



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 April 2019

Dr Gaurav Gupta welcomed the Committee and introduced Dr Sarah Thomas, Sessional GP in Faversham, Huw Winstone, LDC representative and Loraine Kay, LMC Senior Administrative Officer (Finance) who were attending the meeting as observers.

This was Dr Mike Park's last Full LMC meeting before retirement. Dr Gaurav Gupta provided a resume of Mike's history as a GP, LMC representative and then appointment as Medical Secretary in 2003. Mike had various roles in the wider health economy representing GPs and Primary Care, and Gaurav thanked him unreservedly. Mike responded with thanks and stated that he will still have some involvement with the STP and Training hub. Mike was presented with gifts on behalf of the Committee, who responded with a standing ovation.

Mental Health

Dr John Allingham reported on the Mental Health Task and Finish Group. There was an agreement that the Mental Health team would give feedback when referrals were rejected, but this does not appear to be happening. Members were asked to forward any specific queries ahead of the KMPT interface meeting on the 30th April.

Helen Greatorex and Rosarii Harte will be attending the Full LMC meeting on the 13th June to provide an update on behalf of KMPT and address our concerns.

Draft MoU Salaried GPs

A draft MoU to facilitate flexible working for salaried trainers has been shared with training hubs and is available on LMC website.

Enhanced Services

The LMC have been meeting with Gail Arnold and Bill Millar to try to achieve a Kent wide offering of Enhanced Services. There is a general agreement to reduce bureaucracy, have common specifications where possible and to level up rather than down, with exception of the Treatment Room LES. The Enhanced Services may require some phasing where services are not currently provided.

The LMC are conducting a survey on spirometry to ascertain what the current activity is in practice. There is an agreement in principle to move spirometry forward, as this is unfunded non-core work.

GPC Representatives

Dr Gaurav Gupta has been elected as the Kent GPC Regional representative and Dr Sarah Westerbeek has been elected as the First Five GPC representative. The Committee joined in congratulating them both.

Verbal report of the Sessional GP Sub-Committee held on 25th April 2019

PCNs – Sessional GPs felt they have not really been involved in any discussions and are concerned that they will be missed from votes etc. despite being a large part of the workforce. They are therefore going to write to PCNs and ask for involvement.

It was suggested that Sessional GPs might want to make themselves known to PCNs as there is currently no register.

The BMA have produced a locum model contract which is available on their website and its use is recommended.

Discussions took place regarding Sessional representation on LMCs nationally. It was noted that this is very good in Kent but is not the case elsewhere in the country.

It was reported that the First Five scheme is to be funded recurrently in Kent.

Primary Care Board Update

It was reported that this has now become an essential part of the STP. One main purpose is to write and then implement the Primary Care strategy. There has been a survey of practices and a couple of workshops to develop a draft document which will be presented to the Programme Board at the end of June and the next Full LMC meeting.

Workforce and Workload are two of the biggest issues, plus infrastructure, digital (particularly problems faced by practices), financial support for PCNs and comms and engagement. There is a recognition that this strategy has to stabilise and support primary care before primary care can transform.

There is a workstream on the development of the Medical School, and the importance of the LMC helping to drive this forward was highlighted.

Future Landscape

The Committee discussed the future landscape of the NHS and what that potentially means for general practice.

Gaurav Gupta outlined that the LMC believe the STP will become the ICS and that there will be one strategic commissioner across Kent and Medway. This would mean that there would be one CCG. Members would have to be consulted and agree to this significant change, and there is uncertainty around what will happen if unsupported. ICPs will be created where everyone will be expected to work together, GPs, Acute Trusts, Community Trusts etc. PCNs will form part of the ICP. Finally, there are federations about whom there is no mention in the contract or PCN documentation.

Concerns were expressed about accountability for decisions that CCGs have made that have adversely affected practices and patients. It was agreed that the LMC office will make a list of questions to submit to the ICS for assurance.

The LMC must ensure there is a sufficiently strong Primary Care voice at ICP level to support GPs and improve services for patients.

Other questions that have been raised include:

- What happens when CCG budgets are merged?
- What will happen locally when CCGs merge and what will happen to the staff?
- Who will commission what? (An ICP is not a legal entity)
- How will a single ICS deal with locality representation when it is operating at such a large scale?

Some representatives felt as members of a CCG and federation, they have little influence over either, however have much more influence in forming a PCN.

A question was raised as to who will represent GPs and the core contract in the ICP and ICS? It is important that the LMC should be involved and in East Kent a letter is to be written asking for assurance that the LMC have a seat at the ICP. The LMC will be the only organisation that represents all practices, including those that have not joined a PCN.

Concerns were expressed that in DGS the last three LMC liaison meetings have been cancelled. The LMC has met with Gail Arnold and has agreed that we will look at changing the dates of meetings so that relevant people can attend.

Anxiety and confusion was expressed about the implications of the various options of structure for PCNs and the lack of legal clarity about what that involves. Detailed legal advice on each structure is necessary. It was noted that the schedules of the PCN agreement are sparse and also require detailed legal advice to populate. The LMC office has sent out a key principles document.

The LMC has spoken to legal firms and asked whether they can come up with a proposal for Kent & Medway PCNs, such as they do for Partnership Agreements. The LMC agreed to go to the GPDF to ask for this to be carried out and funded.

There are also accountancy fees to be considered as there is potential for significant VAT and pensions implications.

Views varied significantly from do not engage as the liabilities are not yet know, to do this slowly and cautiously, to sign up and strengthen primary care. The timetable is fixed and cannot be amended locally.

It was agreed the LMC would compile a glossary for practices of all the acronyms and what they mean.

LMC UK Conference March 2019

Delegates feedback

All of the conference representatives enjoyed the experience, particularly debating and networking with colleagues.

Dr Gaurav Gupta proposed a motion on reducing risk to doctors in regulatory processes, especially noting the shocking statistics on suicides among doctors. As a result, he has been invited to sit on a national working group to take this further.

LMC Conference (England) 22nd November 2019 – election of delegates

This conference will take place in London. The LMC will run an election for delegates to attend the Annual Conference of LMCs (England) in November, and will email representative for nominations in due course.

Date of Next Meeting:

Thursday 13th June 2019