



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 CLMC Limited commencing at 7.00 p.m. on Tuesday, 3 May 2016 in The Maureen Taylor Conference Suite, Stockton Riverside College TS17 6FB.

Present:

Dr A Adebisi	Dr J Berry	Dr G Chawla
Mrs V Counter	Dr V Dharani	Dr K Ellenger
Dr H El-Sherif	Dr G Fernandez	Dr J Grainger
Dr M Hulyer	Dr R McMahon	Dr B Posmyk
Dr R F Roberts	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 J Jameson – Office Administrator

The Vice-Chairman informed board members that Dr J T Canning and Dr J A Birch were attending the BMA Special Representatives Meeting

The Vice-Chairman welcomed new board member Dr V Dharani.

04/05/1 APOLOGIES

Apologies had been **RECEIVED** from Dr J T Canning, Dr J A Birch, Dr A Thornley, Dr R Craven, Dr W J Beeby, Dr T Bielby, Dr T Nadah, Dr S Gandhi, Dr O Sangowawa, Dr E Mansoor, Mr S Donlan and Dr N Miller.

NOTED.

04/05/2 MINUTES OF THE MEETING HELD ON 8 March 2016

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

04/05/3 MATTERS ARISING FROM THE MINUTES OF THE PREVIOUS MEETINGS

There were no matters arising.

NOTED.

04/05/4 BETTER HEALTH PROGRAMME

A large amount of paperwork was circulated with the agenda. The Vice-Chairman explained that Dr B Posmyk had been involved in the Better Health Programme so may be conflicted in this area. Dr B Posmyk informed board members that he did not feel conflicted and was happy to take questions about the programme. Dr J Walker had also been involved in the project and Board members **AGREED** opinions from Drs Walker and Posmyk were acceptable.

The Better Health Programme covers Tees, Durham and Darlington. The programme is looking at different parts of care services including how hospitals, GPs, community and social care can work together more effectively and to ensure the necessary urgent and emergency care is available in the right place and the right time, seven days a week.

Board members were informed how CLMC are involved in the programme through various meetings and what this may mean for GPs in Tees. A lengthy discussion took place on this programme and one key issue raised was the sharing of patient information between primary, secondary and community would help to reduce the work load and reduce duplication of work between the primary and secondary care. It was agreed that a plan was needed; resources and services need to be established before the programme goes ahead, with the main worry being work should not fall back to GPs as a default. Board members were told there is no plan to shift and dump work; the scheme was being developed to provide a better health service. It was highlighted that there are no shared IT systems in place.

Board members were thanked for discussion on this project and confirmed that the CCG role is to find the resource to fund this programme and the LMC role is to protect and support GPs.

04/05/5 STANDING ITEM WORKLOAD AND CAPACITY

04/05/5.1 SOUTH TEES CCG – URGENT CARE STRATEGY; MAKING HEALTH SIMPLE

A lengthy discussion on the development of the CLMC response to the proposed urgent care strategy for South Tees took place. Board members were informed that South Tees CCG kindly provided a consultation extension to 4 May 2016 to CLMC to enable outcomes of the discussion at this CLMC Board meeting to be considered and submitted. The Chief Executive sought board members views in order to collate a CLMC response.

Various proposals were discussed including; GP to working front of house at A&E, the removal of walk in centres and GP hubs for extended hours provision.

There were concerns that a GP to be front of house in A&E may encourage the public to go to attend A&E for primary care. It was suggested that the public need to be educated on the appropriate place to access care and encouraged to seek the most appropriate service through NHS 111, enabling the patient to attend the right place, first time.

The discussions around extended hours GP services to replace walk in centres centred round whether this was an enhancement of a service; would the GP have access to all medical information to negate the risk of duplication within core primary services. It was noted that the provision within the extended hours GP services (provided through the hubs) should not extend to core services where continuity of GP / patient relationship is important.

Workforce capacity was also discussed, highlighting the pressures the general practice workforce is under and that the proposals offer more and more services resulting in stretching staff further. Members were clear any proposals must be fully considered and implemented safely as the new system will not be sustainable if with overworked clinicians. Recruitment, retention and skills development to support further sustainability is being looked at to support this service.

Board members were thanked for their feedback which will be included in the response to South Tees CCG. The CLMC Executive team will continue to work with South Tees CCG in the development of this strategy to ensure this is safe and sustainable for patients.

It was **AGREED** the Chief Executive will formally respond to the ST CCG consultation and engage in future development of the urgent care strategy.

04/05/5.2 HARTLEPOOL & STOCKTON CCG – SYSTEM RESILIENCE IN GENERAL PRACTICE

The board members were informed of funding allocated to primary care through the system resilience group (SRG). The SRG has agreed the funding should be utilised for a care coordinator to support general practice in addition to the funding already available for general practice bank holiday opening schemes.

The Chief Executive explained the SRG is looking to general practice to develop the care coordinator role; it is for general practice to consider how this could be most beneficially utilised to assist pressures in general practice and across the system but it is envisaged that the care coordinator would be placed within general practice, perhaps in the form of link workers who can manage/divert work that does not require GP / clinical services to the best possible alternative.

The Chief Executive encouraged board members to consider what GPs want / need with the funding to enable CLMC to put forward a strong response to ensure the funding is not lost as has occurred in previous years. Views were sought as to what would be most helpful to GPs and lengthy discussion took place.

It was suggested that there could be a move towards resources in community strongly linked back to and complementing with the aim of reducing home visits through utilising health care assistants / lower level nurses / community matrons. It was considered that home visits are not effect use of GP time as they remove the GP from the practice and travel time results in many lost appointments. Health care assistants as a first point contact to access needs for patients to either refer to GP / Nurse / social care could work well. There was potential to upskill existing clinical and non-clinical general practice staff.

It was suggested that receptionists could be upskilled and undertake a greater triage role; referring patients to other services if the need was not clinical/did not require a GP. One concern was resilience - if the staff member goes on holiday / sick leave the service will stop? There is a need for someone to step into that role if it embedded within general practice/the system as general practice does not have capacity to absorb absences/gaps in the system.

Board members were asked to consider mental health issues and it was suggested consideration into a transport system to practices could be beneficial. This was considered in the past but found to be expensive. It is important to consider the resource available and how this can be maximised to bring most benefit to patients, general practices and the system.

It was asked what happens when the funding ends? What will happen to the people employed and the services that have been put in place? The Chief Executive informed board members that

the funding was recurring and if results and benefits were demonstrated the funding would be available in the future.

The Chief Executive thanked the board members for the suggestions.

It was **AGREED** suggestions would be discussed and developed further with the CCG.

04/05/6 STANDING ITEM: RECRUITMENT & RETENTION

The Chief Executive provided a brief update on this element of CLMC work.

The key activity since the last update was the recruitment & retention / career event. The event was successful but it was agreed more practices need to be proactively involved in this work; CLMC cannot recruit for them. Board members were asked to encourage practices and GPs to proactively engage with future events, the promotion of career opportunities within Tees and the area / profession as a whole. It was suggested that any reluctance by practices could be due to understaffing / capacity rather than lack of desire. CLMC will continue to take this into consideration in future plans.

Board members were advised engagement with the VTS is proving difficult; students at the careers event expressed an interest in CLMC attending the VTS but CLMC are finding it difficult to put this into action. CLMC is also finding it difficult to get messages to the VTS. Members were requested to assist wherever possible to improve communication / engagement with the VTS.

The next key area of work is Tier 2 Sponsorship for practices. Following a meeting with ST CCG and discussions with trainees it was identified many trainees leaving the scheme require Tier 2 sponsorship and there are few practices within Tees that can offer this. Some trainees who would have remained within Tees have been lost to other areas due to this shortfall. This, coupled with the national overseas recruitment drive, requires Tees practices to be in the best possible place to respond. CLMC has organised an event for practices to better understand Tier 2 Sponsorship. CLMC will develop an offer from the workforce budget to joint fund practice sponsorship applications. Tier 2 Sponsorship lasts for 4 year so this is a good investment with sustainability as practices will be in the best possible place to maximise employment opportunities with future trainees and overseas candidates.

Joint working opportunities with YOR LMC were being explored. YOR LMC has employed a member of staff with a training focus. This complements CLMCs employment focus through the recruitment & retention appointment. Considering future events, there was discussion as to whether constituents from YOR LMC could attend CLMC events and vice versa; the suggestion that it was beneficial to have more people involved and share ideas / knowledge. Board members **AGREED** there was benefit in opening some events wider but only where spaces remain following local advertisement and charges should be made to recoup some costs for out of area candidates.

NOTED.

04/05/7 RESCUE PACKAGE FOR PRACTICE – CLMC RESPONSE

Board members were advised of the difficulties experienced by general practice within Tees and referred to the national General Practice Forward View document that was recently released which outlines various 'rescue packages' and suggestions to assist general practice. Members were asked, given the local difficulties; is there anything further CLMC can do, here and now and outside the national forward view, to better support local practices. It was considered the

national 'rescue package' may not be timely enough and local general practice requires support now. Increasingly, workload within CLMC is dominated by supporting practices and GPs under pressure or in difficulties. Currently the Chief Executive and the Clinical Executive provide intensive support at the request of practices and CLMC also works with the CCGs and NHS E to endeavour to find solutions for practices; on a case by case basis and through general support principles. Increasingly, CLMC is facing the question; what can you do?

It was suggested seeking GPs/Locums is time consuming for practice managers; organisation and management support is needed to increase practice manager capacity. Management support is something that can be developed.

In response to the national drive to recruit overseas doctors and the increase in Tier 2 Sponsorship, there may be an increased need to support these GPs through the bursary scheme to enable them to work in General Practice. Overseas GPs may not understand how local systems / general practice work; they may need additional support to be a GP in the UK. It was suggested practices would need to see benefits of the induction refresher scheme and / or bursary scheme.

Additionally, it was highlighted that system and IT support is needed to follow local pathways.

It was **AGREED** CLMC can and should develop a local rescue package.

04/05/8 LMC ANNUAL CONFERENCE

04/05/8.1 SUPPLEMENTARY AGENDA MOTIONS TO LMC CONFERENCE

Consider motions for submission, particularly in light of the 21 April announcement – General Practice Forward View. Documentation attached and further information available via this link <https://www.england.nhs.uk/ourwork/gpfv/> . **Deadline NOON Friday 13 May 2016**

The LMC Conference agenda 2016 had not been published.

NOTED.

04/05/8.2 CLMC MOTION TO LMC CONFERENCE SHARED FOR ARM SUBMISSION

We are writing to inform you that the Joint Agenda Committee of the Annual Representative Meeting (ARM) decided that the motion below, submitted for the LMC conference agenda, should also be shared with the agenda of the ARM.

Motion by CLEVELAND: That conference fully supports GP principals, salaried and locum GPs working together in a mutually supportive way and believes that:

- (i) we must respect the variety of working patterns that doctors choose
- (ii) the time has come to put all contractual differences aside.

The ARM agenda will be published on 27 May. You will be invited to attend the ARM by Council Secretariat if your motion is chosen for debate by the ARM Agenda Committee. Please note that if your motion is grouped with others on a similar topic, but is not the main "starred" motion in the section then it is unlikely that you will be called on to speak to it.

The ARM agenda will be published here on 27 May: www.bma.org.uk/arm

NOTED.

04/05/9 REPORTS FROM REPRESENTATIVES

No reports from representatives received.

NOTED.

04/05/10 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 8 March 2016)

09.03.16	LMC Involvement at ST CCG Leadership Group @ ST CCG, Middlesbrough – Janice Foster
09.03.16	Practice Meeting @ LMC – Janice Foster
09.03.16	Durham University GP Society @ Stockton Campus, Stockton – Anneli Mackenzie-Brown / Julie Birch
10.03.16	ST CCG Clinical Council @ ST CCG Offices – Anneli Mackenzie-Brown
10.03.16	Tees Medicine Management Group @ ST CCG Offices – Julie Birch
11.03.16	North East Sessional GPs @ Gosforth – Anneli Mackenzie-Brown / Rachel McMahon
16.03.16	Tees 111 Group @ Teesdale House – Janice Foster
16.03.16	ST System Resilience Group @ ST CCG Offices – Janice Foster
18.03.16	ST CCG Workforce @ ST CCG Offices – Anneli Mackenzie-Brown
17.03.16	ST CCG 111 Direct Booking Offer & Urgent Care Strategy @ ST CCG Offices – Janice Foster
21.03.16	Practice Meeting, PMS Review @ Middlesbrough – Janice Foster
21.03.16	North East BMA Council ARM Meeting @ Washington – Julie Birch
23.03.16	Tees Valley Unlimited, Tees Promotion @ Middlesbrough Town Hall – Anneli Mackenzie-Brown
23.03.16	GPC/LMC Roadshow @ Gosforth – Janice Foster/ Anneli Mackenzie-Brown
24.03.16	Tier 2 Sponsorship @ Middlesbrough – Janice Foster/ Anneli Mackenzie-Brown
30.03.16	HaST CCG 111 Direct Booking Offer @ HaST CCG Offices – Janice Foster
30.03.16	NECHN Development @ LMC Office – Janice Foster
30.03.16	HaSH Development @ The Arc, Stockton – Janice Foster
31.03.16	Public Health Shared Services Specification & Contracts @ LMC Offices – Janice Foster
31.03.16	ST CCG/LMC meeting @ ST CCG Office – Janice Foster
05.04.16	BMJ, Workforce Promotion @ LMC Office – Anneli Mackenzie-Brown/Julie Birch
06.04.16	HaST System Resilience Group @ HaST CCG Offices – Janice Foster
07.04.16	Workforce Event, Gallagher Tarran Financial Advisors @ Newton Aycliffe – Anneli Mackenzie-Brown
12.04.16	ST CCG Urgent Care Strategy @ ST CCG Office – Janice Foster
12.04.16	ST CCG/LMC Meeting – Janice Foster/Julie Birch
13.04.16	NECS Data & Online Services @ LMC Office – Janice Foster

13.04.16	NECR LMC Meeting @ Washington – Janice Foster/Julie Birch/Rachel McMahon
14.04.16	111 Regional Clinical Group @ Durham – Janice Foster
14.04.16	HaST CCG Primary Care Workstream @ HaST CCG Office – Anneli Mackenzie-Brown
15.04.16	Sally Pearson, Workforce Event @ Yarm – Janice Foster/Anneli Mackenzie-Brown
20.04.16	BMA Workforce Event @ London – Janice Foster/Anneli Mackenzie-Brown
21.04.16	HaST CCG System Resilience Group @ HaST CCG Office – Janice Foster
21.04.16	NECHN Development Meeting @ LMC Office – Janice Foster
26.04.16	AT/LMC Meeting @ Old Exchange, Darlington – Janice Foster/Julie Birch
28.04.16	YOR LMC @ YOR LMC – Janice Foster/Anneli Mackenzie-Brown

NOTED.

04/05/12 ANY OTHER NOTIFIED BUSINESS

There was no other notified business.

NOTED.

04/05/13R RECEIVE ITEMS

04/05/13.1R Medical List

No updates have been received. CLMC Office is addressing this with FSH.

04/05/13.2 Report the receipt of:

GPC Newsletter 6 – Special Conference News – available on www.bma.org.uk
 GPC Newsletter 7 – 19 February 2016 - available on www.bma.org.uk

04/05/13.3 Date and time of next meeting

Tuesday 5 July 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: