices have queried this. The Board agreed this is to remain a requirement and all staff should have

nhs.net email addresses for safety and quality purposes.

Learning Pool is to be upgraded to improve functionality. The service will be closed for a couple of days at the end of January while the upgrade is applied. Notice will be sent out to practices. This will provide the Practice Manager approval functionality.

KCSB Safeguarding E-Learning

A practice has expressed concern that staff did not complete the e-learning within 28 days and they were billed £40 for each incomplete course. They were requesting an alternative. Sue Timmins asked the Board for confirmation that this KCSB course is to continue to be advertised as it is the preferred provider for Kent and it is free if completed within the timescale (this is a licence requirement) and practices are responsible for ensuring staff do complete on time. Only one practice has complained to GPSTT but Sue Timmins reported that others have contacted KCSB direct because they were unhappy. The Board agreed that there should be no change.

Care Certificate - standalone workbooks

KASPAC course starting now and there is a waiting list for the next course which should be in April. People on the waiting list (around 20 currently which is 2 intakes) can start the workbook now. This is to be put on Learning Pool.

Practices to be reminded of the importance of putting new HCAs on waiting list.

Spirometry Training - ARTP guidelines

For nurses - GPSTT not funding level 5 course as it does not provide academic assessment and does not put nurses on the full register, therefore funding only available for level 6.

For HCAs the only option (as no PNs are ARTP accredited trainers within Kent) is to do the module for HCAs which costs £500 per head so withdrawn for the time being. Agreed to wait until April for further discussion.

Cervical Screening Training

Sue Timmins spoke to PHE as a national trainer has circulated information about an alternative cervical screening course. Practices may get to hear about it but GPSTT are not currently funding (as the current NEPSEC course is a regional contract with PHE), but still in discussions with PHE about the future.

PHE have stated that they are about to launch a national e-learning update course which will be available in due course via Learning Pool.

Donna Clarke
Practice Liaison Officer