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 November 2019

Dr Gaurav Gupta welcomed members to the meeting and introduced Shilpa Shah, CEO Kent LPC who joined the meeting as an observer.

NHS Digital: IT and n3 networks
Following concerns raised, the LMC met with the STP and CCGs on the 8th October. Unfortunately, NHS Digital were invited to the meeting but did not attend.

Dan Campbell from DGS/Swale CCGs is leading the Health & Social Care Network (HSCN) roll out across Kent & Medway on behalf of the STP, and reported that they are completing around 20 sites per week. They anticipate completion in December/January. Once installation is complete support will revert to the CSU. The LMC is happy to receive information about experiences and issues and will take them up if necessary.

In East Kent 400+ EU readiness laptops to support business continuity are being rolled out.

East Kent have an IT strategy programme for primary care. More details to be learnt at the East Kent IT strategy working group next week.

Dr Julian Spinks attended a demonstration of the new Kent & Medway Care Record (KMCR), a single, shared care record for each patient. It will enable records to be opened through clinical systems. Amongst other things this will give access to all path results, negating the need for GPs to be copied into results. It was noted that the system requires GPs to share GP data, which will be visible to outside bodies such as social services. The Committee agreed to extend an invitation to the STP Digital Workstream to attend a full LMC meeting and provide a demonstration of the KMCR.

Issues were raised around data sharing and liabilities. Data Protection Officers, hosted by Medway CCG, are now in post, and are experts in this area. Under GDPR if you, as data controller, have signed a data sharing agreement that has been approved by the DPOs you can safely share data. If individuals choose to inappropriately access data the responsibility rests with them.

Patient consent for direct health and social care is not required. Patients can opt out, but the onus is on the patient do this via the NHS Digital National data opt out website. This will create a code on the NHS spine which means their data will not automatically be shared. The LMC agreed to try to obtain a summary for practices to use as a guide.

GPs being copied into test results
Following discussions at the Full LMC meeting in September the LMC wrote to NHS Trust Medical Directors stating that 'Kent LMC is against the practice of all investigation results being indiscriminately copied to practices'. The letter also highlighted that GMC guidelines and the NHS Standard Contract are both clear that it is the responsibility of the clinician initiating an investigation to act on and communicate results to patients.

The letter is also available on the LMC website. It was agreed to send the letter to all Clinical Chairs and Medical Directors and add it to all liaison and interface meetings over the next few months.

It was noted that EKHUFT are fully supportive of the letter, and it will be discussed at the Kent & Medway Medical Director's meeting in November.

Primary Care Quality Scheme (PCQS)
PCQS will be rolled out in three phases. Phase 1 services negotiated between the CCGs and LMC include 24/48-hour Ambulatory Blood Pressure Monitoring, Phlebotomy, Community ECGs, Treatment Room (including common nursing work such as ear syringing and suture removal), Complex Wound Care and Women's Health (IUS/Ring pessaries insertion, checking and removal). Phase 1 is now being rolled out and practices should ensure they are coding activity as per the specifications to ensure it can be extracted for payment.

Work is progressing on automated data extraction to reduce the bureaucratic burden on practices. Templates are also being written for Vision and EMIS for ease of data entry and to ensure correct codes are used for the data extraction for payment and monitoring.

CCGs are working through how sub-contracting will work and whether the practice that provides the service can receive direct payment, rather than going through patient's registered practice. This is causing a delay in automated extraction so initially claims will be manual.

It was noted that there has been slight variation across the patch in rolling out the PCQS services.

This is because of the way historically these services have been contracted.

It is intended that by April the services will either be provided directly by practices or practices will sub-contract across the whole of Kent & Medway.

Phase 2 is intended to commence around April 2020 and is likely to include PSA monitoring, Respiratory/Spirometry and Shared Care. Draft specifications are currently being developed in conjunction with the LMC.

Members debated what should be included in Phase 3.

The discrepancy between secondary and primary care pricing for some services was discussed. It was noted that tariff prices are being used as a guideline.

Concerns were raised that if practices are unable to provide the service and have to sub-contract, what happens if the sub-contractor's tariff is higher than the price paid by the CCG to the practice. It was agreed that this would need to be raised with the CCG by the LMC on behalf of practices.

Verbal report of the Sessional GP Sub-Committee held on 14th November 2019
IR35 regulations are changing early next year. Discussions have taken place nationally with out of hours providers and not everyone will be changed to PAYE.

The Sub-Committee discussed the annual Solo form for ad hoc or out of hours work that should be submitted by Sessional GPs as a temporary work around for pension annualisation. This will also provide some pension benefits such as Death in Service.

Dr Sarah Westerbeek has been involved in GPC meetings with PCSE/Capita regarding pensions, and reported that a transformation project is ongoing to improve systems and update records. There remains an ongoing amnesty for Sessional GPs completing type 2 forms.

The online performers list, run by PCSE/Capita, will go live on the 2nd December. It is an online platform, negating need for GPs to complete and send in forms.
Minor changes are being made to the model BMA salaried GP contract, and both salaried GPs and practices were requested to ensure contracts are up to date.

Members discussed PLTs and who is funded to attend. The disparity between sessional GPs and locums accessing education afternoons across the patch was noted. It was noted that PLTs are supported by out of hours cover and GPs working on the afternoon of a PLT should be able to attend. Locums should also have full access to training but no funding for their time. It was agreed to investigate the possibility of training hubs providing funding for locums.

The Kent & Medway Medical School (KMMS) was discussed, and how sessional GPs find out about GP Tutor Opportunities, the recruitment process, funding and access. It was agreed to invite KMMS to attend future Full LMC meeting.

GPC Update
It was noted that the legal case with NHSPS is still ongoing, and an update is expected soon. The LMC's position remains that practices should be mindful of the BMA proceedings to address historical charges. Practices should ensure that in reaching any agreement independently of this they do not put themselves at risk of any future liability or compromise their future position.

Anyone wishing to raise concerns relating to issues for the GPC should contact the LMC office.

GP Practice Lunchtime Closures
Some practices have reported feeling under pressure from CCGs not to close their doors to patients across lunchtimes.

The letter from David Geddes sent to Heads of Primary Care on 1st December 2017 outlines what NHSE, following patient engagement, would expect to be available during core hours.

The LMC agreed to seek a formal view from the GPC.

It was noted that the BMA advice says it is not contractual, and that practices need to meet the reasonable needs of patients, show patient engagement and address any concerns.

East Kent practices have received an email with a template to complete for Christmas Extended Access hours. Donna Clarke commented that CCGs are seeking assurance that practices are aware that hours that fall on a bank holiday should be provided at an alternative time and that patients are informed.

Integrated Care Partnership (ICP) Update
Members discussed the variation of PCN involvement with ICPs across Kent & Medway.

In East Kent eight Clinical Directors will sit on the ICP Board, and in West Kent one PCN Clinical Director has been invited along with a GP federation representative. In Swale and Medway open invitations have been sent to all Clinical Directors, a GP lead (not a PCN CD) has been

invited to sit on the Board on behalf of PCNs. In DGS all CDs from PCNs are welcome to attend their Board, and invitations have now been extended to the federation.

The LMC have been invited to attend all ICP Board meetings across Kent & Medway.

Members discussed the role of a Clinical Director and the additional workload of attending ICP Boards. The need to ensure Clinical Directors are adequately reimbursed and supported was noted.

It was agreed that the LMC needs to ensure mechanisms are in place to adequately represent individual practices, particularly those not included in a PCN.

The structure of ICPs in other areas was discussed, and it was noted that in some areas the ICPs had strong LMC involvement. The potential benefits of bringing CDs together with the LMC for discussions before attending ICPs was highlighted.

The LMC are currently focussing on how best to support integrated care at both Clinical Director and ICP levels, and have established a CD support network across Kent & Medway, which has been well received. The LMC are also spending time with the STP looking at PCN development monies and the support available for the development of CDs.

Adult Mental Health Update/Feedback
On 24th July 2018 the LMC wrote to Mental Health Trusts highlighting serious concerns with adult services:

- Increased rejection rates from GPs to Community Mental Health Services
- The Single Point of Access often advises the patients to contact the GP for help, when it is the GP who has suggested the patient make the call in the first instance
- The Secondary care Mental Health Team downgrade referrals to Primary Health Care Workers, who in turn are unable to meet the needs of the vulnerable patient concerned
- The Lack of adequate mental health provision is putting additional pressure on general practice and other services such as A&E, Social Services and the Police.

The LMC have met with Helen Greatorex, held interface meetings with KMPT and have arranged a follow up meeting with Helen Greatorex and Afifa Qazi, KMPT's new Medical Director. Members were asked for feedback to understand if anything has changed, and what the impact has been following the appointment of Primary Care Mental Health Workers (PCMHW).

The high number of rejected referrals was highlighted as an ongoing issue.

It was reported that KMPT mental health rejection letters are addressed to GPs with patients copied in. The letters are not patient friendly. It was suggested that to avoid duplication the letters be addressed to the patient in a format that is easily understood. It was noted that this is part of the NHS standard contract.

It was agreed that although KMPT gave reassurances at a recent Full LMC meeting progress is slow and that the LMC need to reconsider next steps.

Members discussed the recruitment of Primary Care Mental Health Workers and whether it has had any impact. Anxiety was expressed at the acutely unwell patients who are lost between the single point of access, the crisis team and community mental health team.

The GP advice line, which is currently 12-2pm Monday – Friday, and the need instead for a registrar to be on call particularly for the acute patients was discussed. The need to ensure appropriate Senior Officers from KMPT attend the LMC interface meeting on a consistent basis to ensure recommended changes are implemented was noted.

Options moving forward were discussed. It was suggested after the follow up meeting with Helen Greatorex that the LMC considers next steps.

LMC Constitution
The LMC Constitution has been reviewed and refreshed by solicitors and updated to reflect the changes discussed by the Committee in September.

The LMC are also exploring establishing a limited company.

With the forthcoming elections the Committee discussed the current constituencies and agreed to move from 8 to 4 to coincide with the Integrated Care Partnerships of Dartford, Gravesham and Swanley; East Kent; Medway and Swale; and West Kent.

It was agreed to align the numbers of representatives to each ICP as follows;

- DGS 5 Contract Holders, 1 sessional GP
- East Kent 11 Contract Holders, 4 sessional GPs
- West Kent 7 Contract Holders, 3 sessional GPs
- Medway & Swale 7 Contract Holders and 2 sessional GPs.

and to include a degree of flexibility for sessional GPs around localities to ensure all seats are filled.

LMC Election 2020-2023
It was reported that the current term of this Committee comes to an end on 31st March 2020. The Election process for the new Committee will commence with a call for nominations on the 9th January. Elections will start in February and will be completed early March.

The LMC are considering adding an educational/training element to the role and asked members to encourage colleagues to consider stepping forward.

It was noted that being an officer in a CCG/federation or being a PCN Clinical Director is not a conflict to becoming an LMC representative, and indeed would enhance the role.

Date of Next Meeting:
Thursday 23rd January 2020

Kelly Brown
Senior Administrative Officer (Comms)