



Londonwide LMCs & Londonwide Enterprise Ltd

Annual General Meeting
28 January 2016

Review of 2015 & plans for 2016
Accounts for FY 2014/15



Introduction and Welcome

Dr Adam Jenkins

Chair of Board of Directors

Chair of Ealing, Hammersmith, Fulham and Hounslow LMC



Agenda

- Introduction from the Chair
- Achievements in 2015 and plans for 2016
 - Directorates
 - Priority Work Areas
- Financial report for 2014/5
- Chief Executive Keynote Speech
- Questions for the Chief Executive and the Board
- Closing remarks from the Chair
- Meet the Londonwide team



Board of Directors

- **Dr Mickey Adagra**
 - Bexley
- **Dr Robbie Bunt**
 - Islington
- **Dr Michelle Drage**
 - Chief Executive
- **Dr Mike Grenville**
 - Waltham Forest
- **Dr Marek Jarzembowski**
 - Sutton and Merton
- **Dr Adam Jenkins**
 - Chair of Board
 - Ealing, Hammersmith, Fulham & Hounslow
- **Dr Chris Jowett**
 - Treasurer
 - Hillingdon
- **Dr Jenny Law**
 - Lambeth
- **Dr Martin Lindsey**
 - Haringey
- **Dr Fergus McCloughry**
 - Vice Chair of Board
 - Harrow



Highlights of 2015

- Legal challenge to breach notices
- Strong focus on workforce
- Patient engagement programme
- PHP Masterclasses
- Finance workshops
- Chairs and Vice Chairs training
- Increasing local influence and impact
- Better meeting attendance & engagement
- Growing media profile & coverage

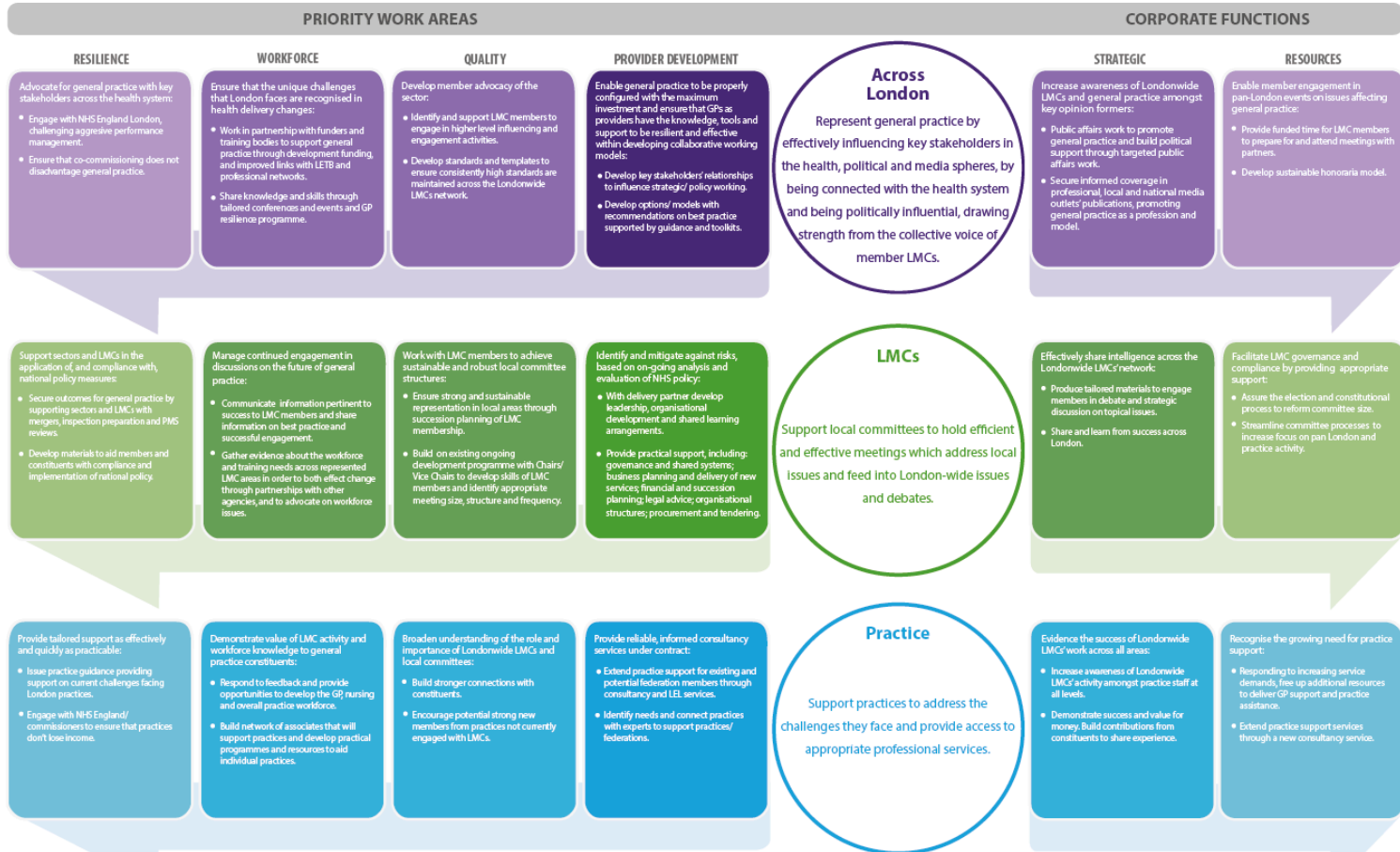


Priority work areas

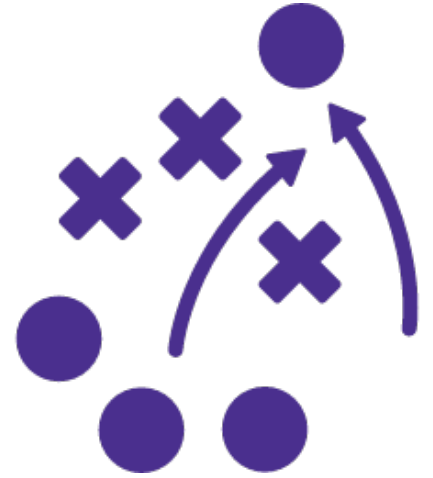
- GP Resilience
- LMC Quality
- Provider Development
- Workforce



Londonwide LMCs & Londonwide Enterprise Ltd Business Plan 2016/17



Progress in 2015 and plans for 2016



Communications

Sam Dowling

Director of Communications



Communications

- Communications, design and marketing support for Londonwide LMCs and practice teams
- Provision of ICT and media advice and solutions
- Stakeholder and opinion former mapping and engagement
- Media and political monitoring / info sharing
- Surveying, evidence collection and analysis
- Project management
- Press liaison and media training



2015 Communications Highlights

- Facilitated GP resilience
 - Developing and sharing guides and templates via redesigned newsletter and other channels:
 - 1087 template letter downloads. eg: Secondary care work transfer; Inappropriate workload transfer; Requests for work absence sick notes for under seven days; School children sickness absence letter.
 - Training seven LMC officers in media handling / message management.
- Improved ICT infrastructure
 - Successful e-communications pilot in Lewisham LMC.
 - Used secure section of LMC website and listservers to distribute agendas so members could have access to papers on the move.
 - Provision of an online solution for GP Federation elections.
 - Used in Merton and Bromley.
 - Further developed Blended Learning Programmes (BLPs).
 - Website learning tools to support GPNs and HCAs.



2015 Communications Highlights

- Raised media profile of LMCs
 - 159 engagements: 96 reactive (average 8 per month); 63 proactive (average 5 per month):
 - Coverage in: Observer, Guardian, Express, BBC TV/ Radio, ITN, Press Association; Huffington Post, London Live, ITV London, LBC, Evening Standard, GPOne, Pulse, HSJ and practice/nurse outlets.
 - Developing campaigns around workload and recruitment in London:
 - 49,129 loads and views of the pre-2015 election “Gets My Vote” social media/ video campaign.
- Influenced and engaged opinion formers
 - Surveying members to establish empiricism for messaging on workforce crisis.
 - Producing/submitting evidence to make the case for general practice in London:
 - Working with: London Health Board, Parliamentary Health Select Committee, individual MP meetings.



2016 Communications Objectives

- Facilitate GP resilience by...
 - Creating resources to GPs reduce / manage non essential tasks
 - Promoting a positive view of general practice as a profession
 - Sharing best practice and advice via Newsletter and other channels
- Improve ICT infrastructure by...
 - Reviewing and rolling out the electronic communications pilot across all LMCs
 - Developing and delivering a new sessional GP mobile phone App
 - Continue to develop email communications through ExactTarget
- Raise media profile of LMCs by...
 - Expanding links with traditional media and building social media presence
 - Increase the number of Londonwide staff, LMC members, GPs and practice staff who are comfortable speaking to the media
- Influence and engage opinion formers by...
 - Building partnerships with health, policy, and other stakeholders to communicate the challenges facing London general practice
 - Identifying and engaging key opinion formers to increase awareness of Londonwide LMCs messages and spokespeople
 - Delivering the most successful Annual Conference to date.



Resilience PWA – GP Support

Vicky Ferlia

Director of GP Support Services

Achievements in 2015

- Facilitated partnerships and mergers which prevented practice closures
- Enabled GP retirements and succession planning
- Supported practices in special measures
- Secured expert input for practices in difficulty from trusted consultants
- Helped practices with lease negotiations and service charge issues



Achievements in 2015

- Supported GPs facing GMC and/or Performers List action
- Ongoing attendance at PAG/PLDP mtgs and oral hearings
- Delivered reflective / emotional resilience masterclass with PHP
- Worked with sector colleagues on PMS reviews
- Continued joint working with NHSE, NHSPS and CHP on premises issues across London



Achievements in 2015

- Published guidance on CQC inspections, FFT, patient engagement, PL regulations
- With WTI and sector colleagues delivered training events on practice finance, CQC, mergers, premises, complaints, patient engagement
- Developed closer working relationships with external organisations e.g. NHSE, CQC, RCGP



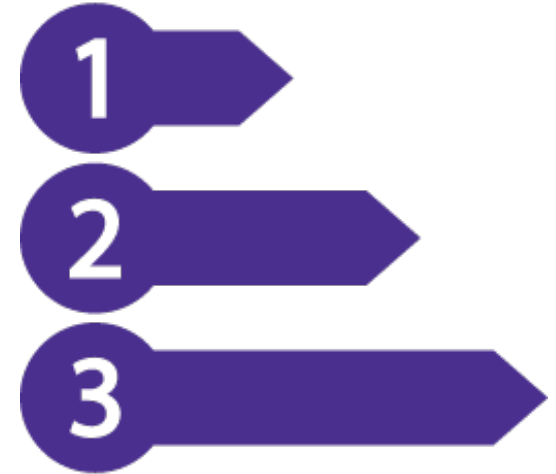
Challenges

- Workforce & recruitment crisis
- Unsustainable financial pressures
- CQC
- Fast increasing numbers of struggling practices
- Alarming rates of resignations and practice closures
- GP burnout
- Impact of co-commissioning
- LMC's influence



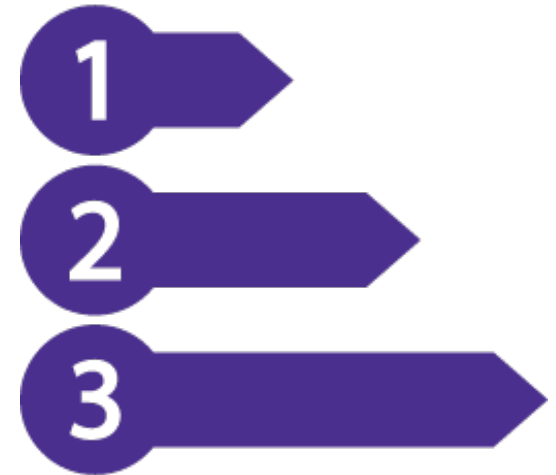
Priorities for 2016

- As a team – respond effectively to the forthcoming changes in the MD team, continually assess our capacity and implement our database
- Develop our expertise on and relationships with CQC even further
- Instigate Londonwide level dialogue with NHSE & CQC to address contractual and registration challenges
- *** Proactive intervention – the ‘professional cliff’ ***



Priorities for 2016

- Continue working with sector colleagues on Londonwide initiatives, e.g. PMS
- Work with sectors and WTI/LEAD to deliver centrally and locally targeted training events
- Collaborate more closely with external organisations, e.g. RCGP, NHSE, CCGs, etc to start developing expert resources on the ground
- Drive forward the patient engagement agenda



Are we on the right track?

**Should we be doing
something different?**



If you know any GP or practice who...

- is struggling financially
- can't recruit
- wants to retire
- is thinking of handing back their contract
- is under scrutiny by NHSE/CQC/GMC
- is in dispute, can't cope, is burnt out
- wants to merge ...



Please ask them to contact:

gpsupport@lmc.org.uk



Sectors

Elliott Singer

Medical Director



Sector Teams

NCEL

- Elliott Singer
- Vicky Weeks
- Greg Cairns
- Sarah Martyn
- Joni Wilson-Kaye

NWL

- Tony Grewal
- Eleanor Scott
- Jane Betts
- Lesley Williams
- James Winstanley
- Esther Bennett

SL

- Theodora Kalentzi
- Julie Sharman
- Julie Freeman
- Nicola Rice
- Barry Christie
- Stuart Pick

Sector LMCs Achievements 15/16

- Extensive contract reviews
- Data Sharing Agreements
- Constructive briefings for LMC representatives
- Support for Federation development
- Establishing links with key individuals/bodies
- Succession planning
- Upskilling LMCs

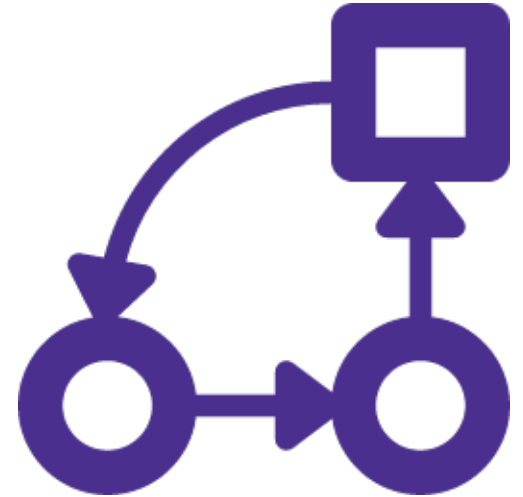


Annual Action Plans

All LMCs have had meetings to discuss their annual action plan

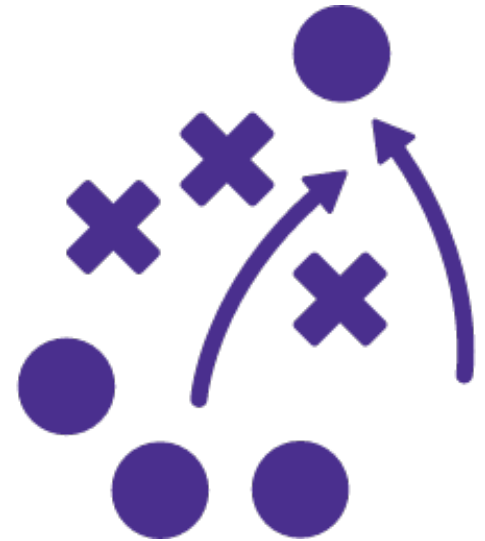
Three common themes:

- Raising awareness/profile of LMCs
- Maintaining, improving and establishing engagements with stakeholders
- Developing LMC members including portfolio working and succession planning



Sector Planning 2016

- Internal sector team planning meeting to consider how to further support LMCs in achieving their priorities
- Support local PMS review negotiations (including open borough meetings)
- Continuation of Chairs and Vice Chairs development (individual and group level)
- Continuation of LMC committee and member development (local committee level/LMC Quality Programme/succession planning)
- Implementing 'at scale' new ways of engagement with key stakeholders



Challenges for Sector Teams

Increased workload stretching resources:

- Changing environment – wider range of stakeholders, working at scale
- Sustaining GP practice income e.g.- PMS review, local GP contracting, ACP
- Patient and Public engagement
- Succession planning- reduced workforce, increased practice workload



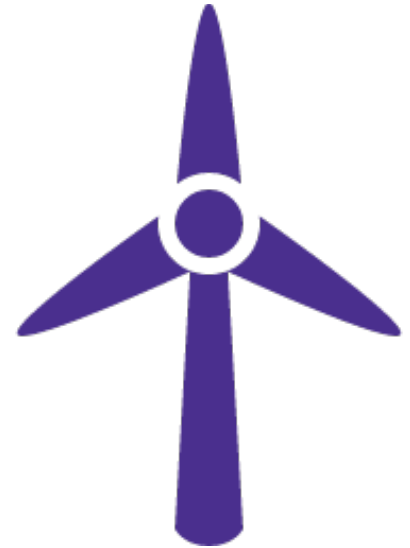
Resources Directorate

Paul Tomlinson

Director of Resources

Resources

- Logistical support for other teams
 - Support to LMC meetings & sector teams
- Corporate services including:
 - Finance and Payroll
 - HR
 - Data Governance and management
 - Facilities, health and safety
 - Corporate governance



Highlights for 2015

- Supported CCG & Federation elections
- Re-tendered outsourced payroll provision
- Data validation and full levy collection
- Savings
 - High use of conference room
 - Water coolers- £2.5k
 - Software - £1k
 - Catering- £500



Workforce Training and Innovation

Gill Rogers

Director of Workforce, Training and Innovation



2014-15 issues

- Greater focus on the whole General Practice workforce needs
- Emphasis on the policies and strategies influencing the key stakeholders
- Continuing engagement with innovators
- Developing our organisation as an excellent educational provider
- Dialogue and relationships with the complex systems and processes
- Tracking the investment into General Practice



Achievements

Workforce

- Stakeholder engagement / focus groups/ surveys
- Apprenticeship scheme
- CEPN review
- Strategic engagement with HEE/ NHSL/

Training

- Our new training facilities!
- LEAD
- Blended Learning Programmes
- Professional Lead Groups
- Tailored training responding to need in the field

Innovation

- Blended Learning approach
- Apprenticeship schemes attracting young people
- Developing career pathways
- Buying group plus
- Professional Leads groups
- Cross team working to develop comprehensive workshops – patient engagement



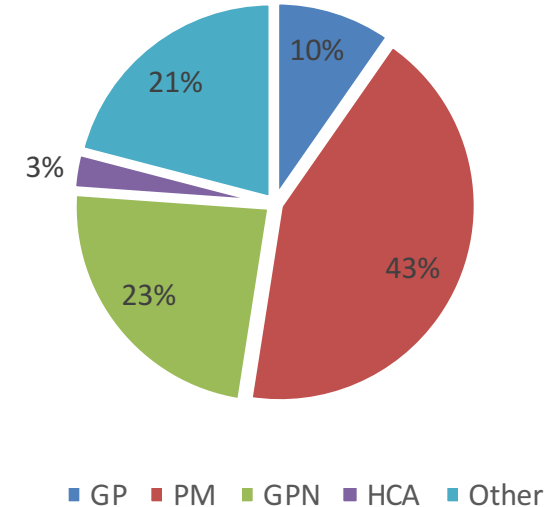
LEAD

- 15 events delivered
- 444 delegates attended

Topics included:

- Contraception in Primary Care for GPNs
- Improving Customer Care in General Practice
- Travel Health Update
- Healthcare Procurement
- Immunisation and Vaccination update for GPNs
- Medical Chaperoning
- Practice Premises
- CQC Inspection Process

Attendance by Delegate Type



2016 Plans

- Work to expand Associates and their services for GPs and their practices
- Develop an accredited training programme for Practice Managers
- Work with Health Education Boards and other stakeholders – roundtable 2016 – realistic workforce strategy
- Maintain and develop the LEAD programme to respond to current and future educational needs
- Clinical apprenticeship schemes



Accounts for 2014/15

Dr Chris Jowett

Treasurer

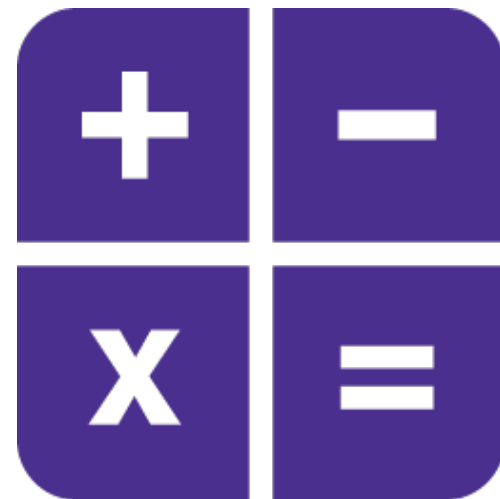
Paul Tomlinson

Director of Resources & Company Secretary



Did Londonwide accounts break even in 2014/15?

- Total budget of £4.4m (£4.2m)
- Planned use of General Reserves to fund new office refurbishment- £396k offset by rent free period- £100k (£167k total)
- Loss of £22,176 (£245K)
 - Shift of cash to assets- £387k (£118k)
 - Depreciation £76k (£40k)
 - Year end cash position £1.3m (£1.6m)
- Interest received of £3.2k (£7.7k)



Did anything adverse or unexpected happen?

- Assured through clear Audit report
- Contingency planning
 - Reserves held accessibly to mitigate for adversity e.g. slower income payments
 - Business capital reserve- 3 months trading in the event of closedown- increase to £1.15m (£1.1m)
- General reserve fund in excess of liabilities- £359k (£423k)
 - Move costs higher than estimated (circa £70k)



Financial year 15/16

- Increase to levy of 1.05p (1.95%) per patient (57.78p)
 - Provision for some recovery of general reserves
 - Remaining rent free period
- Changes
 - Increased rental offset by lower expenditure on venues and catering
- Tracking to meet budget agreed
 - 73% at Q3



Londonwide Enterprise Ltd

- Turnover increased £163k (£129k)
 - Cash position £176k (£88k)
- Costs decreased- £87k (£115k)
- Profit increased- £24k (£2.3k) net of tax
- Contribution to LLMCs- Management cost
 - £43k (£0- injection of £83K)
 - Less outlay on venues and catering
 - Clearer focus on budgeting



Dr Michelle Drage

CEO



1. Transformation

- Organisational Improvement Programme to deliver the objectives of the Strategic Plan.
- Quality Programme:
 - » Londonwide LMCs (including, OD)
 - » LMCs
- Knowledge Management
- Stakeholder Management
- Information management
- Evidence Management
- Levies, membership

2. Professional Wellbeing & Development

- Managing Self
- Morale, & Satisfaction
- Managing Demand & Complexity
- Working in Teams & Leadership
- Thinking ahead & Working Innovatively
- Continuing Professional Development

Securing the Future of General Practice in London

- Vision and Values
- Strategic Planning

4. Provider Development

- Promoting collaboration between practices to share resources and expertise
- Improved connectivity and communication between practices, other community based services, social services, secondary care and the third sector
- Access to relevant public health services and outcome data
- Support for collaboration - shared services, shared information, shared IT systems, shared learning
- Good and timely clinical information and record systems that can be safely shared across the whole healthcare team
- Assist practices and collaborative groups to assess their ability to fully function and deliver new services in the future healthcare environment
- Provide more patient-friendly premises with improved accessibility
- Encourage the building of social capital between GPs and other key players in the local health economy.

3. Workforce, Education and Training

- Strategic focus on recruitment, retention training and support for all primary care professionals, whether clinical or non-clinical
- Extend GP training
- Protect time for peer review and peer support
- Consultation skills training for doctors and nurses
- Increase clinical workforce capacity
- Recruit and train more practice nurses and HCAs to an agreed standard
- Support for innovation in organisational development (protected time and collaboration)
- Support for recruitment and training of new staff
- Leadership development for clinicians working as providers
- Appropriate assessment of practice and local workforce requirements
- Real time access to clinical information, guidelines, and locally available services, including diagnostics

**“Squeeze (The Rich)
til the pips squeak”**





Does anyone care?



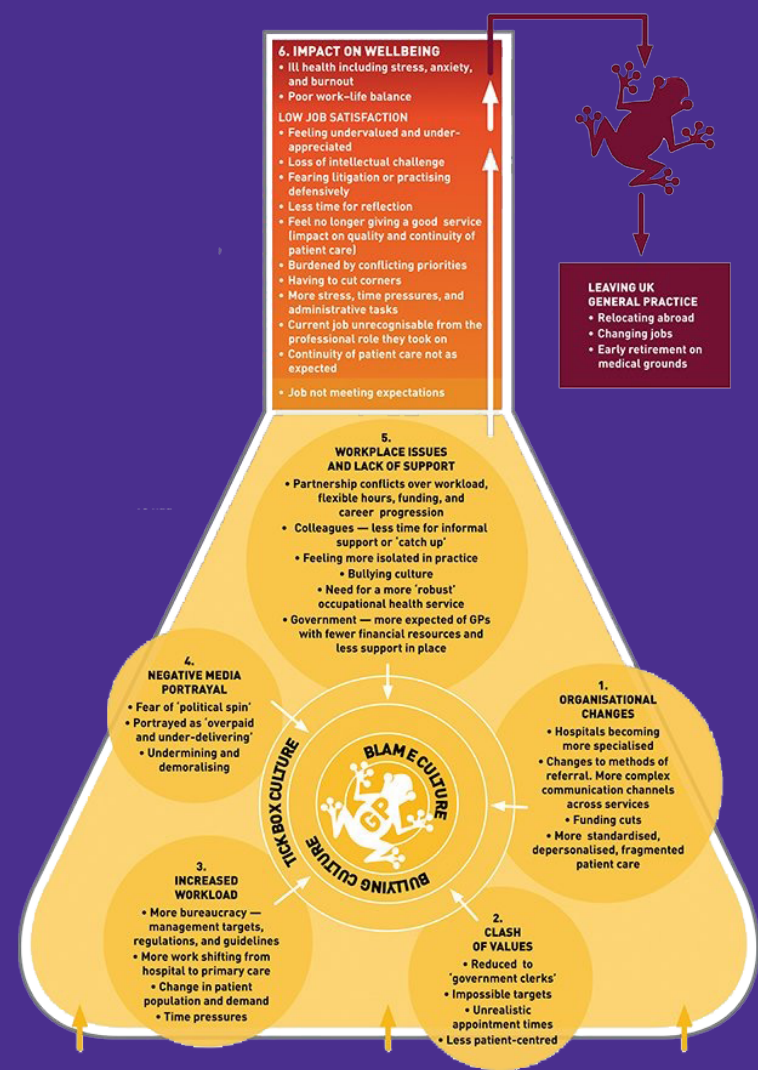


“Boiling Frogs”

The changing role of general practice and its impact

‘If you take a frog and you stick it in some very hot water it will jump out, it won’t like it. If you take the same frog and you stick it in a pan of water and you just very, very slowly warm it up, it will adapt to the change, to the point that [...] you can actually just boil the water and [...] because it’s so well used to adapting, it won’t realise that it’s actually dying!’ (GP6)

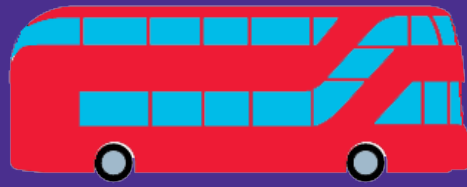
‘A lot of GP meetings that I used to go to they used to go on about “boiling frogs” and they said they keep on increasing the workload on GPs who are adapting to the point where they all crack and then say “That’s it, I’ve had enough!”.’ (GP6)



Nor can / do CCGs

- Patients need to flow between services, to reach and receive care from the correct service for them.
- Poor care and use of resources occur when patients get 'stuck' at a point in the system which isn't best positioned to provide their care.
- **Example:** repeated A&E attendance due to problem drug use could be better addressed via counselling, co-ordinated with the patient's GP.







BOX 2: About GPs and Practice Teams

GPs are expert generalists trained in the bio-psycho-social model of medicine. They differ in their approach from specialist and general hospital physicians who are trained to operate in the narrower bio-medical model.

GPs deal with patients' unfiltered problems arising from medical, psychological, social dis-ease, and take all these factors into account holistically, episodically, and over time, building a partnership of trust delivered through relationship continuity with the patient to effect better health and wellbeing for that patient. Relationship continuity is the essence of general practice and, with practice or communities of practices this is key to achieving better outcomes for populations.

GP continuity, and the trust underpinning it, delivers improved outcomes, episodic, urgent or self-care is required. Underpinning this is the relationship and one of the core GP skills: the capacity to act as a therapist. It is the expertise of the GP that improves a patient's sense of wellbeing such as the prescription written, or referral made. This therapeutic relationship is key to the 'less is more' approach to delivering better outcomes. Unnecessary prescribing, fewer unnecessary referrals, fewer investigations, and more self-care and trusted relationships are key to achieving better outcomes for individuals.

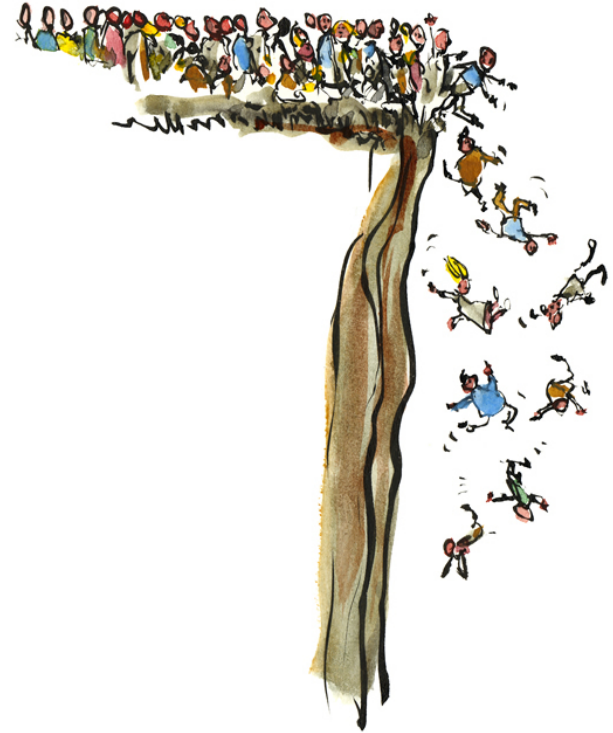
GPs work best in teams of professional colleagues. They are the front desk to those in need of support in communities. They are based in and deliver care in a bio-psycho-social model. They are educated and trained in a bio-psycho-social model.

Support for practices coming from patients/ other parts of the profession





**I don't care...
Just keep up!**



**Wait a minute...
Something feels wrong!**

**Shut up, you moron!
Do as you've been
told. It's good for you!**



Special LMC conference 2016



Questions



Summary

Dr Adam Jenkins

