APPENDIX 3

Leeds Local Medical Committee Limited

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Meeting: **LMC meeting with members of Leeds City Council's Scrutiny Board (Health)**

Meeting Date: 25 March 2011

Meeting Venue: LMC Offices, Adel

Present:

Cllr Mark Dobson	Chair of Scrutiny Board (Health) and Healthy Leeds Partnerships
Cllr Peter Harrand	Member of Scrutiny Board (Health)
Steven Courtney	Principal Scrutiny Adviser
Dr Raj Sathiyaseelan	Medical Secretary, Leeds LMC
Dr Richard Vautrey	Assistant Medical Secretary, Leeds LMC
Dr Raj Menon	Vice Chair, Leeds LMC
Kathryn Tate	Executive Officer, Leeds LMC

Apologies: Cllr Kirkham, Dr Robinson, Dr Adams

ITEM	MINUTES	ACTION
1.	**Notes of the meeting 8 October 2010** – Agreed as an accurate record	Info
2.	**The White Paper** The BMA were, in principle, supportive of clinical commissioning, but were campaigning for the Bill to be amended and made 'fit for purpose'. The BMA's main concerns as follows: Roll of Monitor • Monitor would be the health regulator given power to ensure adequate competition in the marketplace. Consortia would be given a duty to ensure competition between providers whether they felt it appropriate or not. • There is a risk of legal challenge from providers who believe they have not been allowed to compete fairly. Potential for external commissioning support • Commissioning support units to be established (out of the cluster PCTs) to provide commissioning support to consortia. These may be social enterprise organisations or private companies and not necessarily NHS bodies. • It was being promoted by DH to ensure economies of scale but also to stimulate a market in commissioning support. • Concerns had been voiced that these organisations may become dominant in the future, GP consortia weakened as a result. National Commissioning Board • Powers over consortia are significant and may lead to it dictating what GP consortia actually do. This could significantly affect the independence of GP consortia and their ability to respond to local need. Consortia	Info

ITEM	MINUTES	ACTION
	• Will be given individual budgets however these were not known at present and could lead to big winners and losers if not introduced gradually. • Consortia will have some responsibility for performance management of practices and could have power to remove 'failing' GPs/practices from their consortia, therefore leading to potential conflict between practices. Potential conflict of interest • It is suggested that practices could receive a quality premium if the consortium was under budget and hit various quality markers. This could be seen as a conflict of interest by patients and undermine their trust in their GP. Training and education responsibilities • SHAs currently host Deaneries but SHAs will be abolished in 2012. • Deaneries structure currently works well and is not fragmented. • Now proposing a Skills Network made up of local providers of education eg LTHT. It will be hard for the voice of smaller GP training practices to be heard • Conflict of interest between training and service elements of a provider. It was agreed to share the recent BMA approved motions with the Scrutiny Board as these provided a useful summary of current issues and concerns.	KT
3.	**Development of Consortia in Leeds** • A third of practices remain unaligned. • Some practices were in initial discussions with existing consortia and were progressing through the application process. • Still not sure whether 3 or 4 consortia groups. The 4th group represented a small patient number and it was not yet known whether this would remain a viable option. • The average consortia size covered a population size of 200k (approx.) • Implications on what the legal status of consortia would be however PCTs would remain a legal body until 2013. • Consortia should become subcommittees of PCTs until 2013 to mitigate legal and financial risk. • Must have capacity to resist 'any willing provider' as the problem of increased choice may reduce the ability to control costs. • There would be a downsizing of hospitals and an increase in community services and it will be important to manage this process without destabilising overall hospital services. • Structures have not been spelt out and remained to be agreed at consortia level, with the exception that there will be the need for an Accountable Officer and Chief Financial Officer.	Info
4.	**Links to Area Committees/ Development of the Health and Wellbeing Board** • The role for the Health and Wellbeing Board (HWB) needed to be formalised. • It was not yet known how this would connect with local structures. • A steering group to support the development of Leeds' HWB had been established and was currently meeting 6-weekly (approx.). • Area committees have local area budgets. • Having formal links between consortia, HWB and Area Committees was seen as being beneficial. Using the current network of Area Health Champions was seen as a possible mechanism to help formalise such links. SC to progress. LMC happy to support.	SC
5.	**Patient and public involvement**	

ITEM	MINUTES	ACTION
	Every GP practice had been given an incentive to develop their patient involvement scheme. This is part of the contract and could enable local engagement linked to the commissioning agenda. As such, it is likely that patient and public involvement will become a more central part of decision-making – but there may be issues around implementation to be resolved.	Info
6.	**Financial situation and impact on services in health and social care** • It was noted that the reduction and restrictions on budgets would be felt across the City. No new money was available and additional money must be raised through efficiency savings. • Issues associated with the extension of personal budgets to cover healthcare need clarification and may place more pressure on financial management arrangements. • LTHT were moving towards a centralised services structure. • In the coming years, it would be imperative for LTHT management to see local GPs as an opportunity to work closely with rather than competition. The Trust should be encouraged to release consultant time to work with GPs in the community for mutual gain through integrated pathways.	Info
7.	**Any Other Business** None	Info
8.	**Date of next meeting** It was agreed to meet again in July at the LMC office. Date TBC	KT