



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 fourth Annual General Meeting of Cleveland LMC Limited commencing at 7.05 p.m. on Tuesday, 6 September 2016 in The Maureen Taylor Conference Suite, Stockton Riverside College TS17 6FB.

Present:

Dr S H M Arifulla	Dr J-A Birch	Dr J T Canning
Dr K Chandrasekaran	Dr G Chawla	Dr V Counter
Mr S Donlan	Dr H El-Sherif	Dr K Ellenger
Dr G Fernandez	Dr S Gandhi	Dr S Garud
Dr J Gosow	Dr E K Mansoor	Dr R McMahon
Dr B Posmyk	Dr R F Roberts	Dr O Sangowawa
Dr S Selvan	Dr P Singh	Dr M Speight
Dr J Walker	Dr S Zaman	

In attendance:

- Ms J Foster: Chief Executive
- Mrs J Jameson: Office Administrator
- Mrs A Mackenzie-Brown: Recruitment and Retention Coordinator
- Mr Paul Williams: CEO of H&SH Federation
- Mr Mo Nazir: Chief Executive of ELM Federation
- Dr Iftikhar Lone: Director of ELM Federation

06/09/1 APOLOGIES

Apologies had been **RECEIVED** from Dr W J Beeby, Dr J Berry, Dr T Bielby, Dr R Craven, Dr V Dharani, Dr J Grainger, Dr M Hulyer, Dr T Nadah and Dr A Terli.

NOTED.

06/09/2 MINUTES OF THE MEETING HELD ON 5 July 2016 (previously circulated)

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

06/09/3 MATTERS ARISING FROM THE MINUTES OF PREVIOUS MEETINGS

Item 05/07/5. Chairman report from GPC LMC Reference Group Meeting circulated.

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06/09/4 **FEDERATION**

The Chairman welcomed Paul Williams, CEO of H&SH, and Mo Nazir, Chief Executive of ELM Alliance, to give provide an overview and take questions from board members on newly formed federations.

Mr Williams thanked Cleveland LMC for inviting him to the meeting and explained that he is a director of H&SH GP federation alongside Drs Roberts, Hulyer and Ditchburn and practice manager Mr Simon Neil. H&SH is a limited company by shares set up and owned by all 37 general practices located in Hartlepool and Stockton. Directors of H&SH are elected by the shareholders.

H&SH activity includes:

- Responding to contracts with CCGs and tender for services offered by CCGs
- Developing new services
- Improving integration
- Commissioned to provide pharmacists within practices for 7months (400hours) to reduce pressure on GPs
- Commissioned to employ care coordinators
- Commissioned introduce Web GP to general practice

A memorandum of understanding has been drafted between H&SH and CLMC which outlines how they will work together, including considering the best approach for practices and patients. Where services commissioned may impact on the workforce in general practice, CLMC and H&SH will work together to minimise the impact on practices.

H&SH and ELM agreed they should not be competing but having conversations to collaborate together where appropriate.

Mr Williams advised board members H&SH had a great amount of help from the CLMC Executive and they meet regularly to keep working in the same direction.

Mr Nazir thanked Cleveland LMC for inviting him to the meeting and explained he was the Chief Executive Director of ELM alongside Drs Lone, Weatherall, Gossow and Heywood and practice manager Mr Steve Donlan. Dr Lone (in attendance) was welcomed to the meeting. 40 practices within South Tees are members of ELM; the 3 practices remaining practices are not currently a member as they are going through procurement/transmissions. There had previously been a federation within the South Tees area, Langbaugh Social Enterprise, and ELM had a difficult transition to create new constitutions, members and ways of working. Cleveland LMC provided a lot of assistance to make the changes. Elm activity includes;

- Supporting GPs in primary care
- STAR/Prime Minister Challenge Fund delivery
- GP out of hours services
- Developing primary care provision - Locum bank/ hub
- CCG commissions – new services in primary care and working with CCGs to bid on services as they arise
- Services outside NHS – research networks

The Vice Chairman sought further information about locum hubs. Mr Nazir explained this is in the early stages but the aim is to provide additional support and assist practices. The Vice Chairman requested ELM engage with locums prior to developing the hub to ensure what is needed for both locums and practices.

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ELM are providing and promoting frameworks for practices to work together and support each other with the aim of strengthening practices to cope with change and facilitate development of general practice.

A concern around the integrated needs of practices in terms of IT was highlighted. Practices are using outdated IT which is not always fit for purpose, without this the foundations upon which plans are being developed are not in place; the facilities/equipment do not support achievement. Mr Nazir informed board members that ELM have employed a member of staff to specifically look at IT and to help develop this area.

The Chairman thanked Mr Williams and Mr Nazir for attending.

It was **AGREED** CLMC, H&SH and ELM will meet regularly to discuss areas of mutual interest.

Mr Williams and Mr Nazir left the meeting.

06/09/5 STANDING ITEM: RECRUITMENT AND RETENTION

The Chairman drew board member attention to the general practice workforce survey summary coordinated by Anneli Mackenzie-Brown.

The Chief Executive explained the poor response from the practices made it difficult to collate meaningful data from the results and, as a direct consequence, they could not be relied upon to provide an accurate picture.

The results for HaST CCG practices were particularly poor and do not reflect what is being voiced by practices within meetings. Based on the figures provided, South Tees CCG practices appear to be in a much worse position than HaST practices in terms of recruitment and vacancies with 784 vacant clinician hours per week and a picture which is considerably worse than that when the survey was carried out a year earlier; there was a marked deterioration in the workforce figures. There was about 50/50 split as to whether practices were looking to fill vacancies which is reflective of the uncertainty of the future of general practice resource, funding and services; a trend which causes concern as many practices simply do not feel they are in a position to address the workforce issues they are experiencing.

As practices were becoming more dependent locum costs were highlighted as a concern with some as high as £800 per day; worrying for struggling practices. A lot of clinical staff is being lost across Tees with 42% of those leaving general practice leaving the Tees area and 35% becoming locums.

Discussion followed as how more GPs could be retained and how CLMC could assist recruitment. There was concern as to how long the existing number of vacant hours could be sustained.

Board members welcomed the success of the tier 2 funding scheme CLMC had provided for practices. This had resulted in 13 practices holding a license until 2020 to be able to consider and employ overseas applicants or those currently within the country who require a visa. This was already assisting in retaining trainees within the area, with at least 4 newly qualified GPs remaining within Tees who would have otherwise been lost to the area.

There was discussion around other workforce schemes running within the system. South Tees CCG informed members they have been successful in being awarded a career start scheme which will see a number of posts within Tees in addition There are also a number of GP Fellow posts. The GP training scheme have £20,000.00 bursary for Tees GP registrars. There is also a retainer scheme.

It was **AGREED** CLMC will provide a summary of the schemes and funding that are available across Tees.

06/09/6 STANDING ITEM: WORKLOAD

Covered in federations, minute item 4.

06/09/7 STATUS OF GENERAL PRACTICE IN TEES

The Chief Executive highlighted a number of practices resilience concerns across Tees; over many a watching brief with support as required is in place.

The Chief Executive explained the vulnerable practice fund has been rebranded as resilience funding and was available to all practices across Tees. The allocation of funding across North East and Cumbria was very small.

Recognising the importance of securing this valuable support for practices, there was discussion as to how the funding could be best utilised. It was agreed that it was important to build resilience across Tees to enable practices to support each other as utilising the funding at isolated practice level may not reap the required resilience and may leave practices who do not receive support vulnerable.

CLMC had circulated a Resilience Assessment Tool to all practices (GPs and practice managers) within Tees and encouraged the completion of this. This tool will provide a clear picture as to understanding the position of general practice within Tees to enable CLMC and practices to produce a sensible bid focusing resource requests where they are most needed. The information will remain confidential and will not be shared beyond CLMC unless practices advise otherwise and will be held on file to enable CLMC to be in a much better position to respond to other short notice bid requests which are likely to arrive under the General Practice Forward View.

Deadline for the resilience bid is the end of September.

It was **AGREED** Board Members will encourage practices to complete the Resilience Assessment Tool circulated by CLMC.

It was **AGREED** CLMC, CCGs, Elm and H&SH will work together to assist the bidding process to secure resource within Tees

It was **AGREED** CLMC will provide template resilience bids to support practices

06/09/8 SEXUAL HEALTH SERVICES

The new sexual health subcontract available through Virgin Health was causing a lot of concern within Tees CLMC was inundated by practices seeking support on this issue.

The Chief Executive advised many discussions had taken place around this with both commissioners and providers and the original plans outlined in the tender process had been sensible; the implementation following procurement appears to be the source of the issues.

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Concerns had been raised around patient safety, access to the service and increased risk of unplanned pregnancies. Communication breakdown had exasperated the issues.

Lengthy discussion took place around the current sexual health service, the issues raised and potential concerns for the future.

The loss of GP competence was highlighted as a key concern; leading to the need for GPs to re train should this service return to general practice. It was explained that some practices were choosing to continue to provide the service out with the subcontracting arrangement to enable GPs to maintain skills and due to lack of confidence in the procured service; this was having a detrimental impact on the CCG prescribing budgets due to appropriate FP10 utilisation..

Access and capacity within the service due to the lack of practices signed to the contract was raised; it was believed there was a 3 month waiting list for implants within the Redcar venue. Members were advised that individual GPs can retain the competency if they chose to contract on an individual basis with Virgin Health; the GP would work from the Redcar venue rather than their own practice and would be funded at an agreed level irrespective of the number of patients who attend. Additionally, equipment and nurses are provided whereas if the service is provided in the GPs practice under the subcontract arrangement the funding is on a block payment basis and the practice must cover all expenses including the venue equipment and nurses for less money.

The impact the loss of this speciality/skill may have on recruitment was also raised. Young GPs who may have an interest in female health would not have the opportunity to develop this skills within Tees general practice and may consider employment outside the area to obtain/maintain this special interest.

Board members acknowledged the need for change within the NHS but raised the importance of ensuring the changes were not detrimental to patient care and detrimental to the system as a whole; holistic care of the patient is vital and there was a sense this was being lost.

Dr Sangowawa advised commissioners of Public Health and Virgin were looking to address the issues including Virgin health exploring a one year subcontract with practices which would enable them to provide the service to their registered patients.

It was **AGREED** CLMC would meet with Virgin Health and commissioners to try to resolve practice issues.

06/09/9 ANNUAL ACCOUNTS OF CLEVELAND LMC LIMITED as at 31.03.16

Members had been sent copies of the audited annual accounts. No questions were raised and the accounts were **ACCEPTED**

06/09/10 REPORTS FROM REPRESENTATIVES

No reports received

06/09/11 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 05/07/16)

06.07.2016	NERLMC @ Washington – Rachel McMahon
07.07.2016	HaST QIPC @ HaST CCG – Janice Foster/Anneli Mackenzie Brown
07.07.2016	Meeting with Sue Greaves @ HaST CCG – Janice Foster/Anneli Mackenzie-Brown
07.07.2016	PMS Review @ Arrival – Janice Foster
13.07.2016	ST CCG Leadership @ ST CCG – Janice Foster
13.07.2016	STAR Working Group Mtg @ ST CCG – Julie Birch
14.07.2016	IT Task & Finish Group @ ST CCG – Janice Foster
14.07.2016	Tees Medicine Governance Group @ HaST – Julie Birch
18.07.2016	PMS Review @ Haven & Fulcrum – Janice Foster
20.07.2016	ST CCG SRG @ ST CCG – Janice Foster
21.07.2016	Meeting with Anthony Antoniou @ CLMC, Yarm – Janice Foster / Anneli Mackenzie-Brown / Jackie Jameson
21.07.2016	General Practice Forward View & Planning workshop @ Newcastle – Janice Foster
26.07.2016	HaST Primary Care -Commissioning Mtg @ HaST CCG – Janice Foster
02.08.2016	AT LMC Meeting @ Darlington – Janice Foster / Julie Birch
03.08.2016	Workforce Task & Finish Group @ ST CCG – Janice Foster / Anneli Mackenzie-Brown
03.08.2016	HaST SRG @ HaST CCG – Janice Foster
03.08.2016	NERC BMA @ Holiday Inn, Washington – Julie Birch
04.08.2016	HaST Primary Care Workstream @ HaST CCG – Janice Foster / Anneli Mackenzie-Brown
04.08.2016	Monthly Meeting with ST CCG @ ST CCG – Janice Foster
17.08.2016	Meeting with Sandie Hall @ CLMC, Yarm – Janice Foster
17.08.2016	ST CCG SRG @ ST CCG – Janice Foster
24.08.2016	Video branding meeting with Max Birch @ CLMC, Yarm – Janice Foster / Anneli Mackenzie-Brown
24.08.2016	ST CCG Primary Care Commissioning @ ST CCG – Janice Foster
26.08.2016	Better Health In Hospital Event @ ST CCG – Janice Foster
01.09.2016	HaST Primary Care Work stream @ HaST - Janice Foster / Anneli Mackenzie-Brown

NOTED.

06/09/12 SUPPLEMENTARY AGENDA ITEMS

06/09/13 ANY OTHER NOTIFIED BUSINESS

There was no other notified business

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06/09/14R RECEIVE ITEMS

06/09/14.1R Medical List

Please note: CLMC office has not received notifications with regard to the performers list following the change in service delivery by FHS, CLMC is trying to address this

06/09/14.2 Report the receipt of:

GPC Newsletter – 1 -22 July - available on www.bma.org.uk

06/09/14.3 Date and time of next meeting

Tuesday, 1 November 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 9.00 p.m.

Date: **Chairman:**