



## **2019 LMC Workshops**

Overview report of LMC comments and discussions within Workshops held in Manchester, London and Glasgow

September 2019

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## Introduction

It is the aim of GPDF to evolve into a fully ‘LMC-led’ organisation reflecting the views and priorities of the majority of LMCs across England, Scotland and Wales.

This evolution includes a commitment to ‘listen’ to the views of LMCs through a process of independent research and consultation.

### 2018 Workshops

A series of workshop discussions were held in November 2018 (Leeds, Reading and Glasgow) which assisted the organisation in understanding LMC priorities. All LMCs were invited to attend, and sixty-three representatives, from 50 LMCs attended.

The key findings from these sessions is shown in the table below together with the actions taken by GPDF to respond to these issues.

Key Findings from 2018 workshops	Action taken by GPDF
<i>There was a lack of understanding of the purpose of GPDF, detail of activity, priorities and uncertainty of the justification of payments made to GPDF.</i>	The GPDF Board developed a clear and concise statement of the purpose of the GPDF. This is on the website and has been included in Newsletters and other printed material.  Stronger branding across all areas of funding has heightened awareness and understanding.
<i>There was confusion as to the relationship of GPDF with GPC and BMA.</i>	GPDF has sought to clarify the relationship via communication activity with LMCs.
<i>Information regarding GPDF must be communicated effectively and made much easier for LMCs and others to find.</i>	In addition to the new website, a series of Newsletters and direct email messages have been issued during 2019 to improve communication.
<i>It was considered vital to establish and communicate transparently, and a strong value for money before undertaking any activity which appears to be discretionary expenditure</i>	GPDF have been focussed on both increasing transparency and ensuring value for money across all activity during 2019.
<i>GPDF should consider a <b>reduction in Quota</b> contributions from LMCs</i>	A reduction in quota payments was announced in January 2019
<i>GPDF should clarify and justify the level of Reserves (or plan to adjust)</i>	The level of accumulated funds (aka reserves) has been clearly published within the Annual Report and Accounts (on website). After careful consideration the Board have decided to rebate just under £1M to LMCs from the accumulated funds.
<i>Identify and embrace change to enhance connection between GPDF Board and LMC network, with clear ‘accountability’ for its outputs.</i>	GPDF embarked on a programme of consultation across a number of issues to enhance their understanding of LMC views. The GPDF Board fully accepts it is ‘accountable’ for its outputs.

<i>Demonstrate that GPDF is actively working to progress the priorities of LMCs.</i>	The consultation activity undertaken during 2019 is considered by GPDF as a fundamental aspect of understanding the priorities of LMCs and is assisting GPDF ensure it is 'Listening' to LMCs.
<i>Develop a process to receive and assess 'applications' for LMC driven projects (e.g. collaborative or regional)</i>	The LMC Development Fund was launched in the spring of 2019. The second wave of applications for funding is now open for assessment in January 2020
<i>Develop procedures to ensure 'accountability' and 'value' is obtained from all funding activity. Continue support for GP honoraria, expenses and locum costs (until such times as BMA acknowledge GP differences), while demonstrating that value is being obtained for that expenditure. Continued support for Conferences and GPC Executive Teams while demonstrating that value is being obtained from all funding.</i>	GPDF has strongly focussed on both 'accountability' and 'value' in its work with activity it funds on behalf of LMCs.  This has included detailed discussions with BMA and consultations in relation to National Representation and Conferences, which are the areas which receive the greatest level of funding.

## 2019 Workshops

A further series of workshops took place in September 2019 in Manchester, London and Glasgow. These sessions consisted of a short update presentation from Dr Douglas Moederle-Lumb, Chair of GPDF; a summary presentation of the key findings from recent independent consultation with LMCs on the subjects of National Representation and Future LMC Conferences; and a series of independently moderated workshop discussions.

The discussions featured a number of issues which had been identified in the consultation activity, or had been suggested by LMCs, and also allowed for participants to raise any issues they wished to be discussed. The workshops were moderated by experienced independent researchers, with a remit to encourage comments and participation from all attendees regardless if their comments were positive, negative or neutral.

All LMCs were invited to attend the workshops, and fifty representatives from 42 different LMC attended.

This report seeks to provide an overview of these sessions. The comments and views are not attributed to any specific individual or LMC to encourage openness and honesty. It should be noted that at times overlapping or similar comments were made when discussing different topics. This naturally occurring duplication has been included as this represents the views expressed.

## Executive Summary from 2019 Workshops

- While communication, branding and transparency related to GPDF is thought to have improved substantially in the last 12 months, for some individuals (and therefore LMCs) confusion, misinformation and uncertainty persists. Therefore, continued communication effort is appropriate and even greater transparency is requested.
- There remains confusion regarding the specific role and remit of GPDF, GPC and BMA and further efforts to help clarify this should be made. This is particularly relevant in establishing the appropriate source for information or support on various issues.
- There was hesitation in relation to the implementation of a Review related to National Representation. These concerns should be considered carefully and the justification for any review communicated effectively prior to the commencement.
- There was a request that GPDF make continuing effort to overcome the reasons that a small minority of LMC are currently not contributing their full quota payment.
- Rather than using the term 'sanctions' GPDF should consider that only those who contribute should be allowed to fully benefit from the activity which GPDF funds. But the clear desire is to maintain / achieve unity across General Practice (and therefore across all LMCs).
- Regarding future conferences there was clear support for GPC providing a 'update' with regard to implementation of previous motions passed at conference.
- The concept of collaboration and co-operation across LMCs was supported and GPDF should have a role in assisting or facilitating this. One example could be the creation of an LMC Chief Executive Handbook containing an overview of the function and best practice examples. This could be commissioned by GPDF from an appropriate LMC or group of LMCs.
- The majority considered that it was appropriate that GPDF should seek to ensure that value is obtained from the funding it provides to others.
- However, GPDF itself should also demonstrate how it is providing value for the expenditure other than National Representation and Conferences.
- Specifically, greater transparency and understanding of GPDF expenditure (other than that related to National Representation or Conferences) is requested by a small but very strongly committed minority.
- There was a request that GPDF Directors should be more engaged in justifying both their and GPDF's activity by engaging in more face to face and transparent dialogue.

- The plans for a rebate of accumulated funds was considered as evidence that GPDF were responding to previous comments made by LMCs. However, many were not clear on the appropriate level of funds which should be maintained, and some would be concerned to see funds which had been built up over many years for the benefit general practice being diluted over a short period.
- The majority did not consider that additional, formal recognition of secretariats or collective groupings would be appropriate. The principle of all LMCs have equal standing was considered important. The opportunity for a collective voice or opinion was thought to exist at present, should LMCs wish this to be the case.
- However, this should not prevent engagement and collaboration between GPDF and collective groupings/secretariats, for the benefits of the LMCs within those groupings.
- There was a majority view that GPDF should neither narrow nor expand the range of activity it undertakes. It should focus strongly on a) supporting National Representation, b) funding Conferences, c) supporting legal cases with a national significance, and d) helping the development of LMCs.
- The composition of the GPDF Board should consist of a majority of members elected by LMCs. Non-medical directors should be appointed to the Board as required in an open and transparent manner, based on their skills, knowledge and experience for the benefit of GPDF.
- Greater diversity of Board membership would be appropriate and is desired. LMCs should be encouraged to nominate an appropriate and broad mix of individuals for election.
- There was a desire to see and understand the future vision for GPDF for the next 3-5 years to obtain a greater understanding of the objectives of the organisation and the direction of evolution of the organisation.

## 1. National Representation

### Opening statement from Moderator to introduce topic:

*One of the fundamental priorities of GPDF is to ensure that the voice of General Practice is effectively represented at a National level. Jim presented results of a recent survey a few moments ago.*

*The main conclusions are that the people who took part in the research from LMCs are broadly satisfied with the various GPCs ... but when advised on the actual number of people attending a significant minority considered that the number attending meetings was greater than was needed.*

*The number attending has a direct impact on the cost of these meetings, as GPDF give a grant to BMA to support a level of payment to GPC attenders which is greater than the BMA payment structure for all other branches of the profession. (see appendix for details if needed)*

*This increased level of payment has long been seen as appropriate due to the unique nature of GPs (compared with NHS salaried Doctors).*

*GPDF have proposed a joint review – BMA / GPC / GPDF to have a broad look at a number of issues linked to appropriate and effective National Representation including ... the level of investment required, the value for money and cost effectiveness of that investment ... and the effectiveness of representation of all GPs including sessional, locums and trainees*

***What are your views on this proposal?***

***How long should this review take to report?***

***What should be the scope of this review?***

***Do you have any concerns about this process?***

*As you know GPDF pays a grant to BMA which funds the increased level of payments made to GPC meeting attenders.*

***What do you think would be the consequences if GPDF were not to contribute to enhance the payments in addition to BMA rates?***

*I.e. if BMA were to fund GPC payments to comply with the payment structure it applies to other branches.*

### Overview of discussion:

- There was uncertainty amongst many as regards to the need and the scope of the suggested review. This should be addressed by communicating the justification, remit, aims and objectives of any review prior to proceeding.
- While there was broad support for ensuring ‘value’ was obtained from the funding provided by GPDF there were a number of hesitations and concerns raised in discussion regarding a review.
- While an equal balance of GPDF/GPC/BMA representation in a review appeared logical, some participants expressed a desire for the review to be led independently, with concern

expressed that BMA may seek to control or influence the conclusions and the implementation.

- A number of people referred to the Meldrum report not being fully adopted, and this review should address why Meldrum was not fully implemented.
- A number of participants suggested that the review should be structured in two parts.
  - Firstly a 'Needs Analysis' to establish what the aims and objectives related to National Representations should be and confirm who within general practice is being represented.
  - Followed by a second part, investigating what is required to achieve effective National Representation in terms of structure, format and desired outcomes. This would then be matched with what is currently in place, and any adjustments identified.
- Regarding the scope of the review, some people were uncertain if this was appropriate or not due to a lack of specific knowledge of the activity of members of GPC.
- Those who did express a view on the scope identified that it could include the following:
  - Details of the specific activity undertaken by the Executive team(s), Policy leads, and members of GPCs for England, Scotland and Wales.
  - The levels of payment for attendance, expenses and locum (*if a locum required*), and therefore the total cost of representation.
  - The level of engagement of GPC 'reps' and their local LMC(s)
  - The justification for GPDF funding
  - The level of representation for the various elements within General Practice (e.g. Practice Partners, Sessionals, Locums etc)
  - The potential for tension related to representation of both Practice Partners (as Employers) and Sessionals/Locums (as Employees)
  - LMC representation within overall National Representation.
- There was hesitation and concern regarding the cost of any review, especially as the recent survey had indicated a general level of satisfaction with the activity of GPCs.
- There was concern expressed that a focus on a review may impact on the immediate work and priorities. Some considered that rather than a review, all parties should simply 'get on' with their current work and priorities. In addition, a review may result in hesitation from those considering standing for election, if they are uncertain of the future structure.
- There was broad agreement that the consequences if GPDF were not to contribute to enhance the payments in addition to BMA rates, would be a significant reduction in GPs

willing to participate in GPC/BMA activity, ultimately leading to a lack of broad and appropriate representation for General Practice.

## 2. Transparency & Communication

### Opening statement from Moderator to introduce topic:

*Following the discussions at the workshops last year and various consultation surveys – GPDF undertook to improve their communication activity to improve the understanding of what they do, and to increase transparency regarding information.*

*They developed a focussed set of words to clarify their ‘purpose’, they developed and launched a new web site, they have issued quarterly Newsletters, and had a much more visible branding presence at the UK Conference in Belfast.*

*They have improved the nature and content of the Annual Report and Accounts, which is also available on the website.*

***What are your views on this activity?***

***How do you think it could be improved further?***

### Overview of discussion:

- There was a broad recognition and appreciation that communication activity from GPDF has increased and improved in the last 12 months. There was reference to the new logo, the website, the level of branding at the UK conference (Belfast), and the Newsletters.
- While many were familiar with the website and had visited (especially in relation to the PCN material), not everyone had recalled receiving the Newsletter or specific email messages. This may be due to the individual not being on the GPDF database, and/or information being received by one or two individuals in an LMC and not shared across all Officers.
- Continuing communication is expected in order to further improve understanding and awareness of GPDF activity amongst LMC Office Bearers.
- While there was acknowledgement of increased transparency, some held the desire for even greater transparency and therefore greater accountability for the level of GPDF expenditure. For a minority of those who have accessed the Annual Report and Accounts there is a desire to see further breakdowns on the specific areas of expenditure.
- There was some criticism of the expenditure of ‘Restructuring’ and ‘Research and Communication’ as set out in the Accounts, and a desire for this to be further broken down and justified or explained.
- There was uncertainty of the differing roles and remits of the GPDF/GPC/BMA. An example was the work produced by the BMA with regard to PCN Guidance notes/template contracts.

Some considered that this should have been for BMA to produce not GPDF. Therefore, clarity of the specific remit of each organisation (GPDF/GCPC/BMA) would be particularly helpful to improve understanding of not only what should be expected from each, but to identify if any of them is failing to deliver on its area of responsibility.

- It was suggested that BMA should improve their communication and transparency also.
- It was suggested that a contact telephone number to reach GPDF should be included within the website, but this was balanced by others who indicated that they receive an appropriate speed of response when GPDF is contacted via email.
- An increased level of face-to-face contact with GPDF Directors/staff was suggested as an additional method of improving communication and understanding.
- There was a desire to be aware of the outcome of any legal case which has been or is currently being supported by GPDF.
- It was recognised that the majority of GPs, are likely to have low awareness/knowledge of GPDF, but that it was for the LMC to ensure that appropriate information is communicated to their GPs.
- It was suggested that a concise/single page document should be prepared to share with GPs as considered appropriate by LMCs setting out the justification for why GPs should continue to support GPDF by payment of the 'voluntary levy'.
- There is a strong, minority desire for greater transparency on the role, activity and payments in relation to GPDF Board members. In one case this was identified as the single reason for an LMC currently choosing not to pay their quota.

### 3. Non-payment of Quota contribution

#### Opening statement from Moderator to introduce topic:

*The core of funding for GPDF is that all GPs pay a population-based levy to their LMC, then GPDF sets a quota payment for each LMC to contribute on an equal and mutual basis. There are a small number of LMCs or groups of LMCs, who have decided not to pay all or part of the quota. Some people see this as those LMCs who do pay are subsidising those who don't fully pay. In all cases the non-fully paying LMCs continue to benefit from the support GPDF gives to National Representation and Conferences, and in some cases, they have taken advantage of additional activity such as attending the PCN seminars which were financially supported by GPDF.*

*GPDF is keen to maintain the collective voice of General Practice, but understands that some LMCs feel it is unfair that other LMCs choose not to contribute equally.*

***How do you think GPDF should address this situation?***

***Should there be some kind of consequence for those LMCs who don't pay? If so, what should they be?***

***Should GPDF seek to withdraw access to events it funds?***

***Should it restrict access to material on the GPDF website?***

***Should GPDF seek to have access to LMC conferences withheld?***

***Should GPDF seek to have access to BMA advice withdrawn – for those individuals within non-paying LMCs who are not members of the BMA? (Currently non-BMA members from LMCs can access information and advice from BMA)***

#### Overview of discussion:

- There was a strong and consistent view expressed that extensive efforts should be made by GPDF to resolve any dispute or difficulty in relation to LMCs choosing not to pay all or part of their quota.
- There was a desire to maintain unity and engagement of all LMCs and avoid any exclusions if at all possible.
- There were comments from some LMCs currently not paying (or not fully paying) explaining their justification and stating that if their concerns were answered, payment would commence.
- There was a level of resentment from a number of fully paying LMCs who considered they were in effect subsidising the non-paying LMCs.

- There was a desire for GPDF to have clear and strong communication regarding the reasons why payment and contribution is important.
- There was concern that in the absence of a clear justification for payment and the lack of any viable sanctions for non-payment, this could have the impact of encouraging other LMCs not to pay.
- Therefore, often with some regret, many agreed that ‘withdrawal’ of services/access, may be necessary in order for the non-paying LMCs to be given greater justification to fully contribute to GPDF. The term ‘Withdrawal’ of services was seen as a much more positive phrase ( *“You don’t get what you are choosing not to pay for”*), rather than ‘sanctions’ which was seen to have an element of ‘punishment’.
- If non-payment is seen to be due to an LMC being unable to gather the levy from local GPs, information from GPDF should be made available to provide details of justification as to why the GP should make the payment. A face to face presentation to GPs within a LMC by GPDF may be appropriate to support the LMC.
- There was some debate (and uncertainty) regarding GPDF’s ability to impose any meaningful sanction. Other than not funding expenses for conference attendance, there was uncertainty as to what GPDF could do. Access to LMC ListServer was thought to be via BMA (not GPDF), and GPDF did not control who could attend conference, nor access to BMA advice.
- Further discussion identified that GPDF may be able to influence others due to the level of their funding to: - restrict access to LMC ListServer; access to speak at or attend conference; access to BMA advice (for non-BMA members). Were this ‘withdrawal’ of access to occur, one non-paying LMC advised that they were likely to commence payment.
- The phrase ‘voluntary levy’ was seen by some to create a justification for non-contribution. Some LMCs had overcome this issue by using the phrase ‘combined levy’ to reduce debate with GPs.
- A minority expressed dissatisfaction with the level of GPDF expenditure and the current level of transparency in relation to the expenditure which is not linked to either a) National Representation or b) Conferences.
- There was support for the identification of those LMCs who are currently not contributing. (e.g. on the website).

## 4. LMC Conference evolution

### Opening statement from Moderator to introduce topic:

*Earlier today Jim presented a summary of the findings from recent research related to LMC views on Future Conferences. We saw a very high level of support for the Conferences, a clear perception that the investment made in them is appropriate... and some areas of possible evolution.*

*One issue I'd like to explore is 'GPC reporting back on their activity in the last 12 months'. **How should GPC feedback to Conference...** (currently a brief line of written feedback, and the option to ask further questions informally (outside of conference time).*

*... on what they have achieved?*

*... in relation to motions passed at the last conference?*

*... on any difficulties or challenges?*

*... on 'work in progress'?*

*... on the long-term vision of general practice?*

***Is an overview from the Chair sufficient?*** *How long should this be....should it last the morning? (note: the normal time available for motion debates at England conference is around 5 hours 40 min, plus 30 min for chosen motion debates) Should other people report?*

***Are there any other areas or aspects which should be reported by GPC at Conference?***

*There was a majority who wished to see more 'challenging' motions? **How do you think this could be encouraged?***

*There was also a majority who would like to see 'future Vision for General Practice' and 'more discussion on the long-term future of General Practice' feature more strongly.*

***How would you envisage this could be achieved?***

### Overview of discussion:

*Note: The first part of this issue (regarding feedback from GPC to Conference) was included within the workshops at the specific request of a Chair of one of the Conference Agenda committees. This request was not understood by some participants at two of the seven workshops who then proceeded to criticise GPDF heavily for including this issue within the scope of the workshop, which they considered was within the scope of the Agenda committee and not GPDF.*

- There was an endorsement from many workshop participants regarding the desire to obtain a greater understanding in relation to previous passed conference motions. The desire is to have an update presented with 'openness' and 'clarity'.
- The current format of overview from the Chair was not considered sufficient.

- This was regularly articulated as a desire to understand what had been ‘achieved by GPC’ since the last conference. For example, which motions has been successfully fulfilled, which were currently ‘work-in-progress’ (with an explanation of why they had not yet been achieved), and which were unachievable (and why).
- Participants were unable to estimate how much time would be required to provide/present this information. Nor was there a clear view from the workshops on the format or structure for this ‘update to conference’ and thought it should be left to the Agenda committee to balance with the other elements of Conference content.
- There was some reluctance to simply add this to the ‘Chair’s address’ as that was considered to have a wider audience and different objective. Some suggested that it should not be the Chair of GPC who should provide the update.
- There was no desire to ‘re-debate’ the previous motions, but rather to obtain a clear understanding of where progress had been made.
- There was frustration expressed that some motions can be seen as very obvious or common-sense but appear to get an equal amount of debating time as a more complex issue where there can be strong arguments both for and against. There was an expressed desire to be able to spend a greater amount of time on the more complex arguments and less time on the ‘common-sense’ motions.
- A minority consider the Agenda committee to be ‘risk-averse’ particularly in relation to GPC related issues. This leads to a perception that GPC are able to control or influence the motions. This appears to be reinforced when motions on the same topic are condensed and re-written by the Agenda committee, where they are thought to become less ‘controversial’.
- Most participants found it very difficult to articulate how the ‘future vision for General Practice’ could feature more strongly, given the influence of other stakeholders in the long-term future (e.g. NHS, UK and devolved Governments, and Universities). However, there was a desire that LMCs (in the formulation of suggested motions), Agenda committees, and GPC(s), should all consider this issue as General Practice continues to evolve.

## 5. GPDF activity in support of LMCs

### **Opening statement from Moderator to introduce topic:**

*With the introduction of Primary Care Networks in England earlier this year, GPDF took the decision to fund a range of material to assist LMCs and Clinical Directors with the impact of these new issues and situations. This included a series of Guidance Notes and template contacts which could be downloaded from the website and amended for local variations. These were prepared by Legal specialists, with strong consultation and input from a number of individuals in LMCs before being made available.*

***There has been positive feedback from a number of individuals- but what are your views on GPDF investing funds in this way? Is it appropriate... why?...why not?***

***Are there any other areas or topics where GPDF could support LMCs in a similar way?***

*A recent suggestion related to 'Cyber Security'. Where GPDF could support workshops to highlight the threats related to Cyber Security, and the implications for LMCs (and indeed Practices)?*

***Would a workshop approach be appropriate, or would a written Guidance note or downloadable presentation be more appropriate?***

*Another initiative is the LMC Development Fund – where LMCs can apply for a grant for projects which are 'over and above' things which could be described as 'Normal Business' and could be of benefit to other LMCs. Details are on the website.*

*There have been 6 applications by the first deadline, and these have been reviewed by a peer group before the GPDF Board make a decision.*

***Do you have any thoughts or comments on this initiative?***

### **Overview of discussion:**

- There was a fundamental and overarching point made in a number of the workshops regarding co-operation and collaboration to minimise the potential for wasted time, effort or money. This applies in relation to GPDF ensuring the activity it funds does not overlap with BMA/GPC activity, and is in harmony with any LMC activity. There were several requests for GPDF to engage and collaborate with larger LMCs / groupings of LMCs.
- The discussions highlight that the specific and unique remit of each organisation (GPDF/GPC/BMA) continues to be an area of confusion.

- Given the level of confusion across the organisations it was thought appropriate that GPDF should be active (or more active) on the LMC ListServer to correct any factually incorrect comments regarding GPDF areas of activity, and signpost when this falls within the remit of GPC/BMA.
- Regarding the PCN information/material, the majority considered this to be of good quality and to have been very helpful.
- There were a number of comments regarding the timing of the information, which due to a number of reasons out with GPDF's control, was later than would have been ideal.
- This timing led some LMCs to seek advice / incur costs being unaware of GPDF plans to provide information.
- GPDF support for LMC roadshows was considered positive and appropriate, but some had misunderstood and believed that the £1000 support had been provided by GPC.
- Other areas which were suggested GPDF could provide support or engagement to assist LMCs included: -
  - Care Quality Commission issues (related to understanding the implications related to inspections)
  - Issues related to local negotiation re Personal Medical Services (PMS) contracts
  - Update of GDPR / SAR (Subject Access Requests) best practice/advice based on experience since the introduction of GDPR
  - The development of GPDF as the 'Institutional Memory' for LMCs in order to become a repository of knowledge.
  - Premises (although acknowledged to be a challenging issue)
  - Clinical Safety Officers
  - Commissioning a larger LMC to share details of their approach, activity, and the resources they provide to their members, to increase awareness of the benefits of their activity to those LMCs with lower levels of levy/resources.
  - There was a suggestion that GPDF could commission a 'LMC Officers Handbook' and/or 'Chief Executives Handbook, which could be a very valuable reference/induction guide for newly appointed officers. This was thought to have the potential to have a positive impact on the 'professionalism' of LMCs by sharing good practice, expertise and knowledge.
- Regarding the specific suggestion related to Cyber security, there was some interest but not a majority interest in this area. A guidance note or information sheet was thought to be potentially useful rather than workshops. Although there was a small minority who favoured a face-to-face approach.

- Cyber security was generally accepted to be an important issue, but for most this rested with NHS (and the provider/maintainer of hardware and systems within the GP setting).
- This subject led to wider discussions regarding the current frustrations related to NHS provided systems, lack of hardware and confusion regarding accessing information on the system by supporting staff/ other health professionals within the GP setting.
- The issue of cyber security was considered by some to be within the remit of 'NHS Digital'.
- The LMC Development Fund was considered to be a positive initiative, and there was considerable interest to find out the conclusion of the first wave of six applications. These were under review at the time of the workshops with details due to be shared in October.
- It was hoped that transparent feedback would be given as to why applications had succeeded or not, in order that others could consider future applications.
- There was a desire to see the format evolve with more regular opportunities to put forward applications (e.g. 4 or 6 times per year).
- The concept of collaboration and joint application by a number of LMCs was considered appropriate, and there would be no barrier to groupings/secretariats such as Londonwide, Wessex or Surrey and Sussex compiling an application on behalf of the LMCs they represent.
- There was some confusion regarding applying for support via the LMC Development Fund and applying for support for Legal cases / challenges. Where this happened a GPDF observer clarified that these are completely separate and full details of the application process for both are contained on the GPDF website. It was noted that evaluation for support of a legal case would often be related to a legal opinion on the likelihood of winning the case as well as its national significance.
- There was a request for GPDF to help with advance briefing of significant changes in order to better prepare for questions/requests from GPs. (An example given was the new England contact which was issued to all GPs at the same time as the LMCs, and therefore no preparation time was available to LMCs in order to anticipate/prepare for the questions and requests from GPs).
- There was some hesitation, leading to reluctance to contact GPDF management team due to a perceived lack of depth of resource. Some comment that as there is only 3 people, they were considered to be stretched too thin at times to adequately support 126 LMC across England, Scotland and Wales.

## 6. GPDF focus on ensuring value is obtained from LMC contributions

### Opening statement from Moderator to introduce topic:

*The GPDF Board take their responsibility very seriously as custodians of the contributions made by LMCs. Their view, informed by last years workshop discussions is that they have an absolute duty to ensure that Value is obtained by the funds it passes to others, and to ensure it is not used unthinkingly or inappropriately.*

*While many are supportive of this, a number of individuals have criticised GPDF for perceived 'interference'.*

***How best should GPDF respond to these criticisms? Are they valid? (bearing in mind that GPDF has no desire to 'control'... but is determined to ensure appropriate use.) Why might they be valid? What more could / should GPDF do?***

### Overview of discussion:

- There was a broad and general agreement that it was appropriate for GPDF to seek to ensure that value was being obtained in relation to funding being provided to any organisation.
- Specifically, in relation to criticism, there was a widely held view that GPDF should anticipate some criticism, particularly by those who have overlapping interests and may be engaged with areas such as GPC or Conferences.
- Greater advance warning, increased consultation with those more closely involved and/or additional contextual information may assist in reducing the level of criticism. However, some criticism towards GPDF is anticipated to be inevitable.
- Any criticism of GPDF should be responded to with tact, diplomacy, and respect. There was a perception that there was a 'silent' majority within LMCs who are very supportive of GPDF efforts to ensure value particularly in relation to funding provided to BMA.
- There was some comment that GPDF should be more active in responding to inaccurate/inappropriate comments made on the LMC ListServer. It was thought that while BMA operate the ListServer, it chooses not to engage with debates, but rather will contact the individual if they are considered to have broken the ListServer 'code of conduct'.

- Many participants had difficulty in suggesting how 'value' can be established for some of the activity which GPDF funds. So, the challenge of measuring value is recognised.
- While surveys may have a role to play in obtaining feedback, it was considered that they should not be taken in isolation, and that other feedback or input should also be considered when reaching any conclusions.

#### Comments related to GPDF delivering value

- There was considerable discussion particularly in two workshops (in London) that GPDF should not only be seeking to investigate the value of funding which is delivered by others, but should be more transparent regarding the value it (GPDF) is providing.
- In particular there should be greater breakdown of a number of figures within the Annual Report and Accounts – particularly in relation to 'Restructuring' and 'Research and Communications', which to some seemed out of proportion with the levels of funding provided to other organisations.
- There was some criticism of GPDF taking a very pedantic approach to the reimbursement of costs/invoices submitted by LMCs for relatively low levels of expenditure. This approach was seen as counter-productive and unnecessary.
- There was a request for GPDF to review the criteria for reimbursement of expenses to conference as there was a belief that non-medical attendees / LMC staff could not recover what are considered to be legitimate expenses, as they are critically important people within the LMC structure.
- There was criticism of the location and format of the recent AGM. The decision to hold it at a venue outside Glasgow, on a Friday, with only the requirement for a small number of people to attend in order to satisfy the legal requirement, has led to a perception amongst some LMCs that GPDF Directors wish to avoid challenge.
- There was a view expressed that the lack of detailed understanding of GPDF expenditure has led a small group of people/LMCs to a position of mistrust, and discontent with GPDF. Amongst this group there is perception of GPDF being secretive and resisting legitimate scrutiny. This perception is undermining the work of GPDF.
- Amongst this group there was a desire expressed for GPDF Directors / staff to be within the conversations during the workshops to explain or defend their decisions and not simply as 'observers' offering clarification.

## 7. GPDF Accumulated Funds policy (aka Reserves)

### Opening statement from Moderator to introduce topic:

*You heard Dougy earlier give an update on the Boards plans regarding the reduction of what is termed 'Accumulated Funds' over a number of future years.*

*The challenge for the Board has been to identify a mechanism for reducing the accumulated funds without attracting a potentially significant tax liability. A simple distribution of funds would incur a substantial Tax penalty and giving funds which are for the benefit of General Practice to the Tax man, would clearly not be in the best interests of General Practice. So, it is proposed that a 'rebate' would be given. While this might be seen as illogical... to gather a quota payment from LMCs, and then give a rebate back to LMCs – it works out efficiently in not incurring a tax penalty.*

*The Board is looking at a rebate level of just under £1M in 2019 to be made to LMCs that have paid the 2019 Quota in full by 30<sup>th</sup> September 2019.*

*This can be returned as cash or can be offset against the 2020 Quota.*

*For those LMCs that are not paid up in full but have an agreed arrangement to remit quota payments from 2018 or before, GPDF will offset any rebate against their unremitted balances.*

*In other circumstances, the rebate will not apply.*

***What are your views on this approach?***

***Is it an example of careful financial management?***

***Or is there an alternative approach which you feel they should be following?***

### Overview of discussion:

- There was recognition that GPDF had listened to previous comments regarding the level of accumulated funds (reserves) and had responded with a proposal for reduction.
- There was a strongly held view that an 'appropriate' level of accumulated funds should be maintained for the future use/benefit of General Practice, as and when the need may arise.
- But there was no clear view of what that level of accumulated funds should be. *(A clarification comment was provided to explain that GPDF must maintain sufficient funds to be viewed by an auditor as a 'going concern' ensuring that sufficient funds are available to meet future commitments and liabilities).*
- It was recognised by a number of people that the funds related to a long-term build-up of a 'fighting-fund' and this should not be dispersed with a 'short-term' focus or at the demand of a small number of vocal LMCs.

- There was some debate and disagreement as to the most appropriate mechanism for rebate with some considering that a reduction in future levy payments would be best for everyone, and others having the view that a cash rebate for everyone was the best option. *(Note the suggestion offers LMC the choice between those options).*
- The majority view was that the suggested approach was appropriate and was seen to attempt to balance the various considerations including maximising the proportion which would be available to LMCs and reflecting the differences in payment status across LMCs.
- However, some participants were concerned that they had insufficient knowledge of the arguments to be able to judge the appropriateness of the reduction in funds or the mechanism suggested for the rebate.
- There was a minority view that rather than rebating these funds, GPDF should be using the funds for the immediate benefit of General Practice right now. These included comments related to addressing issues with Primary Care Support England (PCSE), and NHS Property Services (NHSPS). However, this call for action was tempered by the current level of confusion and uncertainty of the role and remit of GPDF, in comparison to GPC and BMA.
- The continuing confusion means that those who are critical, can often criticise the wrong organisation. A view was expressed that BMA appear to have a deliberate policy of non-engagement with LMCs.
- Concern was expressed related to the 30<sup>th</sup> September deadline related to eligibility for the rebate, as some LMCs work to different financial years / payment schedules, would not normally have made full payment by that time, and there was now insufficient time to comply.
- Another concern related to the potential tax liability for the LMC receiving the cash payment. A suggestion was that a 'Health warning' could be provided for those considering the rebate in cash to ensure they considered the potential tax implications.
- There was a suggestion that resentment towards the level of accumulated funds could be linked to GPDF refusal of a historic request for legal support funding.
- In one session the discussion moved to the GPDF 'Investment Policy' with a desire to understand the policy and ensure it fitted with the ethos of general practice in terms of being 'ethical' and environmentally appropriate.

## 8. Representation of collective groupings

### Opening statement from Moderator to introduce topic:

*At present all 126 LMCs have equal standing with one nominee representing their LMC in relation to GPDF. (e.g. participate vote in Board Elections / formal proceedings, Attend AGM, receive formal communication).*

*There has been a request from an organisation which represents a collective of LMCs, that they should also be officially recognised within the GPDF ownership structure.*

***Would that be appropriate? (why / why not?)***

***Could that be considered to be ‘double representation’? (both individuals and the collective being able to ‘vote’).***

***Should ‘collectives’/ ‘groupings’ replace the individual LMCs within the structure? (why / why not?)***

### Overview of discussion:

- There was clear support for the view that every one of the 126 LMCs have, and should continue to have, an equal stake in GPDF.
- A number identified that LMCs could group together at present if they wished to support a specific issue or opinion and could engage with GPDF on a regional basis, if appropriate.
- There was little support for the concept of ‘additional representation’ for secretariats or collective groupings of LMCs, as this could be seen to be ‘over-representation’. There was no support of the concept of a secretariat or collective replacing the individual LMCs within their group in relation to the GPDF structure.
- It was view that secretariats or collectives already have sufficient means to be able to voice a collective viewpoint should they have the support of the LMCs in there grouping.
- However, this should not inhibit communication and engagement between GPDF and the various secretariats or collectives (e.g. Londonwide, Wessex, Surrey and Sussex, Kent, Manchester etc), even if they do not have an individual representation within the GPDF Nominee structure.
- One comment was made regarding the potential for ‘proportional representation’ related to any voting, but this was countered by the opposite view that ‘one member, one vote’ was an essential element of the structure.
- The majority view was that no change to the structure was appropriate at this time.

## 9. GPDF future

### Opening statement from Moderator to introduce topic:

*There are some individuals within LMCs who are not supportive of GPDF. While there are ongoing efforts to understand any criticisms and resolve any issues, it is possible that these people may never be convinced of the value of contributing to GPDF.*

*While not currently being considered... **do you think GPDF should narrow the range of activity it undertakes to reach a better level of support? If yes – what should it not do? Or what should it focus on?***

***If GPDF should cease to exist, due to lack of support from LMCs, what do you think would happen to...***

*... Supporting National representation*

*...funding conferences*

*...supporting legal cases of national significance*

*...helping development of LMCs*

### Overview of discussion:

- The four areas identified above were considered by many as ‘core’ GPDF business with the majority considering this to be an appropriate remit for the organisation.
- Some concern was expressed that there should be no expansion from this focus, and again the need for clarity of role/responsibility between GPDF, GPC and BMA was highlighted.
- While the majority quickly dismissed the potential termination of GPDF as a ‘nuclear’ option to be discarded, there were one or two individuals who indicated that some LMCs were openly discussing the demise of GPDF, with a suggestion that this may be subject of a motion at conference.
- Discussion often focussed on the justification for this topic being included and considered it related to those LMCs who were currently not paying all or some of the quota payments. The discussion frequently repeated the desire for GPDF to make every effort to meet with and resolve the issues with diplomacy, negotiation and remediation.
- It was recognised that GPDF must be ‘seen’ to be successfully delivering for LMCs and General Practice, with complete transparency and accountability to win over the doubters.
- There were positive comments expressed that in the last 12 months GPDF had evolved to become a much more active organisation, seeking to provide greater support to LMC,

reducing the levy/quota payments and planning a rebate. Therefore, it seemed inappropriate to consider narrowing the scope of its activity at this time.

- There was a desire to see clear focus in activity, rather than narrowing scope.
- There was no desire to see a dilution on the collective voice of GPs.
- Some were concerned that the absence of GPDF, could result in BMA collecting the levy/quota directly, or treating GPs as other branches of medical professionals ignoring their unique issues.
- Some predicted the introduction of an entirely salaried service for General Practice if there was not strong representation from GPs.
- A view was expressed that LMCs could possibly create a new organisation to replace GPDF (if it ceased to exist). But as GPDF is currently an LMC led organisation, it may be that any new organisation would be structured on a very similar basis (i.e. a majority of Directors elected by LMCs).
- There was some suggestion that those LMCs who are currently unhappy with the activity of GPDF should seek to change the organisation from within, by standing for election to join the Board, and remove those who they considered were not making appropriate decisions.

## 10. GPDF Board composition

### Opening statement from Moderator to introduce topic:

*Following discussions at workshops last year, and a consultation survey earlier this year – the GPDF Board are currently considering how best to manage the composition of the Board to reflect a broader profile. Currently the majority of Board members (8) are nominated from LMCs and elected, and therefore the composition is directly related to the candidates put forward by LMCs for elections...and beyond the control of GPDF.*

*At present there are 2 Board members who are appointed for ‘non-medical’ skills to expand the experience and knowledge of the Board.*

*GPDF plan (or are considering) to adjust the composition of the Board to 5 elected from LMCs and 4 appointed... or possibly 6 from LMCs and 3 appointed. Both would give greater scope to ensure a more diverse composition of the Board.*

*Do you have any thoughts or comments on this?*

### Overview of discussion:

- Many participants considered that the over-riding principle in the appointment of any member of the Board is that it should be based on ‘merit’ and ‘competency’. (i.e. ‘the best person for the job’).
- The desire to ensure that the Board includes a diverse mix of individuals is understood (and is appropriate) but considered to be a challenge as the majority of Directors are elected from the Nominees of LMCs (and therefore the selection process is not within the control of GPDF). A Board with greater diversity, a gender balance, a wider age range and a broad mix of skills and experience should be the aim of GPDF.
- It was accepted that LMCs themselves should seek to achieve a more diverse range of Nominees to GPDF.
- The concept of having a larger proportion of ‘appointed, non-medical’ Directors was accepted on the basis that their appointment would be ‘open’ and ‘transparent’ and they were being selected for their skills/knowledge to contribute to the success of the organisation and not simply as ‘tokens’ to diversity.
- Some indicated a reluctance to stand for election to the GPDF Board due to uncertainty related to the role, activity, time commitment, and payment linked to being a Board member. A concise document setting out this information may be helpful to enable more people to consider standing at the next election (Sept 2020). A more detailed ‘job

description' or 'skills requirement' should be established and would be required before individuals can be expected to give final consideration to standing for the Board.

- There was some expectation that the composition of the Board would evolve in time to be more diverse as the composition of general practice changes.
- There was no specific discussion or consensus on the number of LMC elected vs Appointed Directors. However, the majority of Board members should remain elected from the LMCs and were expected to be predominately GPs.
- It was suggested that GPDF encourage individuals to consider standing for election in September 2020 by calling for expressions of interest or holding 'briefing' events in Spring 2020 to allow sufficient time for consideration.

## 11. Any other issue

### Opening statement from Moderator to introduce topic:

*Final task for today is to look back at the 'Hopes' and 'Concerns'...  
Review... have 'Hopes' been achieved?... discuss any not achieved...  
Do any 'Concerns' remain?... discuss why these remain....  
And give any final comments.*

### Overview of issues not covered within the other topics:

- There was some discussion on the variations in the level of levy across LMCs, which in turn can fuel a perception that some LMCs are seeking funding from GPDF for areas which other LMCs fund themselves. This can increase tension with regard to GPDF decisions on funding/support for LMCs, leading some with higher levy levels to perceive that their contributions are subsidising LMCs with lower levels of levy.
- There was a desire for GPDF to ensure participants were better prepared for sessions such as these workshops. It was requested that the Agenda is published in advance, that LMC are asked to make suggestions for topics that they would like to discuss; and that copies of the Annual Report and Accounts and Articles of Association are circulated in advance.
- There was a desire amongst some for GPDF Directors/Management to be fully engaged with the discussions within the workshops to provide explanations or defend decisions (such as levels of expenditure). The format of attendance as observers was a frustration to some who wished specific and detailed answers to questions. *(Note: this would be a different nature of event – e.g. 'Ask GPDF' and would not be a research/insight process but would be a factual information provision session).*
- While improvements in communication and transparency are acknowledged, there remains a desire to see continuing improvements in communication, especially around the role, purpose, and activity of GPDF, and even greater transparency especially related to expenditure, and Directors expenses and honoraria.
- The lack of clear information regarding Directors payments has led to some speculation of the level of what are seen as 'self-determined payments' which are not being openly published or independently scrutinised. This is a significant issue with a very small minority.
- There is a desire to see GPDF effectively collaborating with individual LMCs, regional secretariats / collectives of LMCs, as well as the GPC and BMA.

- GPDF should acknowledge and justify the increased workload placed on LMC due to the change in the reclaiming of expenses, which are now collated and reclaimed by the LMC (rather than the individual).
- It was suggested that there should be an event / conference / seminar for LMC secretaries related to PCNs to explore the impact, discuss learning and best practice.
- There was a request for the survey findings related to 'National Representation' and 'Future Conferences' to be made available via the GPDF website.
- It was considered important that the findings from these workshops be made available not only to participants but also to others in LMCs who did not attend.
- GPDF were urged to work harder to find a resolution to issues of 'discontent' with the remaining small proportion of LMC who are not paying their quota.
- A number of participants expressed their frustration with the negative attitude of some others, and expressed a desire for a more positive, encouraging and collaborative environment amongst LMCs in relation to GPDF, and in turn GPC and BMA.
- There was a desire to see and understand the future vision for GPDF for the next 3-5 years to obtain a greater understanding of the objectives of the organisation and the direction of evolution of the organisation.

## 12. Potential actions for GPDF Consideration

- GPDF should consider the development of a 3-5-year plan to set out the over-arching aims and objectives for the organisation over that period.
- GPDF should continue to ensure that all funds are used appropriately for the benefit of General Practice. This includes holding the recipients of funds to account for the way the funds are used, and to ensure the desired the benefits are obtained.
- Continued effort is required to effectively communicate the GPDF areas of activity and responsibility, and how these fit with GPC and BMA.
- GPDF should encourage effective engagement with, and collaboration between LMCs for widespread benefit. An example of this could be the commissioning of a LMC Chief Executive Handbook.
- GPDF Management and Directors should be encouraged to engage more with LMCs generally, to increase understanding, transparency and communication. An 'open forum' format with GPDF Directors providing detailed answers to direct questions from LMCs, should be considered.
- The justification for a Joint Review (GPDF/GPC/BMA) on National Representation should be effectively communicated. The desire of LMCs was that such a review should be independent.
- GPDF should ensure that those LMCs who currently choose not to pay the quota should not benefit by being subsidised by those LMCs who do pay. However, GPDF should make every effort to overcome any concerns or hesitations these LMCs may have to avoid the potential for fragmentation.
- GPDF should continue to be open to comment (and criticism) from LMCs regarding its decisions, approach and expenditure. A further increase in the level of transparency is desired.
- The principle of equal representation across all 126 LMCs was confirmed, but this should not restrict GPDF engagement with secretariats or groupings of LMCs.
- The GPDF Board should continue to have a majority of Directors from LMCs. Increased diversity is an appropriate objective with the caveat that merit and

competence should be the primary criteria. Early effort should be made to encourage candidates for the Board elections in September 2020.

- Future consultation activity (e.g. surveys / workshops) should be given increased prior notification and enhanced context. It would be appropriate to gather views on GPDF activity and performance.
- As part of an enhanced communication approach, GPDF could be more active regarding ListServer discussions when there is an inaccurate understanding of GPDF activity, role or responsibility. GPDF should clarify if another organisation (e.g. GPC, BMA or an individual LMC) have responsibility for the issue
- GPDF could consider making the venues for future AGMs more accessible for a greater number of Nominees to attend.
- GPDF could consider supporting an event for LMC Secretaries related to PCM to explore impacts, discuss learnings and best practice.

**end**

## Appendix: Workshop Discussion topic guide

My name is \_\_\_\_\_, and my job is to assist the discussions by raising a number of issues and questions for your comment and input. I am neutral in this process and have no vested interest in your opinions – positive, negative or neutral. I'll be recording the sessions to make sure we don't miss anything which is said, but there will be no attribution and the participants in this discussion will not be identified. The recordings will not be passed to GPDF.

I'll be seeking to hear everyone's views, and I'll be trying to ensure that we manage the time to get through all of the issues.

Dougy mentioned the topics which we hope to cover (list on Flip chart) but to ensure we don't miss anything that is on your mind, I would like to start by capturing any 'Hopes' or 'Concerns' for today...and we'll revisit this towards the end of the 3<sup>rd</sup> workshop.

- *Capture of 'hopes' and 'concerns' (on 'post it's' for review in final session).*

Please use the Post it' pads on the table and take a moment to jot down your overarching hopes from today's event. One thought or comment on each Post it. (collect and stick on wall or flip chart).

And now if everyone could jot down any 'Concerns' they might have about today. Again, one thought or comment on each Post it. (collect and stick on wall or flip chart).

OK – we'll review these again towards the end of the day.

### 1. National representation

One of the fundamental priorities of GPDF is to ensure that the voice of General Practice is effectively represented at a National level. Jim presented results of a recent survey a few moments ago.

The main conclusions are that the people who took part in the research from LMCs are broadly satisfied with the various GPCs ... but when advised on the actual number of people attending a significant minority considered that the number attending meetings was greater than was needed.

The number attending has a direct impact on the cost of these meetings, as GPDF give a grant to BMA to support a level of payment to GPC attenders which is greater than the BMA payment structure for all other branches of the profession. *(see appendix for details if needed)*

This increased level of payment has long been seen as appropriate due to the unique nature of GPs (compared with NHS salaried Doctors).

GPDF have proposed a joint review – BMA / GPC / GPDF to have a broad look at an number of issues linked to appropriate and effective National Representation including ... the level of

investment required, the value for money and cost effectiveness of that investment ... and the effectiveness of representation of all GPs including sessional, locums and trainees

**What are your views on this proposal?**

**How long should this review take to report?**

**What should be the scope of this review?**

**Do you have any concerns about this process?**

As you know GPDF pays a grant to BMA which funds the increased level of payments made to GPC meeting attenders. **What do you think would be the consequences if GPDF were not to contribute to enhance the payments in addition to BMA rates?**

*I.e. if BMA were to fund GPC payments to comply with the payment structure it applies to other branches.*

## 2. Transparency & Communication

Following the discussions at the workshops last year and various consultation surveys – GPDF undertook to improve their communication activity to improve the understanding of what they do, and to increase transparency regarding information.

They developed a focussed set of words to clarify their ‘purpose’, they developed and launched a new web site, they have issued quarterly Newsletters, and had a much more visible branding presence at the UK Conference in Belfast.

They have improved the nature and content of the Annual Report and Accounts, which is also available on the website.

**What are your views on this activity?**

**How do you think it could be improved further?**

## 3. Non-payment of Quota contribution

The core of funding for GPDF is that all GPs pay a population-based levy to their LMC, then GPDF sets a quota payment for each LMC to contribute on an equal and mutual basis. There are a small number of LMCs or groups of LMCs, who have decided not to pay all or part of the quota. Some people see this as those LMCs who do pay are subsidising those who don’t fully pay. In all cases the non-fully paying LMCs continue to benefit from the support GPDF gives to National Representation and Conferences, and in some cases, they have taken advantage of additional activity such as attending the PCN seminars which were financially supported by GPDF.

GPDF is keen to maintain the collective voice of General Practice, but understands that some LMCs feel it is unfair that other LMCs choose not to contribute equally/

**How do you think GPDF should address this situation?**

**Should there be some kind of consequence for those LMCs who don’t pay? If so, what should they be?**

**Should GPDF withdraw access to events it funds?**

**Should it restrict access to material on the GPDF website?**

**Should GPDF seek to have access to LMC conferences withheld?**

**Should GPDF seek to have access to BMA advice withdrawn – for those individuals within non-paying LMCs who are not members of the BMA? (Currently non-BMA members from LMCs can access information and advice from BMA)**

## Workshop 2

### 4. LMC Conference evolution *(exploring areas suggested by LMCs)*

Earlier today Jim presented a summary of the findings from recent research related to LMC views on Future Conferences. We saw a very high level of support for the Conferences, a clear perception that the investment made in them is appropriate... and some areas of possible evolution.

One issue I'd like to explore is 'GPC reporting back on their activity in the last 12 months'.

**How should GPC feedback to Conference...** *(currently a brief line of written feedback, and the option to ask further questions informally (outside of conference time)).*

... on what they have achieved?

... in relation to motions passed at the last conference?

... on any difficulties or challenges?

... on 'work in progress'?

... on the long-term vision of general practice?

**Is an overview from the Chair sufficient?** How long should this be....should it last the morning? (note *Normal time available for motion debates at England conference is around 5 hours 40 min, plus 30 min for chosen motion debates*) Should other people report?

**Are there any other areas or aspects which should be reported by GPC at Conference?**

There was a majority who wished to see more 'challenging' motions? **How do you think this could be encouraged?**

There was also a majority who would like to see 'future Vision for General Practice' and 'more discussion on the long-term future of General Practice' feature more strongly.

**How would you envisage this could be achieved?**

## 5. GPDF activity in support of LMCs

With the introduction of Primary Care Networks in England earlier this year, GPDF took the decision to fund a range of material to assist LMCs and Clinical Directors with the impact of these new issues and situations. This included a series of Guidance Notes and template contracts which could be downloaded from the website and amended for local variations. # These were prepared by Legal specialists, with strong consultation from a number of individuals in LMCs before being made available.

**There has been positive feedback from a number of individuals- but what are your views on GPDF investing funds in this away? Is it appropriate... why?...why not? Are there any other areas or topics where GPDF could support LMCs in a similar way?**

A recent suggestion related to 'Cyber Security'. Where GPDF could support workshops to highlight the threats related to Cyber Security, and the implications for LMCs (and indeed Practices)?

**Would a workshop approach be appropriate, or would a written Guidance note or downloadable presentation be more appropriate?**

Another initiative is the LMC Development Fund – where LMCs can apply for a grant for projects which are 'over and above' things which could be described as 'Normal Business' and could be of benefit to other LMCs. Details are on the website.

There have been 6 applications by the first deadline, and these have been reviewed by a peer group before the GPDF Board make a decision.

**Do you have any thoughts or comments on this initiative?**

## Workshop 3

### 6. GPDF focus on ensuring value is obtained from LMC contributions

The GPDF Board take their responsibility very seriously as custodians of the contributions made by LMCs. Their view, informed by last year's workshop discussions is that they have an absolute duty to ensure that Value is obtained by the funds it passes to others, and to ensure it is not used unthinkingly or inappropriately.

While many are supportive of this, a number of individuals have criticised GPDF for perceived 'interference'.

**How best should GPDF respond to these criticisms? Are they valid?** (bearing in mind that GPDF has no desire to 'control'... but is determined to ensure appropriate use.) **Why might they be valid?**

**What more could / should GPDF do?**

## 7. GPDF Accumulated Funds policy (previously referred to as Reserves)

You heard Dougy earlier give an update on the Boards plans regarding the reduction of what is termed 'Accumulated Funds' over a number of future years.

The challenge for the Board has been to identify a mechanism for reducing the accumulated funds without attracting a potentially significant tax liability. A simple distribution of funds would incur a substantial Tax penalty and giving funds which are for the benefit of General Practice to the Tax man, would clearly not be in the best interests of General Practice. So, it is proposed that a 'rebate' would be given. While this might be seen as illogical... to gather a quota payment from LMCs, and then give a rebate back to LMCs – it works out efficiently in not incurring a tax penalty.

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This can be returned as cash or can be offset against the 2020 Quota.

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**Is it an example of careful financial management?**

**Or is there an alternative approach which you feel they should be following?**

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At present all 126 LMCs have equal standing with one nominee representing their LMC in relation to GPDF. (e.g. participate vote in Board Elections / formal proceedings, Attend AGM, receive formal communication).

There has been a request from an organisation which represents a collective of LMCs, that they should also be officially recognised within the GPDF ownership structure.

**Would that be appropriate?** (why / why not?)

**Could that be considered to be 'double representation'?** (both individuals and the collective being able to 'vote').

**Should 'collectives' / 'groupings' replace the individual LMCs within the structure?** (why / why not?)

## 9. GPDF future

There are some individuals within LMCs who are not supportive of GPDF. While there are ongoing efforts to understand any criticisms and resolve any issues, it is possible that these people will never be convinced of the value of GPDF

While not currently being considered... **do you think GPDF should narrow the range of activity it undertakes to reach a better level of support? If yes – what should it not do? Or what should it focus on?**

**If GPDF should cease to exist, due to lack of support from LMCs, what do you think would happen to...**

**... Supporting National representation**

**...funding conferences**

**...supporting legal cases of national significance**

**...helping development of LMCs**

## **10. GPDF Board composition**

Following discussions at workshops last year, and a consultation survey earlier this year – the GPDF Board are currently considering how best to manage the composition of the Board to reflect a broader profile. Currently the majority of Board members (8) are nominated from LMCs and elected, and therefore the composition is directly related to the candidates put forward by LMCs for elections...and beyond the control of GPDF.

At present there are 2 Board members who are appointed for 'non-medical' skills to expand the experience and knowledge of the Board.

GPDF plan (or are considering) to adjust the composition of the Board to 5 elected from LMCs and 4 appointed... or possibly 6 from LMCs and 3 appointed. Both would give greater scope to ensure a more diverse composition of the Board.

Do you have any thoughts or comments on this?

## **11. Review 'hopes' and 'concerns'**

OK – final task for today is to look back at the 'Hopes' and 'Concerns'...

Review... have 'Hopes' been achieved?... discuss any not achieved...

Do any 'Concerns' remain?... discuss why these remain....

*END*

*Jim*

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## Clarification information

### **Details of payment to GPC meeting attenders.**

The BMA does not pay honoraria for the first 12 meetings and thereafter the honorarium is £250, but all members are also able to claim the cost of a locum engaged by them up to £550 per day)

GPDF funding has ensured the honorarium of £525 per meeting from the first meeting for GPs. (plus locum costs)

### **Cost of GPC and Executive**

The annual cost of supporting the three Executive Teams- England, Scotland and Wales (*not including the cost of Policy Leads, out-of-pocket expenses and Employer's NIC*) is approximately £900,000.

### **The cost of Conferences.**

The approximate cost of supporting the Annual Conferences in England, Scotland and Wales as well as the Annual UK Conference is between £500,000 and £600,000 – depending on location. (Venue costs and travel expenses are main variables).