



IN TOUCH

Kent LMC Newsletter

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England Conference of LMCs Early Morning Session

Dr Sarah Westerbeek, LMC Executive

Rachel McMohan (Chair of Conference) opened the first virtual England Conference of LMCs. She highlighted the terrible and unprecedented year had by all in England due to Covid and a minute’s silence was held to remember all of our colleagues who have sadly been affected or lost their lives during this pandemic.

Deputy Chair, Shaba Nabi, thanked Rachel for her contributions to conference over the past few years as Rachel will be standing down this year.

The Chair of GPCE, Richard Vautrey next delivered his annual speech. He started by thanking all of the staff in primary care who have worked tirelessly over the past year during the Covid pandemic. He reflected on the unwavering commitment of those working in primary care, despite the constant changing guidance from NHSE and Government. He also expressed his dismay at the lack of PPE provided by NHSE initially and the delay in providing any funding to support practices through Covid.



Dr Richard Vautrey, Chair GPCE

He then moved on to discuss the contract changes for 20/21 with the associated secured additional funding for new staff. He reiterated the importance of working together during this difficult time in order to support the Covid vaccination in the upcoming months.

Richard advised that unfortunately GP numbers are still falling but hoped that changes such as the New to Partnership scheme, support for childcare costs within the I&R scheme and reduced appraisal workload, amongst other initiatives would attract new permanent staff.

Regarding the upcoming delivery of the Covid Vaccination Program, Richard stated that there are “no better people to succeed in this task” than GPs. He urged that he would continue to push NHSE to ensure that we are able to prioritise this over other work, push for further investment in to IT systems, resist further bureaucracy from Government and work with secondary care colleagues to reduce

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workload transfer. On closing he reflected that this pandemic has shown that GPs can be trusted to deliver during these very difficult times.

Motion 5, proposed by Dr Jackie Applebee of Tower Hamlets, regarding the superb efforts by GPs during the Covid pandemic, asked that GPC insists that more funding is invested into the core contract as well as the end of micromanagement. Dr Ben Curtis supported this motion and pointed out that if further funding was added to core funding then many more GPs would be attracted to the profession. Dr Zishan Syed from Kent also supported the motion and in particular focused on the negative effects of the PCN DES and advised that the funding needs to be invested in core funding. This motion was passed.

Motion 6 followed similar lines regarding the effectiveness of GPs during the Covid pandemic and called for protected income until the end of the pandemic as well as increased funding for General Practice. The proposer, Dr Raman Nijjar, highlighted the misleading statement by Chancellor Rishi Sunak that “the NHS will get whatever it needs”, when in reality most GPs struggled to obtain resources, equipment or funding to support their Covid efforts. The motion was carried.

Motion 7 focussed on the unfunded workload transfer from secondary to primary care, which has been exacerbated by the Covid pandemic. This motion was strongly supported by evidence by Dr Katie-Bramwell Stainer, who discussed the results of a survey conducted by Cambridge LMCs of local practices, that identified over 8 hours of additional GP work per practice per week as a result of secondary to primary care workload transfer.

Dr Zishan Syed and Gaurav Gupta also expressed their disgust at the dangerous workload transfer. A large Survey conducted by Kent LMC found that 5 million GP appointments across England were potentially being wasted due to workload transfer, in addition to the thousands of patient safety risks. All calls were for financial resources to follow any necessary transfer from secondary to primary care. The motion was carried in all of its parts, with part (iv) taken as a reference.

Motion 124 was proposed by Kent LMC Chair Dr Gaurav Gupta and tackled rejection of referrals to secondary care. It called for all referrals to be assessed by an appropriate secondary care clinician, and not to be rejected without a suitable clinical explanation and not be downgraded to advice and guidance. The transfer of the medico-legal responsibility should then be transferred to secondary care. The motion was carried.



Dr Gaurav Gupta
Kent LMC Chair

It was an excellent morning, highlighting the endless difficulties faced by GP practices, many of which were present before Covid but have been exacerbated by the current pandemic.





Personal Reflections

Dr Zishan Syed, West Kent LMC & Finance Representative and BMA South East Coast Regional Council Representative

This year's conference was held under extraordinary circumstances of the Covid pandemic. Thankfully due to excellent use of technology the conference ran relatively smoothly. A significant number of motions were debated that reflected different issues affecting General Practice. There were a few bumpy moments where the voting system seemed to crash in conference and also for one of the most important votes at the end of conference regarding confidence in the GPC (that is beginning to falter).

In many respects I actually enjoyed this conference more than others and felt that it could represent a possible future for other conferences. I think it is really important that a more diverse group of GPs can participate in these LMC conferences and one of the highlights was the questioning of the GPC. I felt this was facilitated much more easily using technology. I feel that in the future we may boost attendance numbers and represent front-line General Practitioners much more with the use of technology. It is unclear what will happen during the pandemic and whether it will be possible to have a face-to-face conference next year but I wonder if the use of technology accelerated by the Covid pandemic has shown us that there are different ways of managing things? Perhaps we could have a combination of both, allowing those who cannot attend physically to attend virtually, and I would thoroughly recommend this.

It is my sincere belief that Kent LMC shone strongly throughout the whole conference and all members of the LMC should be very proud of themselves for representing our region but also General Practice as a whole very formidably. We managed to get a motion debated in conference thanks to receiving sufficient numbers of votes to prioritise it for debate and we also won this motion. Many different speakers including myself (Dr Zishan Syed) spoke on a number of different issues very passionately and so Kent LMC covered a diverse number of topics.

All members of Kent LMC should hold their heads up high with pride. I am extremely proud to be a member of Kent LMC and am proud of our collective performance in this conference and throughout the pandemic.

Well done everyone!

Late Morning Session

Dr John Allingham, Kent LMC Medical Director

At face to face conferences beverage refills and comfort stops involve missing debates. The virtual conference stopped to allow this convenience.

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Reconvening conference expressed its disgust at **NHSEI's** 'abhorrent and insulting communications with the profession, the press and the public'. Kent's Neil Potter spoke in support of this motion and highlighted how every week as senior partner he was having to re-write the phone script in response to the latest edict or press release. He asked for publicity to highlight what GPs can and can't offer.

Speaking for the GPC Mark Sandford-Wood highlighted the efforts made to mitigate the damage caused by some of NHSEI's press releases and letters.

Digital First health provision was the next service to be in the cross hairs of conferences sights. It was pointed out that the issuing of long-term APMS contracts in under doctored areas will not deal with health inequalities. The GPC are opposed to the award of these contracts and as we are now all offering e-consults they no longer provide anything novel.

Kent LMC has championed activity-based contracts for years with seasoned conference goers remembering Jim Kelly's window cleaner analogy. Picking up the mantle of his partner Thilla Rajasekar spoke to the **core funding** motion stating the current formula had outlived its day and was left in the last century. This motion called for a review that recognises workload and does not result in any practices losing out. The GPC observed that in the current climate this may be unachievable.

A call for **NHS 111** allocated appointments not to be increased beyond the 2019/20 GMS contract requirements was supported. Kent's Zishan Syed pointed out that 111 was not fit for service and that the number of inappropriate referrals was 250,000 a month with at least 20 deaths linked to triage errors.

The morning session ended with a motion deploring NHSEI in failing to support the use of professional judgement in determining when a **face to face** appointment was needed. This was followed by a motion concerning remote consulting which contained a clause about providing IT support 24hrs a day. Kent's Chairman Dr Gaurav Gupta opposed this expressing concern that anything we ask for 24hrs a day could be used as a lever to force similar working for practices.

Personal Reflections

Dr Alok Mishra, East Kent LMC Representative

As a newly elected representative for LMC, I was encouraged to attend The Conference of LMCs 2020 and it was a very positive experience. As frontline clinicians, we are at the coalface of the hardship faced in NHS in general and due to the current pandemic in particular. Be it sudden change in the working pattern, leading a more diverse work teams through the constant reorganisations, extra workload coming from secondary care (our LMC had published the survey outcome, also mentioned in 'Pulse' and the topic was mentioned many times in the conference), constantly changing advice and guidance from different sources, constant public and media scrutiny, we have risen to the challenge in an exemplary manner and I am so proud of being a member of such a





dedicated profession.

The Conference itself was well-managed. Virtual meeting at such a large scale (a credit to the IT team), seamless flow of discussions, smooth and a bit emotional transfer of Chairpersonship, regular invitations to interact during discussions on different topics suggested by colleagues all over the country encompassing varied aspects of our working lives was awesome. My take home message from this experience is that we should all engage more in discussions, raise issues and suggest changes to improve our working lives.

Early Afternoon Session

Dr Neil Potter, West Kent LMC Representative

After a relatively antisocial lunch break the afternoon began with the familiar “Questions to GPC England” session in an unfamiliar on-line format and with options to engage with further questions.



Dr Zishan Syed, West Kent LMC Representative

Our own Dr Zishan Syed took advantage, as the first speaker of the afternoon, of the chance to challenge Dr Mark Sandford Wood on the terms of the deal struck to reduce Indemnity costs through the GP Clinical Negligence Scheme. This negotiation left the GPC agreeing to declare GP income exceeding £150,000 pa. This “landmark” deal was apparently not possible without this revelation. Zishan quoted press sarcasm on the topic of GP income. The GPC response was to concede the regret felt. Dr Syed also queried the Committee’s general embarrassment on GP income.

Further questions followed on the Statutory role of LMCs in new structures, and on challenges managing Gender Dysphoria. A question on inclusivity was raised because of the difference in reimbursement between sessional GPs and contract holders attending conference. Many sessional doctors cannot be reimbursed It was put to the GPDF without much clarity. GPC chair deflected to the BMA and then GPDF replied that the costs to fund fully would be significant and require increases in levies.

The PCN DES was discussed but negotiations are stalled especially Improved Access despite last year’s conference call to abandon the IA element. Further voices asked why Special Conference motion asking to move funding from PCN DES back into Core GMS had not been progressed. Covid is the answer say GPC, but even then, for example Covid vaccines, so much been packaged for PCNs and not for grassroots or with flexibility.

Back to motions we started with a cry that DDRB had badly failed contractor GPs as well as all public sector with low pay rises. GPC replied that the deals predated Covid but that work continues to pressurise NHSE to reconsider.





A chosen Motion from Haringey focussed on the workload, the recruitment and retention issues, and the elastic limit of GPs. Londonwide LMCs report vacancies in a third of practices and ended with a call to pool payments into core funding. In Devon, the experience of allied professionals of the ARRS over GPs was described as a failure. We considered the skills of the experienced GP and the need to invest into practices premises and IT. Farah Jameel from the GPC agreed.

A motion on the PCN DES noted the haste and challenge of the unmandated and untested requirements and despite simplification it is still unpopular. There has been no mandate to continue and so a ballot was demanded. Some limited PCN enthusiasm followed however Kent's Dr Reshma Syed countered with a brutal assessment of the challenges for PCNs going forward...they are heading for a "black hole". Was the high sign-up a mandate? Conference disagreed and asked GPC to ballot the profession. The first contentious vote of the day. Just in time for tea.



Dr Reshma Syed, Swale & Medway LMC

Late Afternoon Session

Dr Caroline Rickard, Kent LMC Medical Director

Our Sessional Chair Sarah Westerbeek spoke to motion 16 calling for recognition and action of the impact of COVID-19 on the locum workforce. This has been economic with locum GPs losing work and not being enabled to work remotely in the same way their salaried and contractor colleagues have. This motion was passed.

LMCs unanimously supported a motion that argued practices should be allowed to use additional roles reimbursement scheme (ARRS) funding to recruit additional GPs including locums, as well as practice nurses and non-clinical staff to boost capacity. Greater flexibility will support core GMS and make sure that the funding is used as intended to benefit general practice patients.

GPs voted for the GPC to renegotiate core PCN funding worth £1.50 per registered patient per year to 'accurately reflect the workload'. It has been demonstrated by the Kent LMC survey that workload continues to increase.

In the final debate at the 2020 England LMCs conference, GPs backed a motion hitting out at the 'pace and pressure' put on the BMA's GP committee to negotiate the vaccination enhanced service. NHSE were heavily criticised for their conduct over recent months, the press releases before consulting the profession and the unintended consequences of these actions which cause pressures on phone lines and access as patients ring up expecting new clinics to be available.



Dr Sarah Westerbeek, LMC Executive & Sessional GP Chair

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LMCs also called for 'an immediate renegotiation of funding and flexibility attached to the proposed enhanced service now that timelines and possibilities are better understood'.

The motion said conference 'rejects the mandated 8am-8pm seven days a week proposals' - warning that GPs are best placed to decide 'when and how to conduct their business to ensure maximal population coverage with minimal wastage'. However, it has become clear since the Conference that the proposed hours are to reduce wastage in the supply chain of the vaccine.

The vaccine, which has been shown to be up to 90% effective has this week become available, with doses being administered in acute trusts. General Practice vaccination sites are currently planning to start their vaccination delivery.

Personal Reflections

Dr Alexandra Scott, West Kent LMC Representative

How was my 1st LMC conference? ***Dynamic, Provocative, Reassuring.***

Dynamic

With so much to juggle at the moment I hadn't appreciated that everyone attending the conference had a chance to speak and be heard. The majority of the motions gained pretty much unanimous support but interesting to hear from those with a different perspective or from those who challenged the motion's wording to ensure that there was clarity about the aim of the motions to prevent misrepresentation. Great debates with points well made.

Provocative

It is apparent that we share the same challenges across the county. Fortunately, there are GPs out there prepared to put their heads above the parapet and shout "this has to change / we are drowning here and no one is listening". There was hard hitting criticism aimed at the GPC negotiators who are struggling to make their voices heard above the existing, PR driven, political environment.

Reassuring

The LMCs and their passionate members do make a difference. I saw at first-hand how information from the coal face is debated at a national level and how our voices can shape the future of General Practice as long as there is the political will to support primary care. Fingers crossed.

Kent LMC colleagues always enjoy the national Conference and play an active role in standing up on behalf of GP colleagues and practices to help make a difference to national direction and policy. The over-riding message for me was NHSE/I please invest in the core contract and stop diluting it.

Thank you to our LMC Conference representatives for ensuring the voice of Kent GPs was heard.

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