

CALDERDALE LOCAL MEDICAL COMMITTEE

Minutes of the Calderdale Local Medical Committee AGM
held on Wednesday 14/10/2020
(Held using Microsoft Teams)

Present <u>LMC Members</u> Dr S Nagpaul (Chair) Dr R Loh Dr D Kumar Dr S Ganeshamoorthy Dr G Chandrasekaran Dr E Gayle Dr J Ring Dr A Jagota Dr S Khan Dr R Hussain Dr N Taylor Dr M Mensah	Spring Hall Rosegarth Plane Trees Raistrick Plane Trees Brig Royd Stainland Spring Hall Church Lane Sessional Rep Hebden Bridge Keighley Road	(SN) (RL) (DK) (SG) (GC) (EG) (JR) (AJ) (SK) (RH) (NT) (MM)	<u>Practice Managers</u> Tracy Worrall <u>Service Manager</u> Marcus Beacham <u>CHFT</u> Helen Barker <u>Observers/Guests</u> Dr J Ishaq <u>LMC Accountant</u> Ebrahim Suleman Davina McDonald	Spring Hall CHFT The Boulevard Forrest Burlinson Minute Taker	(TW) (MB) (HB) (JI) (ES) (DMC)
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1	<p><u>Apologies</u></p> <p>Apologies were received from C. Todd</p>
2	<p><u>Welcome and Introductions</u></p> <p>The Chair (SN) welcomed all members and guest to the AGM and gave a brief outline of the agenda.</p>
3	<p><u>LMC Chair Report</u></p> <p>SN reflected on her personal journey over the last year, along with the practice merger and COVID-19. With the rapidly changing environment due to COVID-19, the GP practices adapted and responded quickly to the demands despite perceptions. The clinical directors through the PCN's, with collaboration through the CCG and LMC, were innovative and flexible with the solutions over the daily challenges COVID through up, which made it a true success. The importance of the protentional of general practice was acknowledged by the investment the CCG agreed to put in for the Red Sky GP Development for each GP Practice for the restart.</p> <p><u>Growing LMC</u></p> <p>Despite COVID-19, the LMC has also continued to develop over the last 12 months. The appointment of MB as Liaison Officer has now developed into the role of Calderdale LMC Service Manager to recognise the increasing responsibilities. The further addition of DMC as the Administrative Assistant will allow MB to expand his role. As the LMC website continues to be developed, this was the main source of information during the first COVID-19 wave. The aim is to continue to maintain and revamp the website to make the information accessible and obvious. The aims for this coming year is to continue to develop Calderdale LMC to make it a strong, sustainable organisation as possible, in order to represent General Practice.</p> <p><u>The Voice of GP's</u></p> <p>We will continue to get the GP as a provider voice heard in all relevant forums in Calderdale and the LMC are currently involved in pathway development with CHFT and the CCG to ensure that work is not transferred unreasonably into primary care without resource.</p> <p><u>Business Planning, Succession, Training and Development</u></p> <p>With new constitution's now in place, we will now be directed to the future in becoming incorporated which will provide security for the committee members. There is also a plan for succession which includes encouraging committee members to shadow the senior committee members for 3 months in order to gain experience in their committee roles. We have now developed a 3 year business plan in order to plan how the LMC will be supporting our practices better, which MB will present. This includes training and development of both LMC and committee members, jobs in GP's and practice managers, as well as mental health and wellbeing.</p>

4	<p><u>General Practice</u></p> <p>GP's are the central cog in the NHS wheel with the unique role of lynch pin to the NHS, a role which needs to be recognised, respected and resourced into the future. With GP numbers reducing and patient numbers increasing we have a difficult time ahead of us. With the second wave of COVID-19 being imminent, we need to harness the best of all the changes in working COVID-19 created and integrate these into the new normal, whether remotely, face to face or mask to mask and challenge the assumptions that GP's are not open or not providing an adequate service and lobby to give patients realistic expectations of what the NHS is now able to provide. As your LMC we are here to ensure this happens. SN thanked HB for the work which was carried out together with CHFT.</p> <p><u>LMC Medical Secretary Report</u></p> <p><u>LMC Regular Meeting Attendance</u></p> <p>RL gave an update with regards to the regular LMC monthly meetings, the CCG Public Health meetings, the executive team meeting and also the Huddersfield, Kirklees and Wakefield LMC's meetings.</p> <p><u>Key Areas of Engagement</u></p> <p>RL gave a break down and update for the year in relation to areas of engagement with the Pharmacy, PCN DES, COVID-19 readiness, CHFT services and pathways. Flu planning was also discussed in relation to the LMC being heavily involved as well as the CHFT with the honorary contract with the district nurses, which is now in the third year. RL thanked HB for her participation with this. CQC inspections and the new model was discussed along with the NHS Property Services and the issues which some practices have around lease's, which is currently ongoing via the courts.</p> <p>Medicine management issues were discussed in regards to prescribing. Calderdale Registry Office, Practice Mergers, APMS patient dispersal was covered along with the COVID-19 funding to PCN's.</p>
5	<p><u>Annual Accounts</u></p> <p>ES gave an overview of the previous year's accounts including clarifying the Voluntary Levy (0.06p/Pt) and the Statutory Levy (0.40p/Pt) as to which ones are set and which ones are statutory, this was supported by SN. The Accounts were proposed and accepted by the committee and duly signed as required.</p>
6	<p><u>LMC Business Plan</u></p> <p>MB gave an overview of the Calderdale LMC's key purpose, functions, structure, membership, involvement and engagement. MB also gave an update on the progress to date over the last 3 years, support roles and key achievements.</p>

Planning for The Future

The LMC Wellbeing Strategy and Development plan has already been agreed and has been put in place, part of which is a marketing programme and getting the LMC known to the wider health community and to other partner organisations.

Resourcing the Plan

MB discussed the operational finance model clarifying the levies, value to practices and how the planned income fully covers the operational running costs, such as salaries, membership reimbursement, accountant costs, other areas of costs etc. The plan will demonstrate the model is a balanced model along with creating a contingency fund in the financial structure where there will be 3 months basic running costs set aside in the contingency fund so we are never at risk should any planned income be late being received. There will also be a development fund created establishing budget codes for all spend areas, combining unallocated LMC funds plus external funds to fund agreed activities.

Business Plan Oversight

MB plans to have 3 main budgets, Operational, Contingency and Development and within these budgets there will be a separate budget code for income and expenditure. This will allow clear and concise monthly reporting with actual spend against planned spend, which will be reported to the LMC executive on a quarterly basis. Where there are any exceptions this would be brought to the LMC on a quarterly basis as an agenda item, otherwise the report will be submitted on a quarterly basis.

Business Plan Proposals

MB brought the following proposals to the committee which will need to be agreed in principle in order to provide a financially detailed business plan at the December meeting;

- The summary and oversight procedures which were previously outlined are agreed in principle – ***This was agreed in principle by the committee***
- The Service Manager role to move to employed status on the terms relevant to the post – ***This was agreed in principle by the committee***
- The Admin Assistant role to be established on a secondment basis for 10 hours per week – ***This was agreed in principle by the committee***
- Provision of an office/meeting room in Halifax as a base for the LMC support service – ***This was agreed in principle by the committee***

The AGM was then brought to a close.