

**NOTTINGHAMSHIRE LOCAL MEDICAL COMMITTEE (Ltd)**  
**MINUTES OF THE LMC OPEN MEETING,**  
held on 29 September 2015,  
at the LMC Offices, 5 Phoenix Place, Nottingham

<b>Present:</b>	<b>Dr G Place (Chair)</b>	<b>Dr S Kinra</b>
	<b>Dr M Bicknell</b>	<b>Dr O Sharma</b>
	<b>Dr A Bilkhu</b>	<b>Dr C Singh</b>
	<b>Dr K Butt</b>	<b>Dr A Tangri</b>
	<b>Dr J Greenwood</b>	<b>Dr R K K Tumurugoti</b>
	<b>Dr A Harrison</b>	<b>Dr D Wicks</b>
	<b>Dr A Khaliq</b>	
	<b>Ms A Bednarska</b>	<b>Practice Manager</b>
	<b>Mr T Mills</b>	<b>Click</b>
	<b>Ms T Esberger</b>	<b>Click</b>
	<b>Mr C Locke</b>	<b>Notts LMC Ltd Secretariat</b>
	<b>Mr M Wright</b>	<b>Notts LMC Ltd Secretariat</b>
	<b>Mr A Bolton</b>	<b>Notts LMC Ltd Secretariat</b>
	<b>Mr S Jones</b>	<b>Notts LMC Ltd Secretariat</b>

**17/15 Apologies**

Apologies for absence had been received and were reported to be available from the LMC offices.

**18/15 Minutes**

The minutes of the previous 'Open' meeting of the LMC held on 28 July 2015 were approved as a correct record.

**19/15 Matters Arising**

There were no matters arising.

**20/15 Click, Nottingham**

The Chair introduced Toni Esberger, Chief Executive, and Trevor Nicholas, Non-Executive Director, who would be presenting on their social enterprise "Click".

Mr Nicholas began by highlighting that Nottinghamshire Circle had been involved in a social enterprise dealing with isolation and loneliness issues. He highlighted that Ms Esberger had linked this to health issues and improvement and that following a pilot, Click had secured a contract with Nottingham City CCG for referrals.

Ms Esberger said that Click had approximately 700 members, 100 volunteers and 70 events per month. She highlighted that there had been a reduction in use of anti-depressants and that the key aim of the service was to give members a loving connection. She highlighted that most members were over 50 and that the service was focused on caring for isolated, lonely and depressed patients. She said that Click also assisted people with mobility issues and looked for innovative solutions to overcome barriers. She reported that one member had suffered multiple strokes and was concerned about being alone. She highlighted that this member was able to access a daily drop-in service and had benefitted from a mapping system to reconnect with people in the community. She further stated that the service provided opportunities for befriending, life sharing and creating community.

In response to a query from Dr Butt about screening volunteers, Ms Esberger highlighted that all volunteers had a DBS check and members received needs assessments.

In response to a query from Dr Kinra about membership costs, Ms Esberger indicated that it was £15 for an annual membership and that referrals from a GP were free of charge. In response to a further query from Dr Kinra about care homes, Ms Esberger indicated that Click had set up member events to help make connections in the care home environment.

In response to the Chief Executive asking about the funding model and the duration of the pilot, Ms Esberger said that Click was in its fourth year and that funding had been secured for 3 years followed by the creation of a self-governing model. She highlighted that membership fees was a source of income along with a house share scheme for students and the elderly and a happiness café initiative for people to connect in a safe environment. In response to a further query from the Chief Executive on rolling out the service in the County, Ms Esberger stated that there would need to be an appetite for the service from health and social care in the County and that logistical issues would need to be considered. Mr Locke suggested that Click could present to the County Health and Wellbeing Board.

In response to a query from Dr Butt about statistics for the service, Ms Esberger indicated that it had been 100% self access in its first 3 years and that there had been 148 referrals since July 2015.

In response to a query from the Chair about caring for people with dementia, Ms Esberger indicated that the service ensured that it catered for all groups of people and would be able to sign-post other services as appropriate.

The Chair thanked Ms Esberger and Mr Nicholas for their presentation.

## **21/15 LMC survey**

The Chair introduced Michael Wright, LMC Head of Liaison, who was presenting on the results of the LMC's recent survey of constituents.

Michael Wright began by reporting that a link to a "Survey Monkey" online survey was originally circulated on 12<sup>th</sup> August 2015 with the intention of gaining more of an insight into GPs and practice managers' experiences of transfer of work from secondary care and their views on co-commissioning, transformation and collaboration. He highlighted that the survey had also included questions relating to awareness of LMC and PSS Ltd services. He reported that there had been 181 responses to date, of which 64% were GPs and 14% practice managers.

Summarising the survey results, Mr Wright stated that there was a high percentage of respondents (at least 80%) who had experienced unresourced transfers of work from secondary care. In relation to co-commissioning, he highlighted that only 27% of respondents thought that their CCG was aware of and responsive to practice needs and only 19% felt that their CCG was able to improve the lot of its GPs. In terms of the extent to which CCGs should consult with the LMC about matters affecting their contracts, terms and conditions and remuneration, 79% of respondents said that this should be done routinely. He indicated that only 1% of respondents indicated that CCG consultation with the LMC should only take place with the permission of practices. In relation to knowledge of transformation programmes locally, he indicated that 47% stated that they knew a little and 29% next to nothing. In terms of the appetite for practices to work collaboratively, 58% of respondents had reservations but expected to work with others as appropriate. In terms of knowledge of LMC services, he indicated that 70-80% of respondents were aware of and had used the CQC preparatory visit service, pastoral network and partnership mediation while less than ½ were aware of practice diagnostics, staff matching and recruitment and business planning services.

The Chair emphasized the importance of disclosing the results to CCGs and Dr Khaliq noted that the results demonstrated that there appeared to be nothing overwhelmingly positive about the service provided by CCGs. The Chief Executive highlighted that the LMC would be able to provide a breakdown for each CCG and Dr Butt and Khaliq agreed that this would be useful.

Dr Bicknell drew attention to the possibility of multiple interpretations of the survey questions and Dr Singh commented that the results from the pie charts were equivocal.

Mr Wright encouraged GPs to invite their colleagues to complete the survey in order to make the results more representative of CCG localities.

Mr Wright and the Chief Executive remarked on the findings regarding CCG consultation with the LMC, which had showed that 79% of respondents wanted routine CCG consultation with the LMC and that only 1% of respondents indicated that CCG consultation with the LMC should only take place with the permission of practices. The Chief Executive pointed out that at the recent CCG summit meeting, one CCG representative had indicated that their CCG would only consult the LMC with the permission of their practices.

In relation to LMC services, the Chief Executive highlighted that there needed to be a distinction between core LMC services (which the majority of respondents were aware of) and the relatively new “added value” services provided at cost by the LMC’s subsidiary body, PSS Ltd.

**NOTED**

## **22/15 GP Contract Issues**

The Chief Executive reported that following NHS England’s Five Year Forward View, NHS England had announced a “new deal” for general practice which seemed to be based on the recognition of the pressures facing general practice and the pivotal role of GPs in transforming the NHS’ operating systems. He said that the full details had yet to be released and that the outline was unimpressive. He added that in return for a commitment to seven-day availability and social prescribing, the government had pledged to support a range of measures to address the GP recruitment crisis to help

find ways to reduce the burden of GPs' paperwork, provide short-term financial relief to practices on the verge of collapse and to work with the profession on appropriate "quality metrics".

He reported that the LMC had sought to gather evidence as to the extent of the unresourced transfers of work from secondary to primary care, which had resulted in a lack of clarity about what should be included within GPs' responsibilities.

The Chair and Dr Butt expressed concern at the lack of clarity from CCGs on a commitment to invest in core general practice and the Chief Executive noted that there was a lack of consensus on what was core general practice and he recounted the work the LMC had carried out historically on this issue. Dr Khalique recommended a further survey of constituents focused upon GP earnings in order to analyse the difference between practice income and investment in general practice. The Chief Executive highlighted that national surveys were available on this and that there had been a decline in GP income since 2004. Dr Khalique suggested that there should be a campaign raising awareness of GP practice issues such as falling income. The Chair agreed that raising awareness was important but he advised caution about running a national campaign around GP earnings. He agreed, however, that this should be raised with the BMA. The Chief Executive noted that the GPC and BMA had invested a significant amount of time and resources into national campaigns and he commented that such campaigns had often had limited effect in influencing government policy.

### **23/15 Primary Care Development Centre**

The Chief Executive reported the PCDC had had its "confirm and challenge" stakeholders' event on 4 July which he felt had achieved its purpose in terms of engagement and accountability. He reported that the LETC had recognised the value of the PCDC, whereas the CCGs were focused on transformation and had raised a number of challenges including the need to improve the Centre's engagement with them and that the document the PCDC had produced on the CCGs' strategic priorities was out of date. He reported that he would be looking at how the PCDC could fit with the national "10 point plan for general practice".

He reported that the PCDC was currently considering its future beyond March 2016 and that work was in progress on securing future funding from stakeholders. He indicated that the Centre would continue to provide training but it might have to be at cost to practices and that the aim was to minimise the cost of provision. He said that the Centre would aim to be innovative and accommodate transformational changes.

Dr Bicknell commended the work of those involved in the PCDC to date and asked about plans for the Centre to evolve. The Chief Executive indicated that an external consultant had been engaged for the purpose of intensive engagement with CCGs and LETCs.

Dr Bicknell highlighted that the apparent "anti-LMC" sentiment of some CCGs needed to be addressed and the Chief Executive noted that discussions were ongoing about separating the LMC from the PCDC but he highlighted that conversely many constituents were reassured that the PCDC had the LMC's support and endorsement.

**NOTED**

**24/15 Any other business**

There was no further business.

**NOTED**

**25/15 Date of next meeting**

The Chair reported that the subsequent meeting would be on 24<sup>th</sup> November at the LMC's office, Phoenix Park, Nottingham.

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**Chairman**  
**24<sup>th</sup> November 2015**