



## LMC Development Session Survey Results

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Derbyshire  
LMC**



# + What does the LMC do?

- Provides:
  - A unified voice
  - Representation
  - Support
  - Reference and guidance
- Ensures proper recognition of GPs

Supports ***local*** doctors using ***local*** resources with ***local*** knowledge

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# Why did you become a representative?



- To make a difference / influence change
- To try prevent the collapse of general practice / To shape the future
- To give the centre a clear mandate
- To represent my age group
- Curiosity
- Tradition
- There was a vacancy





# Do you feel that you represent your area and the views of the GPs?



## Yes

- I do as much as I can
- I would love to do more
- Need constituents to contact me
- Try and give local updates. Via
  - local meetings
  - VTS
  - Practice Managers
  - Social Media
- I am keen to learn

## NO

- Time constraints
- Fragmentation of practices
- Need to be more visible
- Slots in practice education sessions/ Listening events?
- But it is needed to reduce pressure on the office





# How do you communicate and feedback to your constituents?



- Directly
- Via newsletter / social media
- Updates at locality events / standing item on practice agenda / conversations with local practices
- I think we could be much better
- ? Geographical representation
- Very rarely





# Do you feel levy payers receive good value for the service



## YES

- Cheap cf lawyers
- But
  - Practices don't realize
  - We don't demonstrate this effectively
  - Would be easier if fewer CCGs





What do you think is the main purpose of the meetings, how do we capture and discuss current issues without them being lost?



## PURPOSE

- Share collective wisdom / debate / disseminate
- Discuss our thoughts / feelings
- Allow the Exec and Office to absorb the range of views
- To ensure members understand current issues
- Take issues to LMC Conf / GPC
- Take issues back to constituents

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What do you think is the main purpose of the meetings, how do we capture and discuss current issues without them being lost?



## **CAPTURE POINTS**

- High quality minutes and basing the work of the executive on them
- Action log
- Summarise points back to constituents







# What would you like to change about the meetings?



## ■ Frequency

- Number of meetings fine
- Once every 2 m too long
- Like monthly
- 6/yr minimum

## ■ The meetings

- Same voices each time
- Tone can be aggressive
- New format welcome





# What would you like to change about the meetings?



## ■ Outcomes

- Define SMART action points
- Ownership of action points
- Encourage real time discussion in between meetings

## ■ Novel ideas

- Use of project management software / electronic boards
- Encourage real time discussion in between meetings





# Do you feel confident your views / concerns are being held?



- Mainly yes
- Not always
- Partially
- It should be committee directing collective opinion not office





# Do you think we have right mix of abilities?



- Yes
- I do not think LMC represents the broad spectrum of primary care – seek to have more locum / salaried + PM / PN
- Hard to say with so many quiet
- I think newer members are brilliant
- Difficult to comment





# Could we use executive members more effectively?



- They are excellent in representing us in this busy climate
- YES, BUT time constraints / they are spread very thinly/ more help from rest of members
- Perhaps an LMC roadshow where exec members visit levy paying practices
- I don't feel totally clear on roles
- Could provide more strategic guidance and the secretariat have coherent and agreed policy
- Getting involved with teaching VTS?





# How do you see DDLMC developing in the future?



- **The Voice of Primary Care**
- A collective presence in all decision making
- More interactive / reactive / responsive
- Representative of workforce on ground
- All reps responsible for
  - Collating views
  - Awareness of climate
  - Clarity on roles
- Leaner and more focused at delivery
- A better online presence

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# How do you see DDLMC developing in the future?



- Novel ideas
  - Offering leadership development
  - Offering coaching /mentorship
  - Apps
  - Invite constituents to observe
  - Public meetings

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# Derbyshire LMC Development session



## CHALLENGES, SOLUTIONS, ROLES AND RESPONSIBILITIES

1435-1520

1) ON FLIP CHART PAPER BRAINSTORM AND LIST THE CHALLENGES FACED BY GENERAL PRACTICE WHICH NEED LMC SUPPORT

2) ON FLIP CHART PAPER BRAINSTORM AND LIST WHAT THE LMC CAN DO AND HOW IT CAN CHANGE ( IF IT NEEDS TO ) TO MEET THOSE CHALLENGES

THINK ABOUT

FORM AND FUNCTION

MEETINGS CHANGES

MEMBERSHIP CHANGES (DO WE WANT NON GP MEMBERS OR ATTENDANCE E.G. PRACTICE MANAGERS OR NURSES OR NOT )

IMPROVED WAYS TO REPRESENT VIEWS

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