Leeds Local Medical Committee 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 email: mail@leedslmc.org website: www.leedslmc.org Twitter: @Leedslmc

17th December 2021

Dear Colleague

LEEDS LMC AND LEEDS LMC LIMITED 2021 ANNUAL GENERAL MEETING Tuesday, 21st December 2021 at 7:45 pm

Please be advised that the 2021 Annual General Meeting of the Leeds Local Medical Committee and Leeds Local Medical Committee Limited will be held on Tuesday, 21st December 2021 at 7:45pm, and you are invited to attend.

This year the AGM will be held by hybrid meeting, allowing you the choice to join by Team link or in person at the LMC offices. The AGM will be followed immediately by the usual December meeting of the LMC which you may also wish to attend as a non-participating observer.

In order to register to attend, please contact the LMC office.

The timetable for the evening is as follows:

7:45 pm Leeds LMC and Leeds LMC Limited 2021 Annual General Meeting

- 1. Apologies for absence
- 2. Chair's opening remarks
- 3. Minutes of the AGM held on 15 December 2020 enclosed
- 4. Medical secretary's report enclosed
- 5. Treasurer's report enclosed
- 6. Leeds LMC financial statements for year ended 31/03/21 enclosed
- Leeds LMC Limited financial statements for year ended 31/03/21 enclosed
- 8. Any other business

8:00 pm Close

Yours sincerely

DR NICOLA HAMBRIDGE Chair

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Meeting: Leeds LMC and Leeds LMC Limited annual general meeting

Meeting date: Tuesday, 15 December 2020 at 7:45 pm

Meeting venue: Virtual meeting via Zoom video conference facility

Present: Dr N Hambridge (NH) Chair Dr R Vautrey (RV) Dr R Sathiyaseelan (RS)

Dr S McSorley (SMcS)
Dr A Bearpark (AB)
Dr J Adams (JA)
Dr A Albeyatti (AA)
Mr A Haigh (AH)
Dr G Pottinger (GP)
Dr L Clement (LC)
Dr K Verdi (KV)
Dr G Elias (GE)
Dr S Ottman (SO)
Dr I Sixsmith (IS)
Kate Gagen (KG)

Apologies: Dr J Pick Ms Victoria Eaton

ITEM	MINUTES	ACTION
1.	Chair's opening remarks	
	NH welcomed committee members to the Leeds LMC and Leeds LMC Limited 2020 annual general meeting. She noted that the last year had been extremely difficult due to the pressures of the COVID-19 pandemic and she wanted to take the opportunity to thank colleagues for all their hard work and support.	Info
2.	Minutes of the meeting held on 19 December 2019	Info
	Agreed as an accurate record.	
3.	 Medical Secretary's report RS referred to his written report previously circulated. The outbreak of Covid-19 had meant huge changes to general practice with staff having to adapt very quickly to new ways of working, including telephone and video consultations. RS felt vey proud of his colleagues and what they had achieved. There were concerns for the future re the financial impact of Covid-19 on practice funding. No comments or questions raised. 	Info
4.	Treasurer's report	
	AB referred to her written report previously circulated and to the copy accounts provided by RSM UK. The LMC finances were in a good state and reserves had increased.	Info
	 Mindful of the extra expenses incurred by practices during the pandemic, the LMC officers had taken the decision to reduce both the local and national levies by £0.01 as from 1st October 2020. The new levy rate was therefore £0.26 pence per patient for the statutory levy and £0.07 pence per patient for the voluntary levy. 	Info
	• Leeds LMC annual charitable donations to the Cameron Fund and the RMBF had been increased from £1,000 to £2,000 each per year.	Info
5.	No comments or questions raised. Leeds LMC financial statements 2019/20	
٥.	Noted and approved.	Info
6.	Leeds LMC Limited financial statements 2019/20	11110
] .	Noted and approved.	Info
7.	Any other business	
	None	Info
8.	The meeting closed at 7.55pm	Info

Medical Secretary's Report 2021

The last year saw general practice take on the challenge of dealing with life after the Covid lockdowns. From December 2020 Leeds PCNs worked tirelessly to vaccinate the population in vast numbers and with remarkable efficiency. Thousands of vaccines were being administered daily, despite all the logistical difficulties caused by the covid vaccine delivery restrictions and issues regarding 15-minute waits to monitor post vaccination.

Communities came together and supported us to manage the Covid vaccination programme. Volunteers helped to staff the vaccination sessions both clinically and administratively, manage the crowds, manage traffic flows in the car parks and clear snow when the weather was bad.

The primary care response to managing the covid vaccination programme was impressive. The fact that this was done while dealing with day-to-day consultations and while managing the largest flu vaccination campaign to date only enhanced the successes.

Many practice staff, both clinical and administrative, have worked regular extra hours in addition to their usual workloads and without their help and support, all that has been achieved would not have been possible.

Having managed the vaccination campaigns for Covid and Flu and having continued to manage the daily general practice demands under immense pressure, we saw the Covid restrictions being released.

Throughout the pandemic, practices have seen increased workloads and huge pressures on capacity, with reduced staffing levels due to illness and isolation protocols. But these pressures appear to have increased further to unmanageable levels in the past few months.

The support and adulation received by practices through the vaccination campaign turned to increase demand, anger and abuse.

Having initially changed working practices overnight to ensure that patients were managed safely and efficiently without face-to-face consultations unless necessary, GPs were suddenly asked to see patients face to face if they requested and all other forms of consultation seemed to be discarded. This was despite the covid infection figures still being high and the risks to practices of staff illness.

Practices needed to manage the absence of staff due to illness or isolation periods/quarantine with the added worries of family illness or death to manage. Although the workforce issues crippled many practices, patients were still managed with their multiple healthcare needs.

Most practices already had systems in place to see patients, as and when they needed to be seen face to face. But the government and media reports all stated that the numbers of face-to-face consultations were significantly reduced, compared with pre covid times.

What was not mentioned in these reports was the massive increase in remote consultations that GPs were doing. Practices are dealing with many lanes on the motorway including telephone consultations, video consultations, emails and econsults. Patients have almost unlimited access to practices and can have consultations as both appropriate and as per their own choice. Unfortunately practice capacity has not increased with the demand on

appointments. We continue to have a drop in GP numbers. Since the new contract we have a 1700 GP reduction in full time numbers.

The pressures faced in general practice do not look likely to be reducing at any time soon. The winter period looks grim.

The secondary to primary care workload shift appears to be increasing relentlessly despite the change in the hospital contract that should have restricted this from happening.

There is a lot of work being done to try and improve the issues we face with workload shift. Over time this work should have dividends. It is presently difficult to see when the results of these efforts will be seen.

LMC England Conference

The conference of England LMCs was held remotely on 25th and 26th November 2021. The LMC officers all attended and represented the Leeds GPs. The debate and discussion centred around the secondary to primary care workload shift, the demoralisation of GPs and practice staff due to the increase in workload, the appalling aggression and abuse towards them and also by the negative spin from the government and media. There were calls to raise the positive aspects of general practice in the media and to support a zero-tolerance approach when staff are abused or threatened.

GP Mentorship Plus Scheme

The LMC developed mentorship plus scheme continues to be a success. The feedback from users has continued to be positive. The scheme has been extended to include practice managers and nurses and continues to support a varied range of issues and concerns such as workload management, partnership issues, time management, employment issues to name a few examples. The scheme continues to provide mentorship for professionals that do not require support for any health-related issues. The GP health service should continue to support any GPs with health issues. Please contact the LMC directly if you wish to be considered for the scheme.

Leeds LMC update

In the last year I am sad to say that Kate Gagen one of our executive officers retired. She worked with us at the LMC since 2009 and has been an invaluable support. We will miss her dearly.

Jodie McNeil continues in her role as an executive officer. Jodie has increased her commitments with the LMC to work full time now. In addition, she will soon be joined by a new executive officer in a part time role.

At this point, I feel it is important to mention Richard Vautrey. I am sure most of the GP community will be aware that Richard has very recently stepped down as GPC chair. Richard has served general practice tirelessly and he has achieved so much in his four and a half years as chair of the GPC. Richard managed to negotiate a five-year contract that provided guaranteed increases in funding for GPs and their staff. He also presided over the development of the central indemnity scheme, that removed the risks of ever-increasing indemnity costs with the MDOs. Nationally, general practice was in safe hands with Richard as chair. I hope his successor will be able to fill his shoes as well. Thankfully Richard

continues to work with the LMC in Leeds and offer his wisdom, experience and calm, professional demeanour to the team.

The LMC website is updated by the executive officers, and we continue to add to our library of guidance and newsletters. We have also added any presentations from our local events on to our website for access by interested parties. We hope that GPs and practices will be continuing to find this useful. We are in the process of revamping the website to modernise the appearance, allow easier access to information and hopefully provide a better experience overall.

The LMC Facebook page remains active, and we continue tweeting from our Twitter account.

As ever we continue to see many GPs and practices under strain and in need of help or advice. The LMC is available to offer support and we would encourage people to contact us at an early stage. The LMC works with the CCG to recognise practices and GPs in difficulty at an earlier stage and to provide support and resolve some of the arising issues. In addition to the support offered with the mentorship plus scheme, the LMC can offer pastoral support to those in need.

The LMC provides regular representation for GPs to the Performance Advisory Group and we are also now involved in the Performer's List Decision Panel dealing with GPs in difficulty for a variety of reasons.

The LMC has continued to have excellent support from committee members and we continue to elect new members to our committee from a wide variety of backgrounds. We work hard to maintain strong working relationships with the CCG, NHS England's regional team, Public Health and LCH, LYPFT, Leeds City Council, The CQC Regional Inspectors and the Confederation and the Local Representatives Committee.

Recently there have been changes to NHS structures and the CCG is being replaced with by the ICS and our work to ensure the voice of GP's is maintained through our involvement in the new arrangements at both Leeds level locally and working with West Yorkshire LMCs at ICS level.

We are always keen to encourage new members to join us and would value their input. If anyone wishes to join the LMC as a committee member we would be grateful if you could contact the office or myself directly to discuss this further.

Please feel free to email us with any queries or concerns or speak to us by phone or we can even arrange a video conference. Please come and see us at the LMC offices where Jodie, or I would be happy to see you. We do have rooms available for use for people wishing to meet their appraiser or for mentoring sessions.

DR RAJ SATHIYASEELAN Medical Secretary, Leeds LMC

25th November 2021

LMC Treasurers report 2020/2021

The LMC finances are in a good state.

There has been a further increase of reserves from last year despite a reduction of local and

national levy in October 2020 by one pence/patient (local levy 26p/patient, national levy

7p/patient). The current reserves allow for 11 months (as not able to spend national levy) of

usual LMC business.

The reasons for the increase is related to an unusual 18 months due to Covid. In particular

reduced expenses (we were unable to host our usual events, no conference expenses),

increased one off funding and a one off reduction of our contributions to GPDF (General

Practice Defence Fund).

We propose to continue with the current levy as we expect a significant increase in

expenditure in this current year. We are now funding the 6th LMC officer and resuming

normal LMC activity.

Annette Bearpark

November 2021