



DDLMC Development Session

DDLMC Office, 03 May 2018, 13:30 – 17:00

Facilitated by Lisa Soultana and Susan Bayley

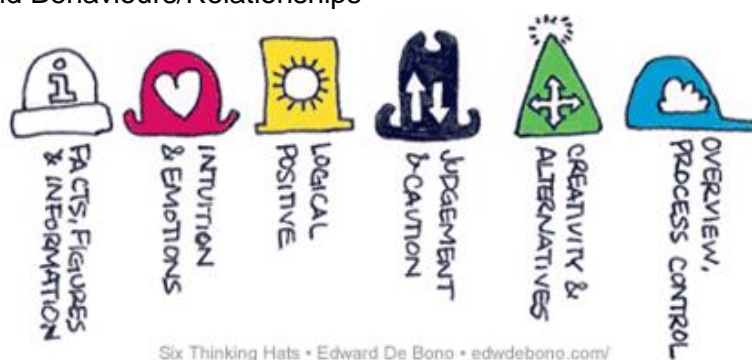
Facilitators	Lisa Soultana & Dr Susan Bayley
In attendance	
Dr Peter Williams - Chair	Dr Murial Gembali - Member
Dr Kath Markus – Chief Exec	Dr Brian Hands - Honorary Invitee
Dr Greg Crowley – Executive member	Dr Andrew Jordan - Member
Dr Gail Walton – Executive member	Dr Heather Kinsella - Member
Dr Simeon Rackham – Executive member	Dr Pauline Love - Member
Dr Susan Bayley - Member	Dr Jenny North - Member
Dr Katherine Brennan - Member	Dr Krishan Pasupathi - Member
Dr Ruth Dils - Member	Dr Mark Wood - Member
Dr John Grenville – Honorary Invitee	Dr Michael Wong - Member
Operational team	
David Gibbs – COO	Laura Grainger – PA (notes)
Claire Leggett – Head of Business Support	Chloe Buckler – PA
Apologies	
Dr James Betteridge-Sorby - Member	Dr Peter Holden - Treasurer
Dr Heather Ryan - Member	Dr John Ashcroft - Member

Welcome and introductions by Chair, Dr Peter Williams

Purpose of the session:

1. To shape the LMC for the future
2. What is the purpose of a LMC member
3. Discuss LMC member's roles and responsibilities

Task 1 Roles: In groups members discussed 3 key themes of LMC membership – Role, Responsibility and Behaviours/Relationships



Role of DDLMC Member/ship and Representation

Historic perspective

Stability but progress

Compliant but not scared to challenge or disagree

Improve relationships with other organisations (CCGs/Federations)

Communicate with GPs and Practices

Explaining how the NHS is structured

Attend the annual conference at least once



Responsibility of DDLMC Member/ship

Encourage colleagues

To not dominate in meetings (Internal or External)

Respect others viewpoints but challenge/educate if incorrect

Communicate with constituents

Keep up to date

Be visible and approachable

Continually develop

Be mindful of actions and its effect it may have on our health service

Be open to new ideas

Regularly check LMC communications (Fourteen Fish/ Twitter / Facebook)

Behaviours/relationship when serving GP Practices

Be approachable

Be reactive

Be able to steer conversations

Informative

Honest and open

Be Visible

Promote the LMC and GPTF

Assertiveness

To ensure practices do not become the Gutter of the NHS

Confidentiality

*'GPs need to understand that it is not selfish to look after themselves' #GPResilience
#GPMentalhealth*

Task 2 Perspective: In groups members discussed how the LMC is viewed externally by GPs, Practice managers and other organisations. Susie presented anonymous feedback from practices about the LMC to aid conversation. Summary of key points below

- Office is the main communicator to practices with some feedback signalling they didn't know who their LMC rep was
- GPs know of the LMC however are unclear what the LMC can do for them and their practice. Practice managers have become the main contact for practices using the LMC
- GPs are under pressure so are other healthcare organisations – we are all in the same boat.
- Social media and communications are appreciated and used but should we look at making the newsletter more concise.
- LMC are a 'force for good locality'
- LMC to 'inform everyone of what you do'



What are **OUR** next Steps ...

Becoming more visible

- Members to take ownership of practices in their area (introduce themselves and share with practices how they can support/sign post them)
- All members to provide a Headshot and short bio about themselves
- Office to produce 'meet your members' document and publish on the website
- Office to create a map of Derbyshire on the website showing the locations of the members and the practices they cover
- Improve the newsletter (shorter and more to the point – investigate an E-bulletin)
- Office to reach out to more GPs and educate/inform them of what the LMC does for them
- Name badges or lanyards to be ordered for all DDLMC representatives to be worn at all external meetings and events LMC AND PROUD!
- Office to develop email signatures for members

Meetings meetings and some more meetings!

- Review the agenda and make the LMC meeting worth the CCGs and other organisations attendance
- Request for secondary care clinicians to be present at meetings to support and aid the primary/secondary interface and shared problems
- All members to submit meeting feedback to the office and all members to read this meeting feedback
- All members to question why they are in an external meeting and what they have to offer
- Creation of a meetings map identifying which meetings feed into other meetings and upwards
- Members to push for decisions at external meetings from the CCGs to feedback to the committee
- Invite Practice managers and Advance Nurse Practitioners to appropriate LMC meetings for input
- Meet with the right people
- Investigate video technology for LMC meetings

Relationship Goals

- Build relationships between primary and secondary care – we're all in the same boat
- Re-engage with the Local Negotiating Committee (CRH & RDH)
- Members to find out from practices what their top 3 problems are
- Members to encourage 'all' to speak up in the committee meeting
- Continue relationship building with provider organisations
- Build ongoing relationships with VTS/first groups
- Members to engage with observers/guest speakers at LMC meetings

Session closed 17:00

