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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Brief note of the Annual Open Meeting of Cleveland Local Medical Committee commencing at 7.00 p.m. on Tuesday, 8 March 2016 in The Maureen Taylor Conference Suite, Stockton Riverside College, Stockton 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	Dr G Chawla	Mrs V Counter
Dr K Ellenger	Dr H El-Sherif	Dr S Gandhi
Dr M Hulyer	Dr R McMahon	Dr N Miller
Dr B Posmyk	Dr S Selvan	Dr P Singh
Dr M Speight	Dr J Walker	Dr S Zaman

In attendance:

Ms J Foster – Chief Executive
Mrs A Mackenzie-Brown – Recruitment & Retention Coordinator
Ms C A Knifton – Note-taker
Ms H Stubbs – Acquisition & Disposal Manager for NHS Property Services
Ms C Blackburn – Principal Property Manager for NHS Property Services
Ms V Mathi – Practice Manager, Arrival Practice
Mr G Trafford – Practice Manager, Bank House Surgery
Ms K King – Practice Manager, The Cambridge Medical Group
Dr A Paddick – General Practitioner, The Cambridge Medical Group

ANNUAL OPEN MEETING

The Chairman formally opened the meeting and welcomed members and guests to the Annual Open Meeting.

1. NHS Property Services

Ms Helen Stubbs (Acquisition & Disposal Manager for NHS Property Services), and Ms Caroline Blackburn (Principal Property Manager for NHS Property Services), were welcomed to the meeting to speak on developments within NHS Property Services. They were not able to respond to case specific queries at the meeting but would speak to people outside of the meeting. Their contact names and phone numbers were on slips handed to the LMC Chief Executive in order for individual queries to be raised with them at a later date. Forms were also left with the LMC Chief Executive in relation to contact details to direct queries to the appropriate NHS Property Services department.

Ms Stubbs asked how many people present were in NHS buildings whether owned / leased / operating within one. Three people raised their hands. She then gave a very brief overview of some of the elements they covered which are contained in the document "A Guide for Customers and Tenants"

published in March 2014 by NHS Property Services and available on www.property.nhs.uk/a-guide-for-customers-and-tenants (12 pages). NHS PS does not make a profit from services it provides but is committed to recovering costs it incurs. Across Teesside, NHS PS is involved with a number of buildings at Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland. They were working with all tenants to try and resolve formal occupancy arrangements in order to formalise a standard lease covering all their properties and services and would welcome expressions of interest from individual GPs / practices.

There had been a major change to invoicing this year covering rent, service charge and facilities management charge:

- 2015/16 invoicing will be: rent billed the same as last year but the service charge and facilities management charge will be on actual costs.
- 2016/17 invoicing will be: for those with a lease the charge should be as per the lease; service charge is split between occupiers of the building depending on their occupancy, facilities management charge split similarly.

Mitre and Integral were the two main contractors for the Teesside area. Letters were in the process of being issued advising tenants of all the changes. Any queries relating to the lease should be directed to Caroline Blackburn in the first instance. Any change to leases should be discussed with NHS England. Queries for services should be directed to the Facilities Management Team through the Help Desk.

Questions from the floor included:

Q Privately owned premises - who would deal with queries relating to the amount of space the practice had?
A This would be NHS England not NHS Property Services.

Q Service charges – how are they going to be worked out? Any clawbacks? What is the procurement service for charges? Breakdown of service charges where percentage of space occupied is how charges are decided but with multi occupancy the percentage breakdown of floor space does not quite equate.
A Locally agreed that costs for 2015/16 for service charges and facilities management services will be billed on actual costs. Billed to individual tenants across the board. If relevant GP is struggling financially they will need to go back to NHS England to ask for help. Historical facilities management contracts were being brought to an end. Multi-occupiers/bespoke services in a building would be billed according to the room usage including common spaces and fabric of the building.

Q GP premises open 11 hours a day and remainder of premises open 24 hours a day produce disproportionate expenses if divided by floor space.
A Similar scenario in Manchester with GP practice and also 24/7 working, where services were weighted. Not every building will be weighted by opening hours. For OOH facilities, the charges are allocated to the OOH provider.

Q What percentage of buildings are owned by NHS Property Services?
A Approximately 10% of the NHS estate including hospitals, health centres, PFI buildings, land, offices, etc.

Q How long are leases for?
A Depends on the individual GP and the type of contract and what requirements are needed. If a new APMS provider commences with a 10 year contract NHS PS will link the contract to the lease but this may not always happen.

Q Is a lease with a GP or practice?
A It is best linked to the name of your NHS contract. An individual GP would be solely responsible for the building and this may continue even if you have lost your contract. Complicated process

if GP wishes to retire or leave. Much easier in a practice name. Get legal advice when entering into a lease.

Q What happens to profit when you sell, for instance, a cricket ground for building purposes?
A The money goes back into the DoH. Sometimes invested in new properties. The whole thing is run on an England basis.

Q Is NHS PS open to other practices approaching you with regard to facilities management and other services?
A Yes.

Ms Stubbs and Ms Blackburn were thanked for attending the meeting and left at 7.30 p.m. Various other non-Committee Members also left.

2. Future of General Practice and General Practitioners

The Secretary asked Members for thoughts on where they thought the NHS was going, how things could be improved; was it about not having contracts any more, having contracts, not having partnerships, mixed economy, having 5-year renewable contracts?

Would everyone going to Salaried GP status include compulsory buying out of practice premises? In the Midlands it appeared a hospital trust was buying out a number of practices and had purchased the properties and GPs were going to work on a Salaried contract. It was not known why this was happening.

It was voiced that locally, NHS PS may not choose to buy the property if GPs commenced as Salaried GPs for a Trust. If you no longer could afford to maintain your contract and handed your contract back, you could lease those premises to someone else, there is no reason why you have to sell the premises other than you want out.

Profits were dwindling and Salaried GP status seems attractive, but Salaried GPs in some cases are just as stressed as partners.

Based on the 4-year political cycle, what difference can GPs make? Federations? Locally, Federations being talked about are provider organisations or bidding organisations. In some areas, Federations are just large practices but this has proved productive.

Low morale could be a reason why people are not becoming partners in practices. We need to start positively selling working in general practice. Bringing doctors over from other countries is becoming difficult as the government does not want to destabilise other countries health systems.

A BMJ article about Dutch GPs had shown they were actually designing the targets themselves and had a better relationship with their government and a happier work environment.

Insufficient GPs means that perhaps we should look at the boundary between primary and secondary care to start working together more constructively.

Is a portfolio career the way forward? How can BMA successfully represent employees and be their trade union?

3. Proposals for Motions to Conference of Representatives of LMCs

Some items discussed included:

- Dutch GPs and self-determination. Could assist in recruitment and retention.

- Working together as a profession is more important than splitting into constituent parts.
- There should be some protection for the variety of models we have at the moment. Having a variety of models allows us to pic our niche in the system.
- Patients' feedback is that people are less happy that they are not in control, when they are not respected and when they are not valued – until people stop disparaging doctors there will never be a way forward.

Members had been given a document which listed item headings from the 2015 Conference, together with items discussed in CLMC Board Meetings in the past year to aid CLMC's proposed motions to conference.

- Continuity of care provided by individual practitioner
- Not 7 day working – LMC policy is that 7 day working is not appropriate without appropriate funding
- 8.00 to 8.00 working Monday to Friday properly funded as half way house to weekend working
- Patient education – patients not entitled to 7-day access to GPs / medication. This education should start in school.
- Anything available to buy over the counter should no longer be prescribed on an FP10. Exceptions should be long term conditions as patients may not be able to afford medication long term. OTC medication should be available to most disadvantaged patients perhaps by way of calpol banks.
- Negotiate changed in the GP Directions
- Pay rise for GPs? People feel valued if they are paid appropriate recompense for the hours they work.
- Motion against Locum fees being capped by government.
- Home visiting service should be removed from GP Contract.
- "Back to Work" (GPs with more than 12 months absence) should also apply to maternity leave. Medical Protection cover was cripplingly expensive. Push for central funding for this particular group. Some people were not returning to work because of the huge expense of Medical Protection cover as they were perceived as being at increased risk.

The Vice Chairman **AGREED** to formulate motions from the discussion and circulate to members this week because motions have to be submitted by next Monday. If anyone does not like any of the motions circulated please let the Vice Chairman / LMC office know.

The meeting concluded at 8.22 p.m. and any remaining non-Committee GPs were invited to remain for the Committee Meeting which followed the Open Meeting.