

## Introduction

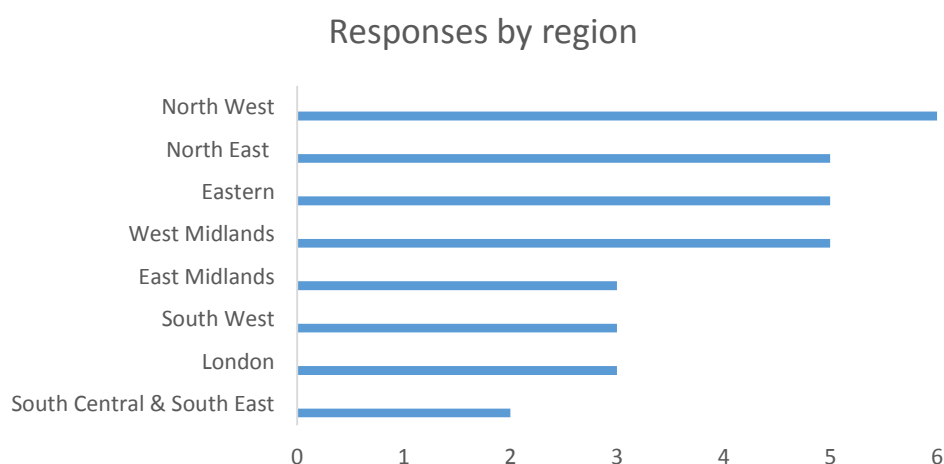
This report presents summary findings from the GPC’s survey of LMCs, conducted as part of an ongoing review of the committee’s functions. The review is looking at how GPC might best adapt to meet the changing needs of LMCs and grass roots doctors, and address challenges posed by a constantly evolving general practice landscape.

## Survey methodology

The survey, designed by the GPC Secretariat, comprised of 46 questions covering a range of topics, including:

- Overall GPC Function
- LMC elected representatives on GPC
- GPC way of working
- LMC Roadshows and LMC visits
- GPC Secretariat
- Guidance to LMCs and GP
- GPC newsletters
- LMC listserver
- GPDF
- Regional working
- BMA website

The survey was conducted over a four-week period during the months of June and July and disseminated to the 99 England-based LMCs, by email. The survey generated a response rate of 32 per cent, with responses being received from all eight regions.



Percentage representations of responses in the report are based on the number of LMCs responding to an individual question, not on the overall number of responses received. Answers that fall outside the options given, for example, where the responding LMC has inserted an additional category, such as ‘don’t know’, have not been accounted for in the analysis.

### Synopsis of views shared

LMCs generally provided positive feedback on the current ways of working, and support they receive from GPC, its executive team and secretariat staff. However they expressed areas for improvement, including the need for GPC to assume a more proactive approach to developing policy, greater media presence and an improved media perception of general practice, and better engagement with the wider stakeholder base. Respondents also expressed the need for GPC to better engage LMCs in their programme of work, and look to apply consistency in its provision of support, advice and guidance to their members. Respondents recognised the value in being part of the BMA, as a representative organisation for all branches of practice, but felt that this has at times tempered the GPC voice.

### Analysis of the responses

The analyses set out below broadly mirror the order in which the sub-sections and questions appear in the survey. However, for the sake of brevity and to minimise repetition, there are instances where linked aspects, such as secretariat support and guidance material, are dealt with together.

#### 1. GPC Function

LMCs consider that GPC is most effective in:

- Negotiating the national contract (77%);
- Supporting and representing all GPs and general practice with government, policy makers and other relevant organisations (58%); and,
- Providing support to LMCs and GPs with communications, guidance and information (26%).

But that there is scope for improvement on the above, particularly the 2<sup>nd</sup> and 3<sup>rd</sup> bullet points, to:

- Better communicate what GPC does;
- Consistently offer timely support, in response to specific queries and in developing policy guidance;
- Further develop consistency in quality of guidance (including the way it is presented), and other information issued to LMCs; and,
- Increase GPC's media profile and engagement with the wider public.

The need for improved communication is a general theme running through the responses. There are two aspects to this: a) external-facing communication and the perceived raised profile that will result, and b) internal-facing communication that will engender a feeling of connectedness to GPC. The latter includes having an understanding of the work GPC is doing and how the overall strategic direction fits with, and helps take forward the views of grass roots doctors and, consistently providing guidance and advice promptly.

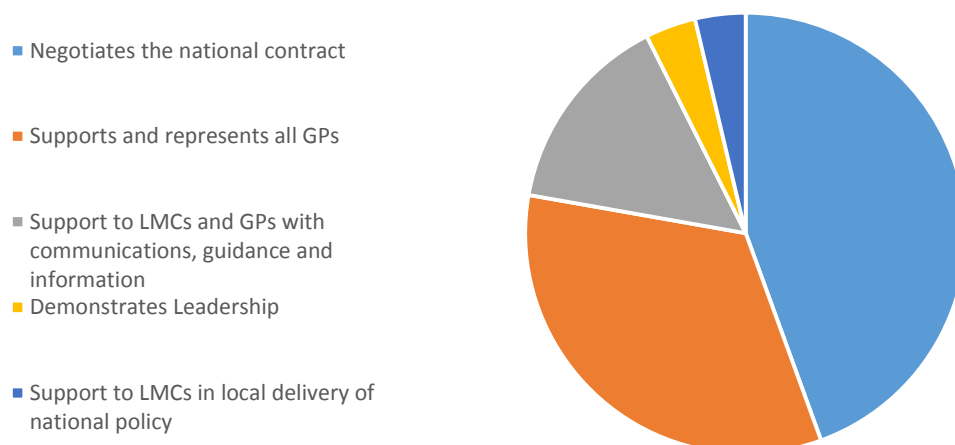
Areas where LMCs consider GPC is weakest are:

- Demonstrating leadership by proactively developing new policy and ideas regarding general practice (48% - 15 of 31 responses); and,
- Supporting LMCs in the delivery of local implementation of national policy (32% - 10 of 31 responses).

LMCs would like to see GPC:

- Provide more support and training to LMC officers, for e.g. on contractual changes and business and operational efficacy i.e. working at scale, delivery of new models of care etc.; and,
- Proactively develop stronger links with external stakeholders, particularly GMC, the RCGP, and patient groups.

### Effectiveness of GPC functions



## **2. LMC elected representatives**

For the most part (22 of 31 responses), LMCs are happy with the quality of their relationship with the elected GPC area representative. Seven think that the level of communication, and their representative's availability should be better. Two have not had any contact with their representative. There is real concern that underutilisation of the role is a lost opportunity for developing two-way communication between LMCs and the GPC. Suggestions for opening up communication include the representative attending one or two local LMC meetings in a year and being remunerated for this, and creating a clear job specification to develop consistency across the regions.

Most LMCs (78%) think that the regions and number of LMCs covered by the elected area representative is about right. While there is ambivalence on whether area representatives should be elected locally, or elected or appointed by the LMC, there seems to be considerable support for elected representatives making up a larger proportion of GPC. Over 60% (20 of 31 responses), think that regionally elected representatives should make up a larger proportion of the membership, set against a backdrop of a smaller operating GPC. Twenty-two of 32 LMCs responding, feel that GPC should be smaller, while 11 think the current level of membership is about the right.

## **3. GPC way of working**

Almost half (45%) of LMCs responding think that the existing number of GPC meetings held each year is about right, with 39% opting for a possible reduction to between 6 – 8 meetings. There is good awareness among LMCs, of GPC subcommittees (65%); also of the opportunity that exists for them to attend and observe GPC (66%). There is considerable interest in taking up the latter (56%).

## **4. Engagement – Roadshows and visits**

LMCs either find the format and content of roadshows and visits from the GPC Executive team very useful (63%), or somewhat useful (37%). They are generally happy with the frequency (65%), although around a quarter responding, said that they would like them to happen more often.

Comments/suggestions for improving on the current roadshow offering include:

- Making roadshows/visits more topical by getting the recipient LMC to feed in views and queries in advance;
- Considering posting videos of the events online for those unable to attend; and,
- Considering varying locations to achieve as wide a coverage as possible for e.g. a Cambridge location in the Eastern region is quite a distance for members located in Hertfordshire and Bedfordshire to get to.

### **5. Secretariat support and guidance material**

Twenty-seven of 32 LMCs responding to the survey have contacted the GPC secretariat over the past year, and for most (61%), the LMC liaison officer is their point of contact. Around a quarter may choose to get in touch with either the relevant policy lead or liaison officer. Over 80% of LMCs would like more contact with their LMC officer or wish them to attend more of their meetings. There are dichotomous views on query handling and the responsiveness of the GPC secretariat, with some pleased with the speed and quality of response, while others have experienced delays (which at times are as a result of having to consult multiple sub-committees or the legal department on an issue).

Most LMCs find the GPC published guidance very useful (24 of 32 responses) or somewhat useful (13 of 32 responses). More than two thirds (23 of 32 responses), consider that the guidance is published within a reasonably timely time scale. Slightly less, (18 of 31 responses), consider that the guidance ensures adequate awareness of key relevant developments. Most (21 of 31 responses) opted for downloadable documents as an alternative communication mode, with very few opting for paper copies of important documents or another format (2 each of 31 responses).

The guidance documents listed in the survey, are mostly rated as either very useful, or somewhat useful. However only four of 32 LMCs responding find the on-line community support very useful, and 17, somewhat useful. Nine were not aware that guidance and support existed in this format.

**Levels of usefulness of guidance documents**

	Very useful	Somewhat useful
Quality first: managing workload to deliver safe patient care	30	1
General practice and integration: Becoming architects of new models of care	15	14
GP contract 2015-2016 England	23	7
GP networks and GP federations	14	16
CQC guidance	18	11

Suggestions on how the guidance can be improved are largely around standardising document presentation format and content, and include:

- Clear bulleted action points with timelines at the start of each document;
- Clear recommendations and options; and,
- Where updating guidance, include dates of updates and highlight which section of the guidance has been updated.

**6. Communications – GPC newsletters/BMA website/Listserver**

GPC newsletters are very well received, with 84% being happy with the content in the Chair’s newsletter, 63% with the GPC News content, and 43% with the sessional GPs content. Around half of LMCs responding to the question on whether further newsletters or updates are needed said ‘No’.

Views are mixed as to the impact of the improvements to the GPC web pages. Forty-three per cent consider they are for the better, the same percentage that there is no change, and 14% are not aware of any changes.

To help improve accessibility, LMCs have listed among their suggestions the need for a dedicated website, with a specified resource area for LMCs where they can access guidance material. The need for a better search function that will select GP-related documents only was also raised.

Most LMCs (29 of 32 responses) consider the listserver a useful forum for discussion, but would like to see less banter with queries/points and responses made more succinctly, and submissions being made only if directly relevant to the queries or points raised.

## **7. General Practitioners Defence Fund**

Just over two-thirds of LMCs responded to the question on the GPDF (question 39). There is a general theme in the responses to that question (12 of 22 responses), of directing funding to local support and training. This theme is also replicated in comments given in response to other questions, (3, 5 and 7). Views expressed include investing in local initiatives, officer training and briefing, reviewing levy contributions from struggling practices, and rationalising the GPC membership and regional support structures.

## **8. Regional working**

There is a clear appetite among LMCs, for collaborative working, and regionally-based GPC meetings. Thirty one of 32 LMCs felt that they should work collaboratively, or at regional level, to maximise influence on local developments and policies affecting GPs, and two-thirds felt that some GPC meetings should occur regionally. Most felt that the meetings should be held quarterly or less often (97%), with the latter option being most popular (57%). The suggested geographical area consisting roughly of the size of 2-3 local area teams was considered most appropriate (45%).