



Cleveland Local Medical Committee

Chairman: Dr J-A Birch
Vice Chairman: Dr R McMahon
Secretary: Dr J T Canning
Chief Executive: Ms J Foster
Office Administrator: Mrs J Jameson
Recruitment & Retention Coordinator: Mrs A Mackenzie-Brown

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Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 12 January 2016 in The Maureen Taylor Conference Suite, Stockton Riverside College TS17 6FB.

Present:

Dr A Adebiyi	Dr W J Beeby	Dr J Berry
Dr T Bielby	Dr J A Birch	Dr J T Canning
Dr K Chandrasekaran	Mrs V Counter	Mr S Donlan
Dr K Ellenger	Dr H El-Sherif	Dr G Fernandez
Dr E Mansoor	Dr R McMahon	Dr N Miller
Dr B Posmyk	Dr R F Roberts	Dr O Sangowawa
Dr S Selvan	Dr P Singh	Dr M Speight
Dr A Terli	Dr J Walker	Dr S Zaman

In attendance: Ms J Foster: Chief Executive
Mrs A Mackenzie-Brown: Recruitment & Retention Coordinator

Chairman welcomed all board members and introduced Anneli Mackenzie-Brown.

12/01/1 APOLOGIES

Apologies had been **RECEIVED** from Dr G Chawla, Dr R Craven, Dr J Hameed, Dr M Hulyer, Dr S Garud, Dr S Gandhi, Dr J Grainger and Dr A Thornley.

NOTED.

12/01/2 MINUTES OF THE MEETING HELD ON 17 November 2015

These had been previously circulated to members and were **AGREED** as a correct record and duly signed by the Chairman.

12/01/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising.

12/01/4 STANDING ITEM: RECRUITMENT AND RETENTION

The Chief Executive introduced Mrs Mackenzie-Brown, Recruitment & Retention Coordinator. Mrs Mackenzie-Brown will hold a one year post within CLMC; joint funded through HaST and South Tees CCGs. This role will focus on workforce issues within Tees and Mrs Mackenzie-Brown will work with all practices and stakeholders.

Following the 1 October 2015 CLMC workforce summit with key stakeholders and initial practice and GP meetings, Mrs Mackenzie-Brown will develop a work plan to improve GP recruitment and retention which will be presented at a future CLMC board meeting.

Drs Beeby and Posmyk, board sponsors for overseas recruitment, advised they had commenced dialogue with Spanish GPs within Tees to develop learning from past overseas recruitment. Dr Beeby has valuable experience in this area.

The Chief Executive reminded all members of the need for CLMC board members to lead this agenda and to identify a priority area in which they would express an interest to sponsor/support. Mrs Mackenzie-Brown would undertake the majority of the work, board sponsors would simply be requested to provide clinical/practice insight and specialist knowledge. Board members were assured commitment would be kept to a minimum

It was **AGREED** Mrs Mackenzie-Brown would contact all CLMC board members to identify a specific skill/interest for priority area sponsorship/support.

It was **AGREED** Mrs Mackenzie-Brown would provide a work plan update in the March CLMC board meeting and regular updates at subsequent meetings.

12/01/5 STANDING ITEM: WORKLOAD AND CAPACITY

The Chairman highlighted the BMA 'Managing Workload to Deliver Safe Patient Care' document previously circulated to board members. Board members were asked to consider this, the workload pressures currently facing Tees practices and how CLMC should be tackling this to assist practices.

Dr Roberts declared a conflict of interest as a Director of a Federation on the basis that a federation may look to provide some of the unresourced services currently carried out in general practice. Dr Roberts refrained from participation in discussions.

Lengthy discussion followed.

It was highlighted that the issue of general practice undertaking work beyond that which they were contracted to provide and the agenda of movement of work, often unresourced, into general practice had been taking place for some time. The need to ensure adequate resourcing for work carried out in general practice is critical to ensure safe, quality and sustainable services for patients and practices. Stronger action to galvanise and empower colleagues to secure adequate resources may need to be considered.

As a principle it was agreed general practice could not continue to provide non-GMS services without adequate resource as it may jeopardise practice sustainability; resourcing, both financial and workforce, was required and new ways of working may support this. CLMC had an important supportive role in ensuring practices had confidence in 'costing' services when considering the viability of specifications.

It was recognised that it was often difficult to decline a service at the point of contact. Many practices felt emotive pressure when considering services; constituents wish to provide the best possible service for patients and felt ostracised should they decline to provide a specific service. It was important constituents felt supported and empowered when making difficult decisions; a key role for CLMC.

Both CCGs advised they were prepared to resource work carried out but there was often difficulty in quantifying additional work in general practice as data collection was challenging. The recent PETS specification was highlighted as an example of this challenge. Members expressed disappointment that data collection was proving problematic and suggestions from the CCGs as to how practices could provide improved reporting would be welcome.

It was **AGREED** CLMC would develop a 'costing' tool to assist practices when considering specification viability and provision of patient services.

It was **AGREED** CLMC would empower practices to make service provision decisions through highlighting additional unresourced services they may be providing and whether this provision is commonplace across the area.

**12/01/6 FEDERATION
CLMC Federation Development Workshops (GPDF Funded)**

The Chief Executive advised members that two legal clinics had been arranged to assist constituents to ensure they were fit for purpose and considered impact/potential for individual practices when developing federations. To maximise the time GPs were out of practice, CLMC were also offering the opportunity to pre-book one to one sessions with legal advisors or CLMC to discuss practice specific challenges. Members were requested to remind and encourage constituent attendance. Full details were available on the CLMC website as follows:

CLMC Legal Workshop – Partnership agreements fit for working at scale/GP federations

Date: Thursday 11 February, 3pm – 5.30pm and repeated 6.30pm to 9pm (coffees/registration 2.30pm and light finger buffet 5.30pm)

Venue: Directors Guest Lounge, Middlesbrough Football Club, Riverside Stadium, TS3 6RS

This workshop is open to all GPs, Practice Managers and Partners will consider all that is required for partnership agreements with the aim to ensure that every practice has a fit for purpose legal partnership agreement and, as such, is in the best possible place to enable GP networks to develop with assurance with regard to legal partnership status of all practices signing to the network. Lockharts will be providing the legal advice and we strongly recommend at least one person from each practice attends this event, irrespective of whether you are currently a member of or considering becoming a member of a GP federation. To register your attendance, please email your name, practice and status to a.mackenzie-brown@nhs.net (Anneli) no later than 5pm Monday 1st February.

CLMC Legal Workshop – Understanding employment and financial implications for practices when working at scale/GP federations

Date: Thursday 25 February, 3pm – 5.30pm and repeated 6.30pm to 9pm (coffees/registration 2.30pm and light finger buffet 5.30pm)

Venue: Directors Guest Lounge, Middlesbrough Football Club, Riverside Stadium, TS3 6RS

This workshop is open to all GPs, Practice Managers and Partners will consider various employment, financial/business and competition law implications, including contracts of employment for staff when undertaking work on behalf of a GP Network and potentially sharing staff and services, superannuation, competition law and governance. It will also look at the financial aspects of working at scale e.g. VAT implications. WardHadaway will be providing the legal advice and we strongly recommend at least one person from each practice attends this event, irrespective of whether you are currently a member of or considering becoming a member of a GP federation. To register your attendance, please email your name, practice and status to a.mackenzie-brown@nhs.net (Anneli) no later than 5pm Monday 1st February.

12/01/7 SPECIAL CONFERENCE

The Chairman highlighted the motions submitted for LMC Special Conference previously circulated to board members. The full agenda was not yet published.

It was **AGREED** Dr G Chawla and Dr S Zaman would attend as CLMC representatives as proposed at the Cleveland Local Medical Committee Extraordinary Meeting held on 7 December 2015.

It was **AGREED** CLMC Executive had delegated authority to submit changes/supplementary agenda items on behalf of CLMC as appropriate.

**12/01/8 LMC ANNUAL CONFERENCE 2015
Thursday / Friday, 19/20 May 2016: London**

Three places have been allocated for CLMC at the LMC Conference which will take place on Thursday / Friday, 19/20 May 2016 in London. Normally the Chairman, Vice Chairman and Secretary attend, however, the Secretary will be attending in his GPDF capacity and the Vice Chairman will be attending in her Agenda Committee capacity. The Chief Executive will be attending as an Observer with travel and hotel expenses paid by CLMC. This leaves 2 vacancies.

Drs El-Sherif and Zaman expressed an interest in attending the Annual Conference and it was **AGREED** their names be put forward.

12/01/9 APPOINTMENT OF DIRECTOR

The Chairman advised there was a CLMC Limited director vacancy as Dr M Hulyer had stepped down from this role following his successful election to a director role within another organisation.

Dr G Fernandez expressed an interest in this position and was duly **APPOINTED**, unopposed, as Director of CLMC Limited.

12/01/10 REPORTS FROM REPRESENTATIVES

No reports from representatives received.

12/01/11 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 17.11.15)

18.11.15	LMC Involvement at ST CCG Leadership Group @ ST CCG, Middlesbrough – Janice Foster
18.11.15	ST SRG @ ST CCG, Middlesbrough – Janice Foster
24.11.15	NHS Property Services Presentation Area Customer Day @ Durham, The Rivergreen Centre – Rachel McMahon
01.12.15	Systems Resilience Group @ HaST CCG, Billingham – Janice Foster
03.12.12	Meeting with Jon Tomlinson Better Health Service @ LMC Office – Janice Foster / Rachel McMahon
07.12.15	LMC Extraordinary Meeting @ Stockton Riverside College – Janice Foster / Julie Birch / Rachel McMahon
08.12.15	ST CCG Meeting @ LMC Office – Janice Foster
08.12.15	NERC Meeting @ Holiday Inn, Washington – Julie Birch
09.12..15	NECS Interoperability Project Meeting @ LMC Office – Janice Foster
10.12.15	Practice Meeting – Janice Foster
10.12.15	TMGG @ HaST CCG – Julie Birch
11.12.15	Specialist PMS Contract Meeting, NHS E & ST CCG @ Teleconference – Janice Foster
15.12.15	ST CCG Meeting @ ST CCG, Middlesbrough – Janice Foster / Julie Birch
16.12.15	LMC Secretary Conference @ London – Janice Foster / Julie Birch / John Canning
17.12.15	HaST PETS Scheme @ HaST CCG, Billingham – Janice Foster
22.12.15	ST PETS Meeting @ ST CCG, Middlesbrough – Janice Foster
05.01.16	HaST Co Commissioning Meeting @ Hartlepool – Janice Foster
06.01.16	NERC LMC Meeting @ Holiday Inn, Washington – Janice Foster / Julie Birch
07.01.16	HaST CCG Primary Care Workstream @ Hast CCG, Billingham – Janice Foster / Anneli Mackenzie-Brown
08.01.16	Practice Meeting – Janice Foster
08.01.16	Public Health Shared Service Meeting with Phil Ray @ LMC Office – Janice Foster / Anneli Mackenzie-Brown
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NOTED.

12/01/12 ANY OTHER NOTIFIED BUSINESS

12/01/12.1 CQC Consultation – Regulatory Fee Increase

The Secretary outlined the content of the CQC consultation with regard to the regulatory fee increase faced by practices and the potential impact of this. It was highlighted that this was not a consultation on the actual fee but rather the timescales over which the fees would be introduced.

Full discussion around the risks these fees posed to practices took place. Members were concerned that the new fees would destabilise many practices and was disproportionate for small practices, those with only 1 or 2 patients above the banding figures and those with more than one site/branch surgeries.

Further clarification was required as to what constitutes a 'location'; split sites, branch surgeries or multiple practices with separate contracts.

The Chief Executive was attending a CQC consultation event, Tuesday 26 January, and would take the opportunity to highlight the concerns around fees and the destabilisation of general practice.

It was **AGREED** CLMC would respond to the CQC consultation on behalf of CLMC constituents highlighting the concerns raised.

12/01/12.2 PMS Review Funding – CCG Re-investment of Funding in General Practice

The Chief Executive outlined the PMS review funding available for general practice. This was ring-fenced funding which must be used for revenue spend (services) not capital and spent in year. Members considered how the funding to be reinvested back into general practices could be best utilised. The funding for consideration was as follows:

HaST CCG	16/17 = £60,000
	17/18 = £150,000

ST CCG	16/17 = £201,000
	17/18 = £500,000

Members noted the funding released, particularly within HaST CCG, were small making it difficult to instigate meaningful and sustainable changes to service provision. It was suggested this may be an opportunity to consider a planned approach over a longer term taking into account the continued reinvestment available over a four year period as, for the first time, there was guaranteed recurrent funding to enable forward planning of services.

There was discussion around suggested uses for funding including utilising some investment to fund currently unresourced services highlighted in discussions under agenda item 12/01/5 or to commission services where gaps in provision have been identified such as gender reassignment and bariatric surgery.

An agreed principle was that this funding could support general practices through resourcing the services missing from the GMS provision and other commissioned provisions which inevitably fell to goodwill of practices to provide in the absence of any commissioned pathway.

It was **AGREED** CLMC would proactively work with both CCGs to ensure this ring-fenced funding was put to the best possible use for both practices and patients.

It was **AGREED** members would email suggestions for the use of this funding to the CLMC to support discussions.

12/01/13 RECEIVE ITEMS

12/01/13.1 Medical List

Please Note: No updates have been received

12/01/13.2 Report the receipt of:

GPC Newsletter 4 – 20 November 2015 - available on www.bma.org.uk

GPC Newsletter 5 – 18 December 2015 – available on www.bma.org.uk

12/01/13.3 Date and time of next meeting

Tuesday 8 March 2016: 7.00 p.m. The Maureen Taylor Conference Suite, Stockton Riverside College, Harvard Avenue, Thornaby, Stockton on Tees TS17 6FB.

There being no further business to discuss, the meeting closed at 8.45 pm.

Date.....

Chairman.....