

# Leeds Local Medical Committee Limited

Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA

Registered in England and Wales – Registered number 7287736

Tel: (0113) 295 1460 fax: (0113) 295 1461 email: [mail@leedslmc.org](mailto:mail@leedslmc.org) website: [www.leedslmc.org](http://www.leedslmc.org) Twitter: @Leedslmc

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## **Summary of feedback from LMC Event - Shaping the future for you and your patients: delivering a sustainable health and social care service for Leeds**

Key themes emerging from the event, expressed through the Q&A session, feedback forms and via social media, are set out below:

### **1. Greater engagement needed**

It was felt that an open and honest discussion was needed with clinicians, patients and the public in developing the Leeds Plan and the West Yorkshire STP. This was recognised by those leading the programmes and it was also noted that Leeds City councillors had similar concerns and would have a key role to play in this process.

In fact Leeds appears to be faring better than some other parts of the country where there has been virtually no public debate and plans have been drawn up effectively behind closed doors.

### **2. Investment**

Several attendees at the meeting were concerned that it would be impossible to provide increased services, eg improving access to primary care, within the same or even a smaller funding envelope. For example, there is already experience of the funding provided for the Leeds West extended access scheme being cut which will have an impact on the service that can be provided.

Whilst the £22bn funding gap faced by the NHS in England is well-understood, doctors questioned how sustainable the Leeds and West Yorkshire STPs would be without new investment and recurrent funding. The plans lacked any clear detail as to how many of the ideas that were included would actually make the savings required. The West Yorkshire and Harrogate STP is set against the background of needing to make substantial efficiency savings; the projected deficit in health and social care spending in this region, if nothing is done, is £1.07bn.

It was noted that whilst transformation funds were available, they were limited and tied up with so many caveats, including making savings in general allocations, as to make the reality very difficult.

### **3. Workforce**

This crucial issue was referred to on several occasions, particularly the current crisis in the recruitment and retention of GPs and practice nurses. 17% of Leeds GPs are likely to retire in the next five years. This is concerning especially as many of them work full-time and it is possible that they will be replaced by doctors seeking part-time roles.

The GP Forward View promises 5,000 extra GPs but it will take many years for them to be fully trained and currently there is a drop in applications for GP training places. An expansion of the workforce is required urgently. Whilst an increased skill-mix of the

primary care workforce might help at a time when it is difficult to recruit GPs, there was no clear commitment to expand the overall workforce which is clearly needed to manage the growing needs of the population in Leeds.

Locum and sessional GPs are an increasing part of the GP workforce and much more needs to be done to value and involve them. This is recognised by the CCGs but they reflected on the difficulties in engaging with this group due to the nature of their freelance working patterns.

During the Q&A session, there was discussion on how to expand the workforce rather than the different healthcare organisations in the city effectively poaching staff from each other. Reference was made to the positive developments in Leeds such as the Physician Associate course at the University of Leeds, the proposals for a health and social care academy and the joint recruitment efforts by the main healthcare providers in the city.

#### **4. New models of care and working collaboratively**

There was a real appreciation of the need to build relationships and reduce the boundaries between primary and secondary care colleagues, as we move towards the more integrated working envisaged in the Leeds plan and the West Yorkshire STP.

We heard from one LTHT consultant that already successfully delivers specialist eye services in primary care locations. However, developments such as these involve challenges and depend upon safe settings being available, suitably qualified staff and a willingness of commissioners and Trust providers to enable it to happen in a sustainable way. This will all require investment, for example in estates, technology and workforce development but also a commitment to work in genuine collaboration.

It was noted that in areas such as elderly care and diabetes, LTHT consultants were already working within communities and it was hoped that this would become more common in the future. Equally it was accepted that there are situations where for certain specialties working and collaborating across West Yorkshire is more clinically appropriate.

The meeting also received a presentation from a GP perspective which noted that many practices in Leeds are already collaborating and working together, without major reorganisation or the need for contractual changes. There is a need for the GP voice to be represented on the Leeds Health and Care Partnership Executive Group (PEG).

#### **5. Rising demand**

The challenges caused by rising demand in the system, particularly because of the ageing population, were referred to in several of the presentations. It was noted that England will see a 100% increase in those aged 85+ by 2030.

#### **6. Greater detail needed re the Leeds Plan and the West Yorkshire STP**

Parts of the Leeds Plan and the West Yorkshire STP appear very detailed and include ambitious statements but there is little substance in terms of how all this will actually be achieved.