



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

First Floor
Yarm Medical Centre
Worsall Road
Yarm
Stockton on Tees
TS15 9DD

LMC office email: jackie.jameson@nhs.net
Web: www.clevelandlmc.org.uk

Tel: 01642 745811
Fax: 01642 745812

Minutes and report of the meeting of the Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 17 November 2015 in Room 707, Stockton Riverside College TS17 6FB.

Present:

| | | |
|----------------|-------------------|---------------------|
| Dr A Adebiyi | Dr S H M Arifulla | Dr W J Beeby |
| Dr J Berry | Dr M Betterton | Dr T Bielby |
| Dr J A Birch | Dr J T Canning | Dr K Chandrasekaran |
| Dr G Chawla | Mrs V Counter | Dr R Craven |
| Dr K Ellenger | Dr S Gandhi | Dr J Grainger |
| Dr J Hameed | Dr M Hulyer | Dr H C Lamprecht |
| Dr R Liddle | Dr R McMahon | Dr B Posmyk |
| Dr R F Roberts | Dr O Sangowawa | Dr S Selvan |
| Dr M Speight | Dr A Terli | Dr J Walker |
| Dr S Zaman | | |

In attendance: Ms J Foster: Chief Executive
Mrs J Jameson: Office Administrator

Chairman welcomed all board members and introduced the guest speakers from the Local Optical Committee, Julie Breen, Liz Hearn and Rob Stokeld.

17/11/1 PRESENTATION BY JULIE BREEN – CHAIR TEES LOCAL OPTICAL COMMITTEE

Julie Breen introduced the LOC as a statutory body committee, representing the interests of local optometrists and optometry practices and liaising with the CCGs.

Mrs Breen asked how CLMC and LOC can work together to streamline workload and maximise joint working. She highlighted developments, learning and pathways that had been utilised in other areas for consideration for replication in Tees. Additionally, Mrs Breen highlighted schemes which had previously operated within Tees and were considered beneficial but were no longer commissioned.

One such scheme was the proposed community minor eye condition scheme that had previously proven popular and may help GPs, as opticians are currently directing patients to general practice / walk in centres due to the pathways currently commissioned. Mrs Breen suggested there was evidence to highlight the benefit in recommissioning this pathway.

A direct cataract referral services across Tees was also discussed and Mrs Breen explained that the low vision community service was going well; this provides a service for people with low vision to enable them to make best use of their eyesight and visual function to achieve maximum potential. The data and the independent audit of this service were positive.

It was suggested 2 initial areas most likely to benefit all parties, improve patient experience and reduce GP workload were direct referrals and looking at the community minor eye condition scheme.

Both CCGs expressed keenness to embrace different ways of working and are open to suggestions to improve systems and referral pathways for the benefit of patients and providers. It was **AGREED** that Mrs J Breen and Ms J Foster meet to develop proposals to present to both CCGs for consideration as commissioning options.

The Chairman thanked the LOC for their presentation.

The LOC guest speakers left the meeting.

17/11/2 APOLOGIES

Apologies had been **RECEIVED** from Dr Harikumar, Dr E Mansoor, Dr N Miller, Dr S Garud and Mr S Donlan.

NOTED.

17/11/3 MINUTES OF THE MEETING HELD ON 15 SEPTEMBER 2015

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

17/11/4 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

There were no matters arising.

17/11/5 STANDING ITEM: RECRUITMENT AND RETENTION

Following members receipt of the notes of the recruitment and retention meeting held by CLMC on 1st October 2015 more detailed feedback was provided.

The Chief Executive explained many key stakeholders attended the 1 October meeting and a strong debate took place as to how the recruitment and retention issues in Tees could be improved. The meeting was positive and solution led; therefore, when barriers were raised, solutions were sought and collated into priority areas. To conclude the meeting, specific actions for further exploration in the short term and long term were generated from the debated ideas. Each action was assigned a lead organisation to ensure ownership for progression. CLMC was identified to hold the key coordination role to ensure progress across all actions.

The Chief Executive explained that CLMC do not currently have the resources to successfully drive forward this recruitment and retention work; given the importance of this issue, for all constituents, it was essential this area of work was prioritised accordingly but due to current workload within the office it was proving difficult to do so. Therefore, the Chief Executive recommended employing a coordinator to focus on this project. The role would be on a short term contract with the focus of improving recruitment and retention, coordinating all work in this area and becoming the essential contact for liaison for all organisations providing a single point of contact to avoid risk duplication or important work/ideas not being explored. When asked as to how CLMC would fund this role, the Chief Executive explained that CLMC had received funding from HaST CCG with the remit of improving recruitment and retention in the HaST area. The Chief Executive was looking to secure matching funding from ST CCG to enable the project to cover all CLMC constituents. In addition, the Chief Executive was seeking permission to match funding from CLMC budgets to ensure this would be a suitably resourced and fully collaborative, 3 way funded initiative between the two CCGs and CLMC.

It was asked how much CLMC would be funding. It was highlighted that CLMC were unsure of the exact amount until the CCG contributions were known but it was suggested the CLMC contribution would be in the region of £20,000 and was manageable within the existing CLMC budget. The funding from all 3 partners would cover the whole project including the coordinator role, events, literature and any marketing/promotion that was required. CLMC would employ the coordinator on a short term contract to operate from within the CLMC office, reporting to the Chief Executive, with the remit to drive forward all recruitment and retention work. This would be a short focused role; networking with and drawing in resources from key stakeholders to assist practices with their workforce issues, retaining existing GPs where possible and matching GPs to posts and practices.

The Chief Executive further explained a role for board members within the recruitment and retention agenda. It was explained that as leaders of general practice it was important board members actively supported the recruitment and retention work; there would be elements which specifically require clinical input and other discussions which may simply benefit from GP 'leader' support. The Chief Executive explained CLMC was seeking board members to become 'named sponsors' for various recruitment and retention workstreams; it was envisaged commitments in terms of meeting attendance would be minimal but where required board members would be remunerated at the agreed rate of £50.50 per hour + mileage for meetings, as per the CLMC remuneration policy.

Members were asked to consider the priority areas outlined in the notes of the 1 October meeting, identify areas where they hold a special interest or skill and express an interest in undertaking an appropriate sponsor role.

Dr R McMahon explained that she was interested in locum and sessional area and would undertake a role in this area. Dr W J Beeby advised he was happy to help/sponsor the overseas recruitment area but explained this is a long term element of the project, primarily due to the quantity of bureaucracy/paperwork involved.

Dr B Posmyk expressed an interest to assist Dr W J Beeby in the overseas recruitment area. Dr Posmyk would undertake this role as a constituent GP, outside his CCG work, as he considered it a senior/clinical leadership responsibility to assist in addressing this issue.

Dr J T Canning expressed an interest in sponsoring the retirement support/mentoring area.

Dr G Chawla expressed an interest in working with new GPs.

The Chairman asked all members to consider the priority areas and notify the CLMC office, janice.foster@nhs.net, as to which area they wished to express an interest to sponsor/support. At this stage, it was impossible to say what the time commitment would be, but board members were assured commitment would be kept to a minimum - the new coordinator post would undertake the majority of the work, board sponsors would simply be requested to provide clinical/practice insight and specialist knowledge.

The Secretary requested all board members agree to support a work area, if not as a sponsor as an expression of interest to use their skills in a particular areas; it was important CLMC board members are recognised as leading this agenda.

The Chairman formally asked board members for their approval to utilise CLMC budgets for the employment of a recruitment and retention project coordinator. This was **APPROVED**.

It was **AGREED** the Chief Executive would formally seek match joint funding from ST CCG to match HaST CCG secured funding.

It was **AGREED** CLMC would employ and joint fund a recruitment and retention coordinator.

It was **AGREED** the CLMC secretariat would ensure CLMC contributions could be met within the existing CLMC budgets to avoid the need to increase practice levies.

It was **AGREED** all CLMC board members would identify one area of specific skill/interest and notify the CLMC office of their chosen priority area for sponsorship/support.

17/11/6 STANDING ITEM: WORKLOAD AND CAPACITY

This standing agenda item was covered under agenda item 1

17/11/7 GPDF FUNDING – GRANT AND APPLICATION

Details of the successful GPDF funding bid, which granted funding to support the development of GP networks within Tees, were previously circulated. It was recognised that there have been further developments since the drafting of the initial bid and some of the information was now out of date. However, the Chief Executive explained the bid had been drafted in such a way to ensure it was flexible to respond to the continuous of developments of emerging GP networks. Board member views were sought as to how these resources could be best utilised to maximise benefits given the changing environment and different levels of GP network developments across Tees.

The Chief Executive suggested some of the funding would be utilised to arrange two events as outlined in the original bid; one being a legal work shop/event to focus on practice partnership agreements, the second being a financial work shop focusing on employment/superannuation and pension advice. CLMC were looking to hold these events mid-January/early February.

A brief update on federation development across Tees was provided. Practices in the HaST CCG area were at a more advanced stage in terms of setting up a federation. 37 practices had attended a meeting outlining the proposed organisational format and practices had been requested to 'sign up' as a shareholder of the organisation by Friday. Feedback from the launch event was positive and at the time of the CLMC board meeting, 20 practices had signed as shareholders. Superannuation had been raised as a concern by practices but it was considered this could be overcome as it had not presented a problem with other federations.

The Vice Chairman asked how easy it was for practices to leave the organisation once they had become a shareholder. It was explained there was a 4 year lock in whereby practices could leave the organisation and their share could be distributed but the 'financial loan' required when becoming a shareholder was locked in until the company is in a position to pay this back; the financial contribution/loan required of practices was 50p per patient and was built into the contract between the practice and the organisation.

The Chairman explained that practices within the ST CCG area were at an earlier stage of development. Collectively, ST practices had successfully bid for the prime minister challenge and all were now part of the project, 'STAR'. A large event was held to bring all practices together to consider how they could work together and move forward in a more formal arrangement/organisation. It was identified that Langbaugh practices were already part of an organisation and this may be a vehicle upon which to build. In order to do this it would be necessary to open the existing membership to Middlesbrough and Eston practices; would all practices be interested? Additionally, all existing shareholders would need to agree. Alternatively, it could be that a completely different vehicle should be developed.

It was **AGREED** CLMC would continue to observe and support the developments where appropriate.

It was **AGREED** CLMC would develop and organise the 2 legal and financial events as proposed in the initial bid.

It was **AGREED** CLMC would work with the emerging organisations and constituent practices to ensure the most appropriate way to utilise the remaining GPDF funding which is currently reserved for use by CLMC to support GP network development – recognising the needs between the north and the south of the area may differ.

17/11/8 SPECIAL CONFERENCE

The Chairman advised board members of national discussions with regard to general practice pressures including work force, work load and finances. Given the current position of the NHS and general practice it had been suggested by other LMCs that there may be a need for GPC to hold a special conference of LMCs. Should a special conference be held, CLMC would have the opportunity to submit motions.

A discussion took place as to the benefits and requirements of a national conference and whether CLMC support such a move.

Should a special conference is called, CLMC would convene a special meeting to discuss motions and solutions to be submitted by CLMC. Until the special conference was confirmed, it was suggested that CLMC priority should be to concentrate on co-ordinating recruitment and retention in this area.

It was **AGREED** CLMC voice support for the need for a national priority focused discussion, perhaps through a special conference, but consider GPC was best placed to select the appropriate timing in order to maximise opportunities and productivity from the discussions e.g. maximise media coverage, compliment negotiations/existing discussions, encourage public support.

**17/11/9 LMC ANNUAL CONFERENCE REPRESENTATION
Thursday 19th & Friday 20th May 2016**

The Chairman advised CLMC had 3 seats at the 2016 LMC Annual Conference. Drs Canning, McMahon and Beeby would attend in their GPC/GPDF role capacity. Dr Birch was attending as one CLMC representative; this left two CLMC representative seats available to board members. It was important CLMC fill all available seats to ensure full representation for constituents; there was the opportunity for 2 additional board members to attend. Members interested should advise the CLMC office as soon as possible.

Hotel and travel expenses would be paid by the BMA and CLMC would follow GPDF payment guidelines.

Dr G Chawla expressed an interest in attending the Annual Conference and it was **AGREED** that his name be put forward.

It was **NOTED** that the Chief Executive would attend as an Observer with travel and hotel expenses paid by CLMC.

17/11/10 Review of Charity Payments - THE CAMERON FUND: Christmas Appeal

The 2015 donation to the Cameron Fund was discussed.

The Cameron Fund provides assistance solely to GPs and their dependants in times of need. CLMC pay a donation to the Fund, increased annually by CPI. GPs/practices were able to make individual donations via their website or telephone.

Donation increase of 1.5% was **APPROVED** by the board with the amount being made up to the whole pound.

17/11/11 Review of Charity Payments - ROYAL MEDICAL BENEVOLENT FUND: President's Appeal

The 2015 donation to the Royal Medical Benevolent Fund was discussed.

The Royal Medical Benevolent Fund provides assistance to hospital doctors, GPs, medical students and their families in times of need. CLMC pay a donation to the Fund, increased annually by CPI. GPs/practices were able to make individual donations via their website or telephone.

Donation increase of 1.5% was **APPROVED** by the board with the amount being made up to the nearest whole pound.

17/11/12 DATES OF LMC MEETINGS FOR 2016

Unless otherwise advised, to be held at:
Stockton Riverside College, Maureen Taylor Suite: Tuesday: 7.00 p.m

12 January 2016
22 March 2016 Committee Annual Open Meeting
3 May 2016
5 July 2016
6 September 2016 Limited Company AGM
1 November 2016

CLMC may need to add an extra meeting or change a date of a meeting if a Special LMC Conference goes ahead

NOTED.

17/11/13 REPORTS FROM REPRESENTATIVES

No reports from representatives received.

17/11/14 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 15.09.15)

| | |
|-----------|---|
| 16.09.15 | Tees 111 Clinical Governance Meeting @ Teesdale House – Janice Foster |
| 17.09.15 | GP Health @ LMC Offices – Janice Foster / Julie Birch |
| 18.09.15 | St CCG Urgent Care pilot scheme Year 2 project @ ST CCG offices – Janice Foster |
| 21.09.15 | PMS Review Meeting – Janice Foster |
| 23.09.15 | ST SRG @ ST CCG offices – Janice Foster |
| 29.09.15 | Meeting with Michelle Ferguson, NTHFT Overseas Visitors – referral to secondary care @ LMC Office – Janice Foster / John Canning |
| 29.09.15 | LMC Meeting with CCG @ ST CCG offices – Janice Foster / Julie Birch |
| 30.09.15 | NHS Stakeholder Forum @ Sedgefield race course – Julie Birch / Rachel McMahon |
| 01.10.15 | CLMC Recruitment and Retention Meeting @ Stockton Riverside College – Janice Foster / John Canning / Julie Birch / Rachel McMahon |
| 06.10.15 | HaST CCG SRG @ HaST CCG offices – Janice Foster |
| 07.10.15 | PMS Review Meeting – Janice Foster |
| 07.10.15 | NECR LMC @ Holiday Inn, Washington – Janice Foster / Julie Birch / Rachel McMahon |
| 08.10.15 | TMGG – Julie Birch |
| 13.10.15 | NERC – Julie Birch |
| 13.10..15 | HaST CCG SRG Meeting BANE Pre-Hospital Care Service @ HaST CCG offices – Janice Foster |
| 13.10.15 | PMS Review Meeting – Janice Foster |
| 15.10.15 | Ward Haddaway Conference, Working at Scale @ Manchester - Janice Foster |
| 15.10.15 | Seven Day Service Event @ ST – Julie Birch |
| 16.10.15 | PMS Review Meeting– Janice Foster / John Canning |
| 20.10.15 | ST CCG Stakeholder Event Urgent Care Strategy @ ST CCG offices – Julie Birch |
| 21.10.15 | STC CG SRG @ ST CCG offices – Janice Foster |

Cleveland Local Medical Committee Ltd Registered as a Company Limited by Guarantee. Registered No 07857018
Registered Office: First Floor, Yarm Medical Practice, Yarm TS15 9DD

| | |
|----------|--|
| 22.10.15 | ST Alliance / Federation event @ Middlesbrough Football Club – Julie Birch / Rachel McMahon |
| 22.10.15 | LMC / AT Meeting @ NHS E offices, Darlington – Janice Foster |
| 23.10.15 | PMS Review Meeting – Janice Foster |
| 03.11.15 | H&ST CCG Primary Care Co-Commissioning Joint Committee meeting @ North Shore Academy – Janice Foster |
| 10.11.15 | NHS Property Services - GP Standard leases @ Thornaby – Janice Foster |
| 11.11.15 | ST CCG Co-Commissioning Committee @ ST CCG offices – Janice Foster |
| 11.11.15 | SRG Planning Scenario Session @ James Cook Hospital – Janice Foster |
| 11.11.15 | Capita Meeting @ Holiday Inn, Washington – Janice Foster / Rachel McMahon |
| 11.11.15 | Star Working Group Meeting @ ST CCG offices – Julie Birch |
| 12.11.15 | Executive Meeting– Janice Foster / Julie Birch / John Canning / Rachel McMahon |
| 12.11.15 | TMGG – Julie Birch |

NOTED.

15 ANY OTHER NOTIFIED BUSINESS

The Chief Executive explained in future 2 standing items will feature on the agenda; one being recruitment and retention and the second being workload and capacity. If board members and constituents have any ideas/discussions under these areas please advise the CLMC office.

NOTED.

16 RECEIVE ITEMS

16.1 Medical List

Please Note: No updates have been received

16.2 Report the receipt of:

GPC Newsletter 2 - 18 September 2015 – available on www.bma.org.uk

BMA Local – Issue 13 – available on www.bma.org.uk

GPC News 3 - 16 October 2015 – available on www.bma.org.uk

16.3 Date and time of next meeting

Tuesday 12 January 2016, 7.00pm: 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 8.50 pm.

Date.....

Chairman.....

Cleveland Local Medical Committee Ltd Registered as a Company Limited by Guarantee. Registered No 07857018
Registered Office: First Floor, Yarm Medical Practice, Yarm TS15 9DD