

1. Roles & Responsibilities of the LMC and 2. Current Political Scene

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Learning objectives

- The LMC – who we are and what we do
- The current political scene and the impact on **your future in General Practice**

The LMC – who we are

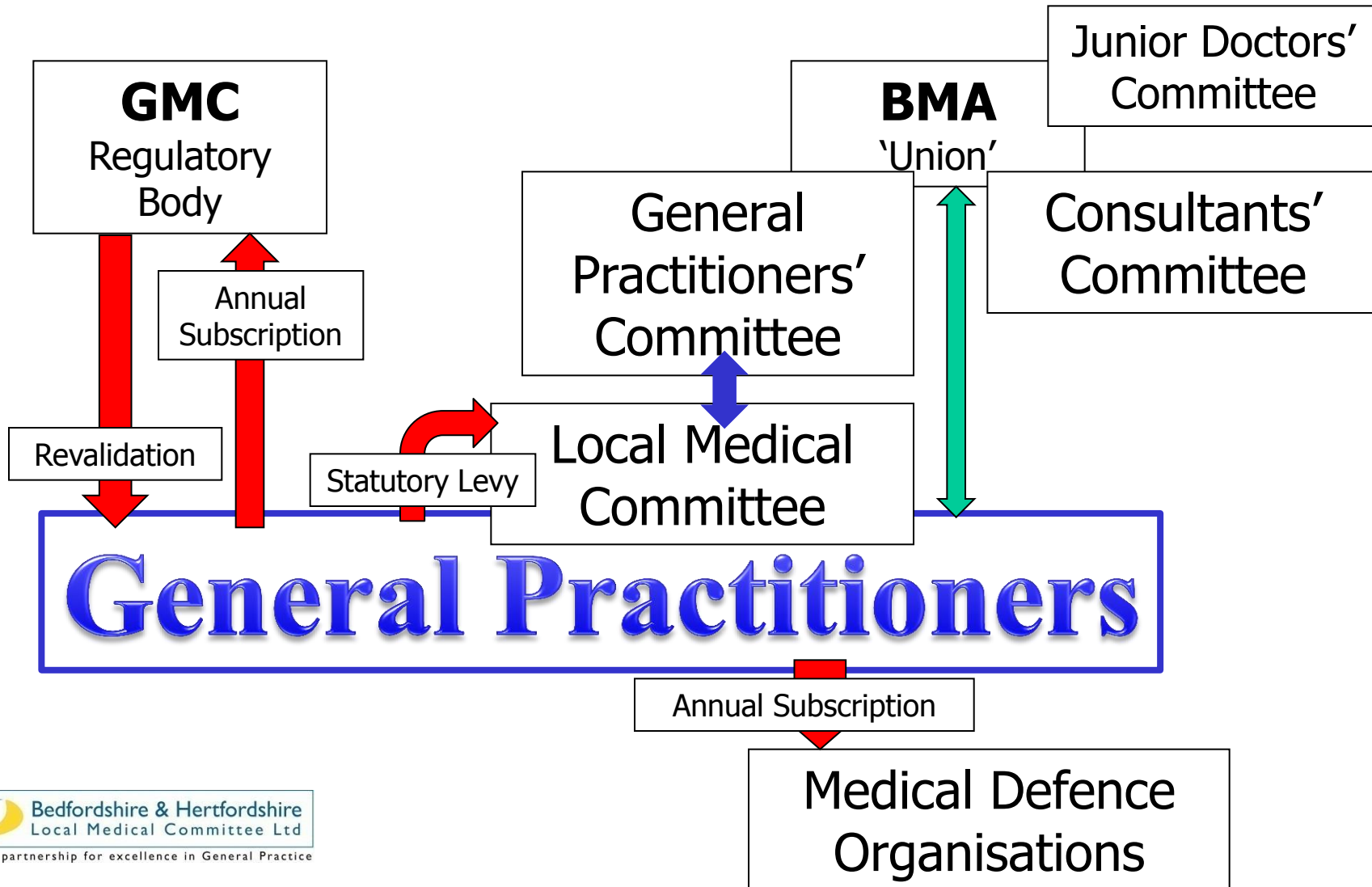
Mission:

The aim of the Beds & Herts LMC Ltd is to support General Practice to aspire to excellence in patient care by advising on, and promoting the development of all aspects of general practice through working in partnership with GPs and all other key partner organisations throughout the health economy.

Company - limited by guarantee

- Incorporated 1st October 2006
- Non-profit making
- £900k turn-over
 - financed mainly by 'Statutory levy' upon GPs
 - NO direct NHS funding

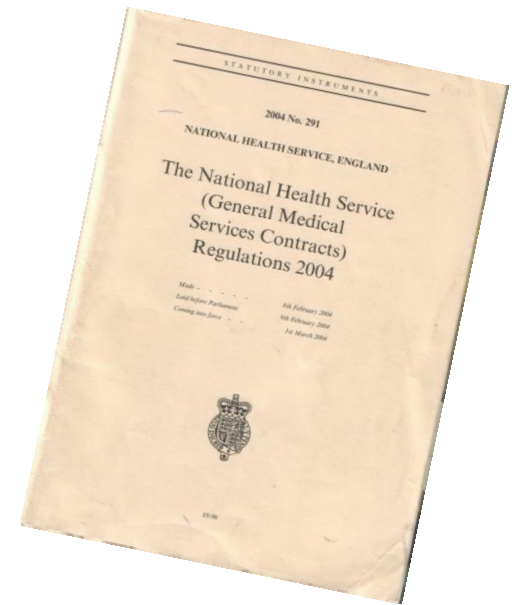
The LMC – who we are



Statutory Roles of the LMC

Part 6 (paragraph 27) of The NHS (General Medical Services Contracts) Regulations 2004

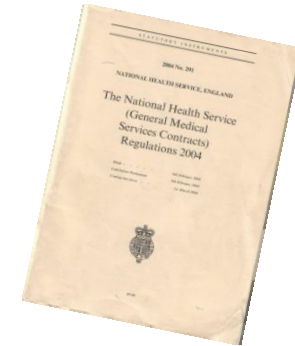
- Consideration of complaint made by one practitioner against another and report outcome to the PCT
- Arrange medical examination of GP at the request of PCTs



Statutory Roles of the LMC

Schedule 6 Part 7, Dispute Resolution

- (2) Either the contractor or the PCT may, if it wishes, invite the LMC to participate in discussions ...
- Appeals



Other Roles

- Area Team must consult with LMC
- Regular discussion and negotiations with CCGs & Area Team
- Keeping GPs up dated
 - Local Issues and developments
 - Government policy & the national agenda

Support for GPs

- Pastoral care
- Practice disputes and complaints about other GPs
- Help with **Performance Assessments**
- Advice about **Contracts**
- Advice about **Complaints**
- Advice about **ethical issues**
- Workforce Planning, Recruitment & Retention
- GP & Nurse Locum bank

*GP*recruit **.co.uk**

Other Roles and Functions

- Ensuring that the GPC is aware of local issues
- Responding to consultation exercises
- Briefing MPs
- Briefing the press
- Discussions with other stakeholders, e.g. Patient Forums, voluntary groups, local councils

Leading Change – Influencing the future of General Practice

Drivers for Change in the NHS

- Science
- Ethical Issues
- Information availability
- Patients as smart as clinicians
- Patient Expectations
- Uncertain boundaries between carers
- Complimentary Medicine
- Medical Solutions to Social Problems

An ageing population – The largest financial driver

- UK population grew by 8% between 1971 & 2006 (total 60.6m)
- Over 65s grew by 31% (from 7.4 to 9.7m)
- Largest percentage growth in year to mid 2006 was in over 85s – reaching 1.2m
- Under 16s fell from 26% to 19% between 1971 & 2006
- Population ageing predicted to continue to grow for at least the first half of the century.

<http://www.statistics.gov.uk>

Drivers for Change in the NHS

- An Ageing Population
- Evidence of **Current Economic Policies** Medical & Quality
- Recruitment & Work/life balance
- **Efficiency and Value for money**

SUSTAINABILITY AND TRANSFORMATION PLANS

Money - Healthcare Costs

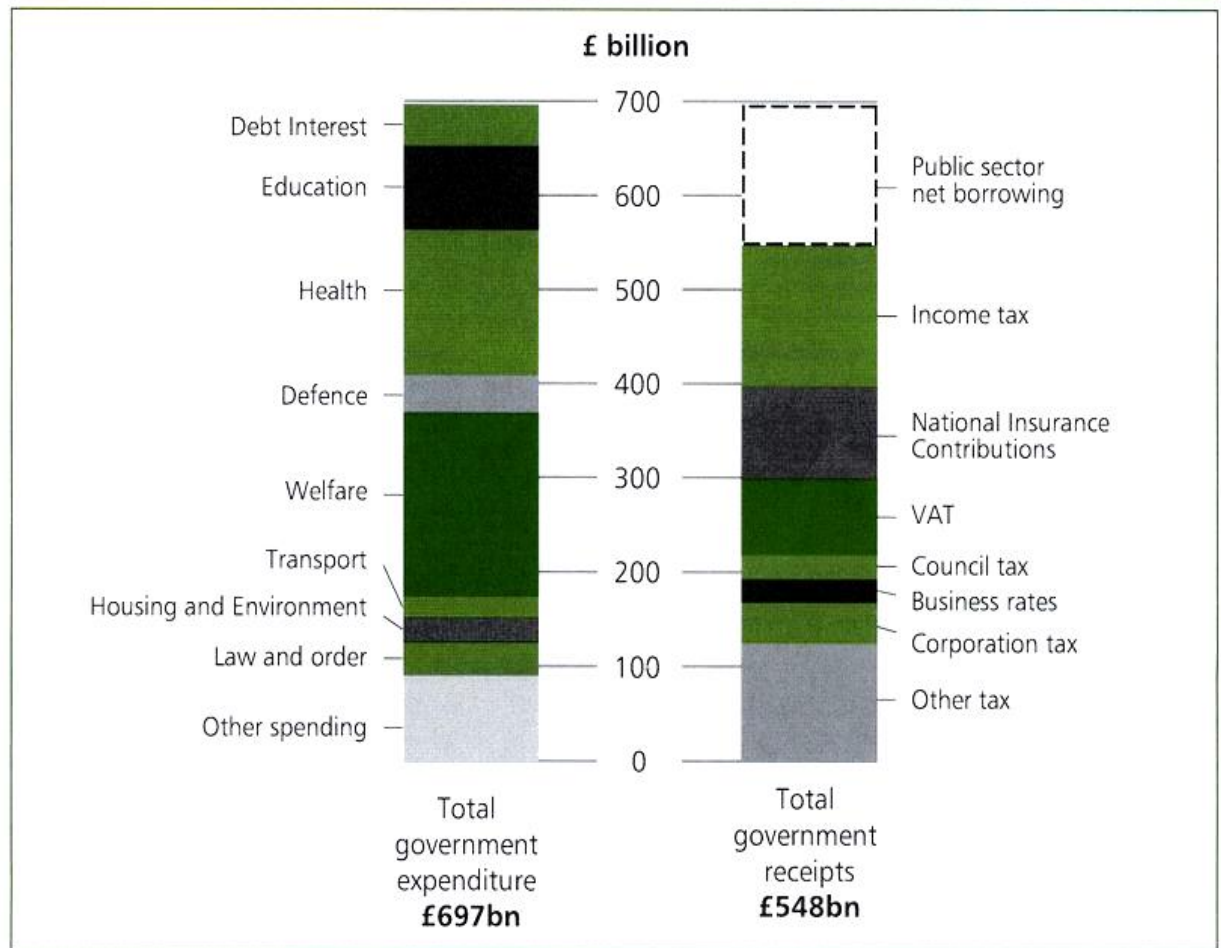
NHS England (Health) (in billions)*

- 07 – 08 = £82.559
- 08 – 09 = £88.986
- 09 – 10 = £95.798
- 10 – 11 = £98.955
- 11 – 12 = £101.638
- 12 – 13 = £105.584
- 13 – 14 = £108.258
- 14 – 15 = £113.300
- 15 – 16 = £116.574 *NHS Confederation statistics

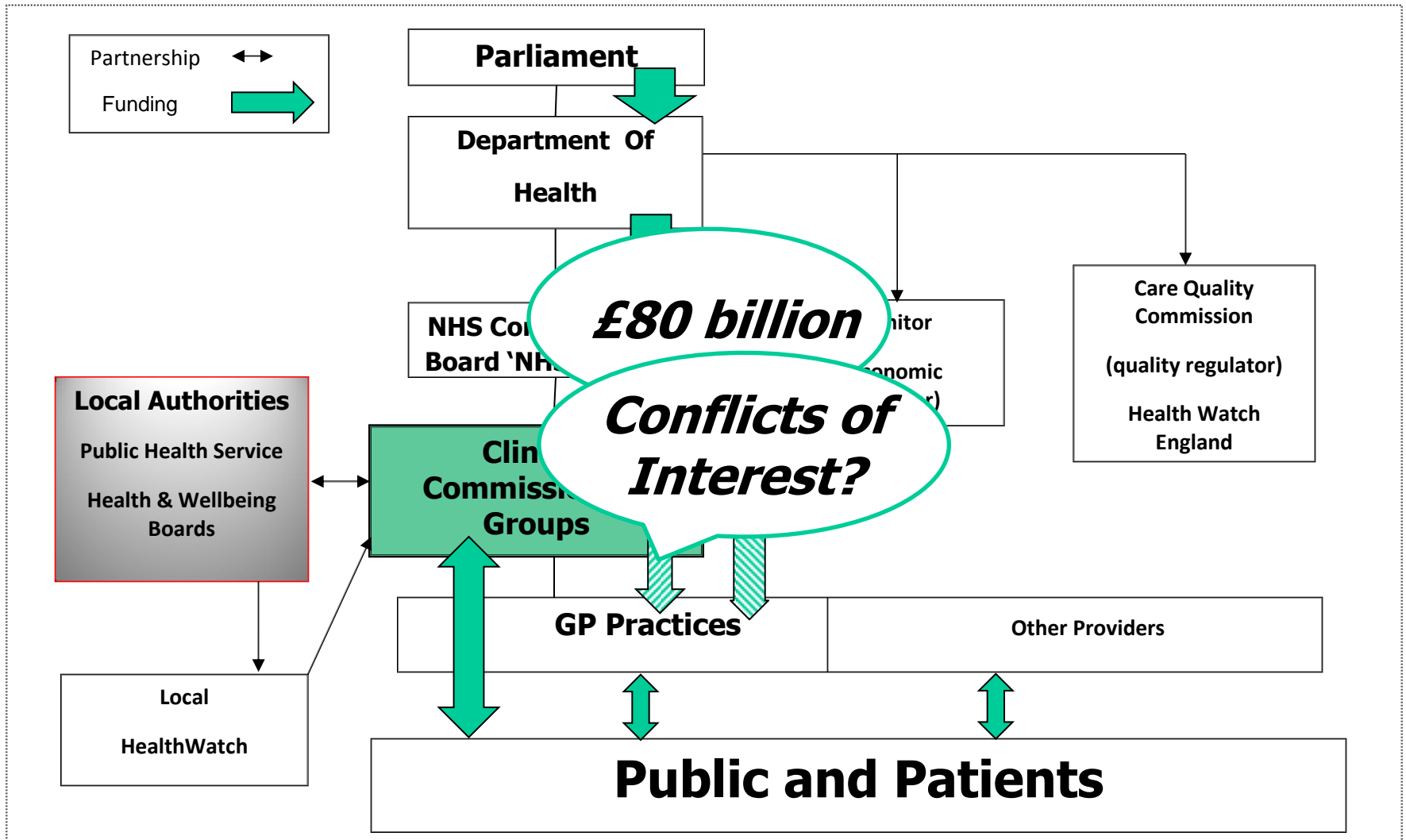
Government Expenditure

Chart 1.2: Total government expenditure and receipts in 2010-11

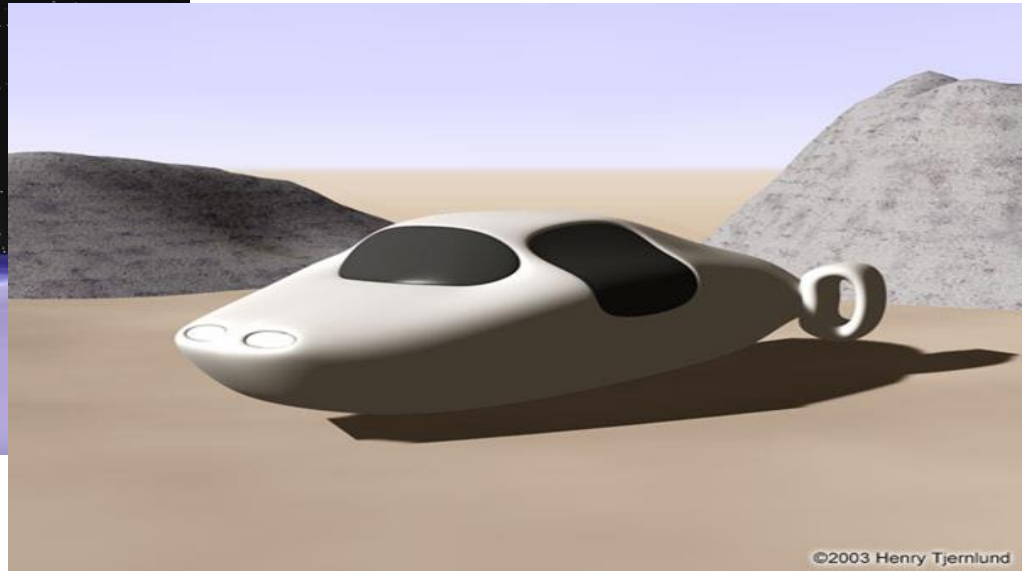
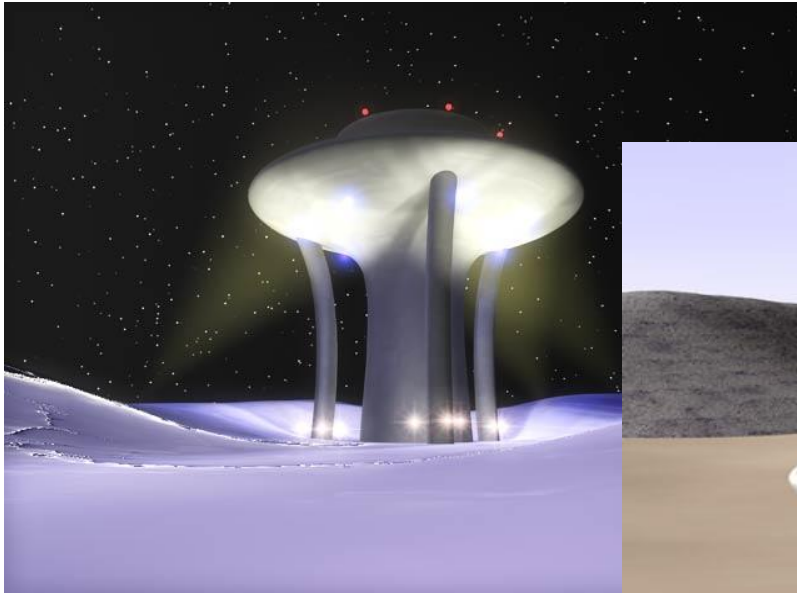
- Total Government Expenditure & Receipts



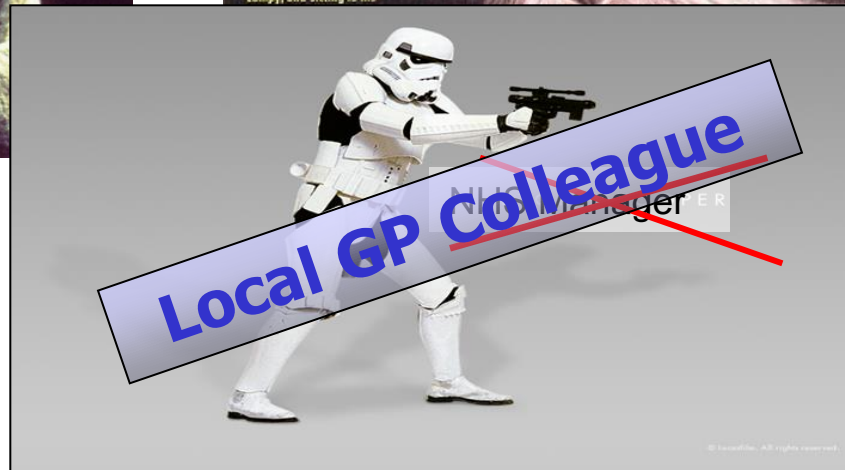
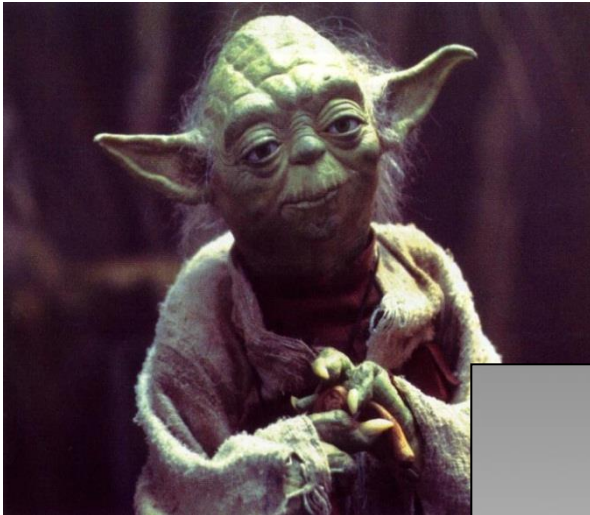
Funding flows in the new NHS



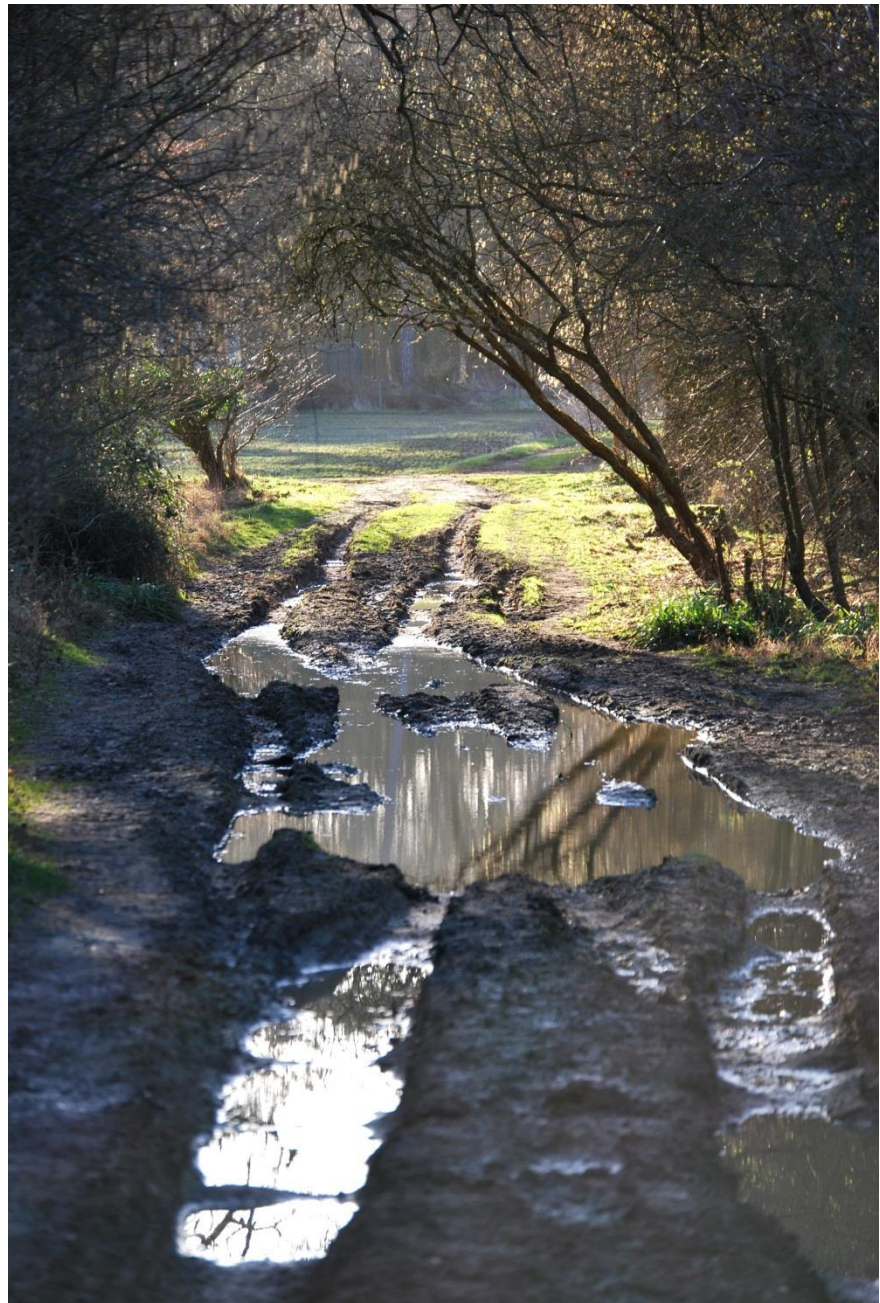
Future Premises & GP's vehicles!



Future Patients!

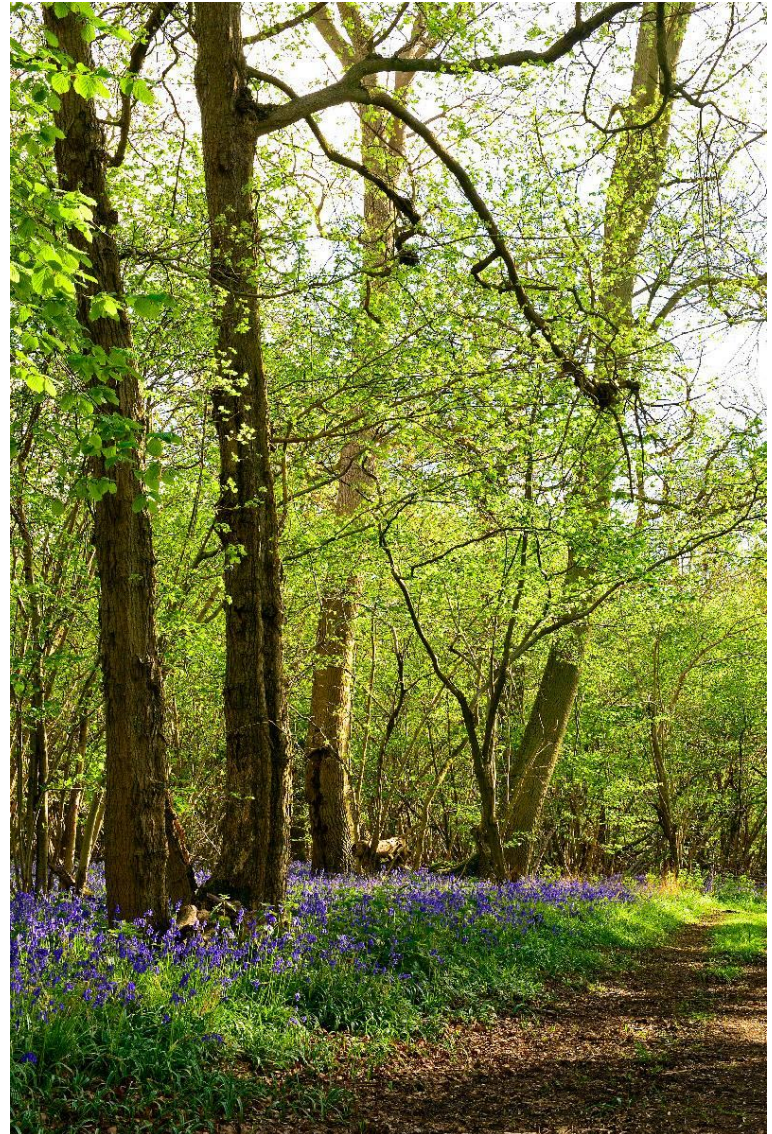


The Future ... What does it look like?



The Future ...

1. Forge your own future
2. Don't let the opportunities slip away
3. General Practice is 'Sustainable and Successful' for the long-term future.



General Practice – The cornerstone of the NHS

- 300 million consultations per year
- Most appreciated and highly rated part of the NHS
- 90% of the work
- Direct influence over 80% of the NHS funding

LMC Project

Common Findings

- **Practices working closely together**
 - Not necessarily merging contracts
 - Sharing staff & 'Back-office' functions
- **Working with other Primary and Social Care providers – “Integrated Care”**
- **Centralised Clinical Triage**
- **Focusing on Vulnerable patient groups**
(e.g. elderly & house-bound plus 7-day access to services)
- **Innovative ideas?**

'Integrated Multidisciplinary Hub'

- **Acute service**
 - same day appointment
 - Signposted to right service through Triage
- **LTCs**
 - Ongoing care by 'Integrated Multidisciplinary provider' -
 - Multidisciplinary professionals have important role in both acute and chronic care
 - All team members to be working at the top of their ability
 - Underpinned by training and educations & learning from each other

Hub Multidisciplinary Team

GPs and hospital/community Consultants

Nurses - Practice, District, Paeds, Heart failure, Respiratory, diabetic

Physio/MSK service

Pharmacists

Opticians, health visitors

CPN/counsellors

Paramedics/falls service,
chiropodists/podiatrists

Voluntary services - age concern, mind etc.

Other Common Findings

- **Patient pathways**
 - Key 'Case managers'
 - Patient tracking system (Manchester)
- **Phone system - diverts calls to centralised Triage/admin team**
 - Triage for whole hub as well as individual practices
- **Integrated IT system - *IMPERATIVE.***
 - Patient custodian of own record

Role of General Practice

- **General Practice is the cornerstone of any medical service**
- **GPs have key commissioning role**
- **GPs are in the best position to find the solutions**
 - Time
 - Leadership

The Future is in YOUR hands!

- Not by burying our heads in the sand!
- Prove we can deliver change
- Strong leadership and a clear vision
- Give patients back confidence