

LLR LMC Annual Report 2016

PROTECT AND SURVIVE



This booklet tells you how to make your home and your family as safe as possible

Helping you keep going while we work to build a safe and sustainable future for General Practice



LLR LMC- what we do

Advise

From partnership issues to business planning, we provide valuable, up-to-date and expert advice to Practice Managers and GPs on essential subjects including premises and contractual matters. In addition to in-house experience and knowledge, members benefit from our close relationships with the BMA, the General Practitioners Committee, other LMCs and specialist legal support from our special link with LMC Law.

Support

We provide support for members’ health, welfare and careers. Because we understand the challenges of working in General Practice with increasing demand and workload, our members can be confident of confidential and experienced support when they need it. If they have issues with appraisal, revalidation or their inclusion on the local performers list we can help – often when Medical Defence Organisations or the BMA report that they cannot provide assistance to an individual. We provide pastoral support and general support to GPs returning to work, undertaking remediation or who are involved with enquiries into their performance by the GMC or NHS England.

Represent

We represent practices on bodies including the NHS England Central Midlands Team, Clinical Commissioning Groups, Public Health, Local Authorities, Health Watch and with the Better Care Together and Sustainability and

Transformation Plan (STP) projects. We represent GP views with local and national media and we help practices deal with media enquiries. When GPs are being investigated or their contracts are at risk, we are there to help and to support. LLR LMC is a completely independent body recognised by statute. We are a democratic organisation with a Board of representatives, elected by our members.

Dr Nick Simpson is the outgoing Chair of LLR LMC. He has been a principal in General Practice in Barrow upon Soar since 1983 and is currently senior partner. He qualified in 1976 from St Mary’s Hospital in London and after a short career in Surgery entered General Practice in 1982. He has special interests in Cardiovascular Medicine and Diabetes.



PROFILE

2016 Outgoing Chairman’s statement

Dr Nick Simpson says our work in the last year means we now have a strong team

This is my last report as Chairman of the LMC as I have now stepped down as Chairman.

We are in the process of appointing a new Chairman who will be in post in the next two months. In the Interim Dr Ammar Ghouri is acting Chair.

The last year has, as ever, continued to see dramatic change in Primary Care both nationally and locally.

General Practice is under pressure as never before and your LMC is now supporting an unprecedented number of your colleagues who are struggling to cope.

The extreme difficulty in recruitment and lack of doctors wishing to train as GPs is a very worrying trend and bodes ill for the future.

At times like these it is ever more important to have a body like the LMC, which is the only elected body that can truly represent and assist you and that has no conflicts of interest in serving you.

This contrasts with your CCG and Locality teams who ultimately report to NHSE and have to do as they are told.

Primary Care is still a rewarding career but it is going to change with practices merging and healthcare being delivered in new ways.

Change is always difficult but we are here to support you and represent you in the forums that matter locally.

Please attend the AGM and let us know what you think.

“ At times like these it is ever more important to have a body like the LMC ”

Chief Executive's report

LLR LMC – listening to you and the voice of local GPs

LLR LMC – the voice of local GPs

General Practice is at breaking point. We often deal with struggling practices as they reach the point of no return. In spring 2016 in a fairly small area in Leicester two single-handed practices handed back their contracts and another closed its branch surgery, which resulted in the dispersal of 7,000 patients. LLR LMC worked with BBC Radio 4 – the audience of World at One heard about the practice closures in Leicester and about the realities of continued cuts to GP funding while demand, workload, bureaucracy and regulation continue to rise. We will continue to lobby to get people to wake up and realise that their own surgery may be in crisis.

Practical help and headspace

We recently helped a practice that serves over 8,000 patients, which because of unforeseen circumstances and failed recruitments rapidly went from a four-partner group practice to a single-handed practice. Each week the 'last GP standing' was routinely dealing directly with over 300 patients. The LMC and the Practice Manager met with the local MP and subsequently we met with the Minister for Primary Care, Alistair Burt. He listened and his civil servants made platitudes about new monies promised in the General Practice Forward View. We are still working to ensure words are turned into actions. The reality is that an annual 1% increase in health spending is inadequate when there is a 4% increase in demand each year.

Despite being heard at a national level this practice needed practical help and the headspace to plan for survival. The LMC worked with the practice and with the CCG to try to find some tangible solutions and support. The enormous resilience, hard work and leadership from the GP partner, the practice management and other GPs have resulted in the practice navigating some distance away from the most troubled waters in which they found themselves.

All practices are vulnerable and all practices are struggling and no practice or individual is immune to bad luck or to unfortunate events.

Whether you are at a crossroads in your career or whether you are subject to investigation by the local Practitioner Performance Team or the GMC we can help you. LLR LMC is expanding the reach of peer mentoring, expert coaching and resilience courses and I hope that you will consider participating in these and encourage colleagues to do likewise.

We understand the burden caused to you by constant reorganisations of the NHS heaping over-complication and excessive bureaucracy on over-regulation. Capita taking over Primary Care Support Services is a good example of fiddling with something that wasn't broken. CQC continues to wreak havoc with immeasurable unintended consequences caused by an inspectorate that is not fit for purpose.

We are here for you

We don't claim to have all the answers – what we can do is listen to you. We can help you work through difficulties and consider alternative solutions.

The history of General Practice in the UK is a series of pendulum swings of growth and good times followed by disinvestment and bad times – we want to help you to keep going and to cling on for the better times that need to come. The UK will always need GPs. The UK has some of the best GPs, the best Practice Nurses, the best Practice Managers and the best Practice Teams in the world. At LLR LMC it is an honour and a privilege to work with and to help some of the most dedicated professionals it could be possible to meet.

We all need to be heard and to have people that we can trust to speak up for us.

LLR LMC is here for you.



Dr Chris Hewitt, Chief Executive

Dr Chris Hewitt is our **Chief Executive**. Chris has worked as a GP, medicolegal adviser and clinical complaints adviser for a Medical Defence Organisation. He has also worked as a locum GP and out of hours GP across Leicester, Leicestershire and Rutland.



PROFILE

Medical Officer's report

Dr Anu Rao says there is hope for the future

It has been another exciting year of new promises from the Department of Health, for example, the GP Forward View and New Models of Working. There are lots of challenges ahead in the coming years, along with a momentum to adapt and change across all sectors of primary care. There are many innovative ideas and pragmatic solutions, but the trouble is that GPs just do not have the time or the resources to enable them to challenge the norm. The problems are the same as in previous years, mainly diminishing workforce, dwindling funding and increasing workload. Having said that, there might be a glimmer of hope; maybe the GP Forward View will deliver on its promises?

As your Medical Officer I hope to continue to raise your concerns to the appropriate authority to make sure that our voices are heard and never ignored. I consider it a privilege to be in the position of representing all GPs across Leicester, Leicestershire and Rutland. This year we have provided you with timely information on expectant changes that are happening across primary care. We try to keep you informed so that you are one step ahead, in order to make informed decisions for your practice. Some examples of this are the firearms guidance, overseas patient treatment, coroner issues, flu vaccination, NHSE publications and GP contracts. I also continue to be involved in providing pastoral and mentoring support to GPs as needed.

It was a privilege to represent our organisation at the LMC Annual Conference earlier this year in London. Not only was it a great platform to bring up local and national

issues, but it was also an opportunity to meet with others working in General Practice and share thoughts on how we can continue to make things better. All of the above is made possible because of the enthusiastic and efficient LMC team. I would like to thank the LMC team and board for their constant support. I truly believe that whatever the landscape in the future, primary care has and will remain the jewel in the crown of the NHS.

Dr Anu Rao trained as a GP in Hinckley. A GP partner at Forest House Surgery, Shepshed, Anu is also a GP trainer, federation chair for North Charnwood and Medical Officer for the Leicester, Leicestershire and Rutland Local Medical Committee.



PROFILE

Development Manager's report

Claire Deare explains how her role is ever-changing

Working full-time for the LMC is nothing like I imagined it would be! Despite the many challenges, I feel privileged and humbled to support the dedicated GPs and their teams of LLR. I try to get out and about and meet as many of you as possible at various events, and also to represent the GPs of LLR at the ever-expanding number of meetings with NHS England, the CCGs, and the various other bodies that influence the working lives of our GPs. I am also very active on social media, and make as much information as possible available by LLR LMC's pages on both Twitter and Facebook. The LMC has a new website and membership database, which is maintained and regularly updated.

The role of Development Manager is a new one for the LMC and inevitably it has changed over time. As the LMC's Communications Lead, I deal with media enquiries, and can support members needing help dealing with local and national press. The LMC also has media and legal experts in our wider team to whom we can refer for specific advice where required.

I also deal with queries and frustrations relating to the CQC. I never cease to be amazed at the burgeoning amount of box-ticking and nit-picking that practices are subject to; the current inspection and regulation regime is not fit for purpose, and should be halted to allow GPs to focus their efforts on direct patient care.

I am very proud of the role we fulfil in supporting and nurturing our members. We offer tailored career coaching, mentoring and support in developing personal resilience, through regular events and using high-quality partners to

deliver. We have been able to secure resources through non-recurrent funding to enable us to focus on the well-being of the existing workforce, and we work closely with the local CCGs and Health Education England to influence future recruitment and retention policy.

I look forward very much to continuing to work with and for our members.

Claire Deare has 19 years' management experience, with nearly 10 years of that spent working as a Practice Manager and Business Manager locally in Leicester & Leicestershire. She has been working for the LMC since June 2015



PROFILE

Acting Chair's report

Dr Ammar Ghouri – we are here for you

Since my last report a year ago much has changed in the world of Primary Care and at the LMC. I would first like to thank our longstanding Chairman, Nick Simpson, for his long and distinguished service to the LMC and its members, who he has represented with a passion and enthusiasm so infectious that it encouraged me to become Vice-Chair. It is a privilege to be the interim Chair and lead this team, which continues to make a difference at the grass roots for our members as well as making headlines nationally.

I continue to see the pressures first-hand across General Practice and believe we are more relevant than ever before in terms of advising, supporting and representing our members.

The reports of our Executive team will go into more detail about our achievements in the last year, but I am confident we have a strong team which is fit for purpose and which can provide robust support to all our constituents.

Finally, I would like to invite you to attend the AGM and share with us how you feel we are doing. We would like to know your views so we can learn and better support you.

Dr Ammar Ghouri qualified in 2013 and is a GP Principal at South Wigston Health Centre. He is currently acting Chair for the Leicester, Leicestershire and Rutland Local Medical Committee.



PROFILE



Your Local Medical Committee

Our purpose

To look after and to look out for GPs and their teams...
...in order to help our members achieve the best possible outcomes
and solutions working as a General Practitioner in the UK.

Our mission

To advise, support and represent GPs in Leicester, Leicestershire and Rutland.

Our values

To be impartial and non-judgemental

To inspire hope

To be kind to ourselves and each other

To be honest and straightforward

To be courageous, wise and trustworthy

Achievements in 2016



We want to visit you at your practice:

To see you and your team members

To hear your concerns and the challenges you face

To give you a chance to tell us what you think

We cannot always solve everything but we might see something you may have missed or are not aware of.

We can often liaise on your behalf with NHSE, with your CCG or federation, or to get you help from other organisations such as LMC Law.



Results of our latest survey

Your LMC’s purpose is to look out for and look after GPs and their teams

Twenty-seven GPs and Practice Managers across Leicester, Leicestershire and Rutland voluntarily took part in a recent survey, submitting data from October 2015 to September 2016.

We asked for your opinion and you answered...

Your preferred method of communication in order to receive updates is via social media i.e. Twitter and Facebook, followed by email



The most favoured information you would like to find on our website is guidance and regulations



70% would be supportive of the LMC being involved in the induction of new GPs and Practice Managers when they join a team

96% believe elected LMCs have a role and are relevant in the current and future NHS

The most popular kind of training, development and update events you would like your LMC to provide is on preparation for CQC inspections and practice/ federation mergers



The NHS Needs to Break Free

The time has come to make a compelling case for an independent Health and Social Care Corporation ('HCC') to run our health and social care system. This body will need a 25-year charter and will need guaranteed independence from day-to-day interference from Westminster politicians. The HCC will need to explain the costs of a modern integrated health and social care system – where 'primary care' and 'secondary care' are terms confined to history. When the HCC reviews the current situation the politicians need to allow it to make a diagnosis and to develop a prescription, which needs to be administered in a timely fashion.

The HCC may argue any or all of the following, that:

- The internal market has had its day.
- Bureaucracy, regulation and inspection in health care is overcomplicated and is failing patients, carers and professionals.
- Technology should be used to serve patients not to performance manage, to overcomplicate, to over-medicalise and to hide behind.
- You get what you pay for and this means we need to invest a greater percentage of the UK's Gross Domestic Product (GDP) in health and social care and to have an honest debate about higher taxation and copayments.
- Demand is fuelled by supply – most countries ration access to health and social care by ensuring that those who can afford it pay something each time they use a service particularly if they are seeking help with wants rather than needs.

What can I do?

Please consider signing an online petition to the UK Government and Parliament to ask for a debate to introduce a 1% Health and Care tax as soon as possible. A new tax could provide some certainty while politicians consider all options for the future which should include an independent commission:

<https://petition.parliament.uk/petitions/165920>

Dr. Chris Hewitt

What is STP?

In December 2015 NHS England announced that every health and care system in England had to produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years – ultimately delivering the Five Year Forward View vision of better health, better patient care and improved NHS efficiency.

I remember STP from the mid-1980s when I was doing my A levels – I worked shifts during evenings and weekends at a petrol station in Thringstone in north-west Leicestershire. We sold STP oil in shiny cherry-red and blue tins a bit bigger than Coca-Cola cans with the colouring of modern-day Dr Pepper cans. We had an old cardboard advert which showed how STP would help your car start faster, run smoother and quieter all winter long. I can't remember selling any of the oil and the tins gathered dust in a corner.

In 2016 STP developed quietly ... it was announced from London that Toby Sanders from West Leicestershire CCG was our 'STP leader' alongside 43 other leaders across England. It was clear that the STPs were to be developed alongside, rather than within, existing organisations, which added to the growing mystery around STPs. It also became clear that STP leaders were to be allowed to operate outside the usual system checks and balances of accountability and responsibility which would be required if they had to report to an organisation's board of directors.

Across England 44 STP leaders dutifully submitted their homework by the end of June 2016; at this point only a very small number of managers at CCGs in the area had

seen the plans, which were widely thought to be heavily based on the LLR 'Better Care Together' plans. Saving in the region of £450 million to get the 'LLR system' in financial balance by 2021 was a key ambition of Better Care Together so this was likely to be the basis for the local STP.

Saving £450 million in our area means planning for the closure of an acute hospital, having a single maternity unit with an ambition to achieve a home birth rate of around 5% and the integration of social care and health care so that GPs and Primary Care can deal with more people without the need for acute hospital admission.

LLR LMC has not seen the draft STP plan that was submitted to NHS England in London in June though in August we participated in discussions about revising the Primary Care section. The next draft of the LLR STP will be submitted for national review in mid-September – the final version of all 44 STPs in England are due in mid-October.

As a Local Medical Committee our key statutory function in matters like the STP is to represent the body of local GPs. It can be a difficult balancing act in our role as representatives and leaders to ensure we do not get drawn into the excitement of working on some secretive plan. We need to co-operate constructively and also challenge and criticise and make counter suggestions.

At times we can find ourselves immersed in an Alice in Wonderland world of the NHS that places us at risk of becoming normalised to deviance and of missing the big

picture – which is that we are spending less and less of UK GDP on health and social care, and workers and carers are being squeezed to do more and more beyond that which is safe.

It is certainly difficult to know the extent to which we ought to remain inside the tent for matters such as engagement with STP plans.

I fear that STPs are almost entirely about ensuring politicians can delegate 'blame' for the massive disinvestment into health and social care.

I fear that local STP teams will be blamed when they have not been able to divide their allocated financial cake in such a way as to make safe and sustainable services.

I fear that STPs will fail to transform and to integrate health and social care and to manage 'left shift' without headspace, time and investment in transformation.

The secrecy around STPs and the timescales for STP submissions make me very wary and suspicious. STPs may prove to be a classic NHS emperor's new clothes charade as I constantly hear phrases such as 'It's the only game in town' and 'There will be no new money so make sure you're involved to make the best of a bad deal for everyone ...'.

STPs will not address the consequence of failing to boost core funding to GMS practices or to give the headspace and investment needed to enable transformation.

I keep hearing things such as 'GMS practices are too small and inefficient and GPs need to work at scale in MCPs as part of a region's STP': repeating statements like this does not make them true and it does not make them right.

LLR LMC will fight for common sense and we will fight for the profession. As a region we need to collate meaningful data on the workforce and on the needs and wants of the population and then we need to work together to develop a clear and costed vision. We will need to work differently and we all need to be involved in working out how we can do this. I'm not sure anyone locally is buying STP – I suspect that we will submit our STP homework in time and that it will soon be gathering dust, ignored in a corner somewhere.



Cases

So far this year we have opened 154 cases from GPs and Practice Managers across Leicester, Leicestershire and Rutland.

These cover a range of areas including:

- How to access the Recruiting Returning Doctors Scheme 2016–17
- Supporting Vulnerable Practices – queries about the scheme, whether it will be beneficial
- Advice on dispute with the CCG
- CQC registration advice and support/representation at visit
- Coroner’s and DoLs queries
- PCCC – legal basis for awarding GMS over APMS contracts
- Advice on retirement
- Charging NHS patients for private services
- CQC – mandatory training requirements
- Advice on updating partnership agreement
- CQC – advice on preparing for a CQC inspection
- Advice on mentoring and stress management

And many more...

Committee members & profiles

Alongside our chief officers and our office team, our other LMC Board members represent the CCG regions and undertake roles on the LMC sub-committees to scrutinise and support the work of the LMC.



Dr Shiraz Makda graduated in 2008 from Leicester Medical School and is currently a GP partner at the Croft Medical Centre. He is Chair of the LMC’s HR Sub-committee.



MEMBER

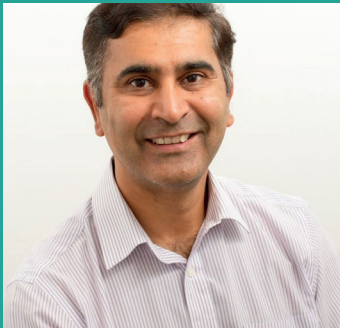
Melanie Commons joined the LMC in April 2016 in the role of Executive Personal Assistant to Dr Chris Hewitt. Prior to this Melanie was employed at Triathlon England.



OFFICE TEAM

Committee members & profiles continued

Dr Nainesh Chotai has been an LMC member for 20 years. He is a partner, GP trainer and practice representative to locality meetings



MEMBER

Dr Binita Parmar works as a freelance GP, mainly in inner-city practices. She was co-opted onto the LMC Committee in October 2015, and represents all locum/sessional/freelance GPs.



GP REPRESENTATIVE

Dr Jyoti Rawat graduated in 2002 and is a member of RCGPs. She has experience of working as a GP partner and her current roles include GP appraiser and GP locum. She has a special interest in women's health and paediatrics. She joined as LMC board member in March 2016.



MEMBER

Charlotte Woods joined the LMC Team in 2014 and is the first point of contact for our Committee members. She is also involved with the development of our website and database and is a case co-ordinator.



OFFICE TEAM

Susan Shaw joined the LMC in January 2015 and is the finance administrator. She also co-ordinates events and workshops run by the LMC.



OFFICE TEAM

Dr Fahad Rizvi completed basic medical education in 2002, and after working in secondary care for nine years, transferred into GP training and became a GP principal in 2014. Dr Rizvi was co-opted onto the Committee in October 2015.



GP REPRESENTATIVE

Dr Sumit Virmani has been a GP partner in Whitwick since 2009, when he finished his vocational training. He has a special interest in joints, minor surgery and occupational health.



MEMBER

Dr Pam Bowyer trained in Leicester and is a GP partner in Charnwood Community Medical Group in Loughborough, having previously worked as a salaried GP, locum GP and for the out of hours service.

MEMBER

Annual accounts

Treasurer’s report

Primary Care remains challenged and in these turbulent times the Leicester, Leicestershire and Rutland Local Medical Committee is committed to advising, supporting and representing members and member practices both locally and nationally.

The finances of the LMC are stable but remain challenged with the LLR LMC board’s decision to keep the levies unchanged for member practices. These challenges come at a time of increased need for recruitment of back office staff, as well as the investment in a new and expanded headquarters to develop a safe space for members.

The LLR LMC board is committed to working towards improving the range of services that we offer our members and we continue to expand our provision of coaching, mentoring and face-to-face support for our GPs, Practice Managers and their teams. There has been an additional emphasis on raising the profile of Primary Care, while there are unique challenges created by both traditional media and the investment in an interactive social media front.

To continue with this aim, I will be proposing a motion at the AGM to help us simplify the levies currently paid as statutory and voluntary levies and call it the ‘LMC Levy’ while maintaining the LLR LMC Board’s direction by applying a rate equal to the combined levy for the last five years.

I am supported by the Finance Sub-committee of the Leicester, Leicestershire and Rutland Local Medical Committee Limited Board and I am accountable to our constituent practices through the LLR LMC Board.

Dr Hisham Haq is a full-time GP partner at The Parks Medical Centre and the Treasurer of the Leicester, Leicestershire and Rutland Local Medical Committee.



PROFILE

Leicester, Leicestershire and Rutland Local Medical Committee Trading and Profit & Loss Accounts for the Year Ended 31 March 2016

	2016	2015 (£)
Income		
Levy - statutory	-	354,485
Levy - voluntary	-	42,655
		395,051
Cost of sales		
Grant expenditure	-	342,649
Gross profit	-	54,402
Other income		
Deposit account interest	79	81
Finance costs	79	54,483
Bank charges	96	120
Net (loss)/profit	17	54,363

Although the figures are considered correct at the point of going to print, they are yet to be put under an Independent Review. This could lead to further adjustments being required

Annual accounts continued

Leicester, Leicestershire and Rutland Local Medical Committee Trading and Profit & Loss Accounts for the Year Ended 31 March 2016

	2016 (£)	2015 (£)
Turnover		
Out of hours receipts from PCT	19,600	4,900
Grants receivable	15,3328	342,649
Other income	950	-
Levies received – statutory	420,277	96,796
Levies received – voluntary	75,704	11,944
	669,859	456,289
Cost of sales		
Out of hours paid to CNCS	3,285	3,265
Project expenditure	18,907	-
	22,192	3,265
Gross surplus	647,667	453,024
Expenditure		
Rent and services – Leicester	3,797	5,834
Rates and water	54	-
Light and heat	991	-
Directors’ salaries	102,074	57,321
Directors’ social security	12,129	6,250
Directors’ pension contributions	68,776	38,776
Wages	68,645	157,662
Social security	4,831	14,788
Pensions	14,634	-
MAA and honoraria	14,972	14,972
Telephone	5,165	4,312

	2016 (£)	2015 (£)
Expenditure (cont)		
Post and stationery	2,479	2,354
Travelling	4,065	1,693
Licences and insurance	3,917	11,632
Repairs and renewals	782	-
Computer costs	4,660	1,565
Hire of rooms and refreshments	4,945	3,797
Conference & seminar expenses	4,357	1,938
GMS Defence Fund	-	(613)
Sundry expenses	1,965	1,274
Subscriptions	466	208
Accountancy fees	7,731	7,153
Medical officer costs	61,475	74,446
Professional fees	21,969	16,974
Transition & Development costs	86,664	9,647
Legal fees	22,780	26,346
Donations	300	-
	123,044	4,972
Finance costs		
Bank charges	337	387
Depreciation		
Fixtures & fittings	960	41
Computer equipment	2,119	782
Net surplus	119,628	3,762

Our top five objectives for 2017

1. Training and Development

We continue to work with the LLR Training and Development Group in providing online learning for practice staff. We are also offering opportunities for members, with more places available for coaching, peer mentoring and resilience courses. You or your practice can have bespoke courses organised by us on media skills, public speaking and presentation skills.
2. Occupational Health and Pastoral Support Services

A core part of our work is pastoral care for our members and we have increased our capacity for this. We are working with NHS England to develop a broader range of occupational services for our members.
3. CQC

We are actively campaigning against the continuation of the current inspection regime by the CQC and we are working with other like-minded LMCs to seek high-level legal opinion to consider all options including a judicial review.
4. Indemnity Costs

We are campaigning for reasonable indemnity costs for GPs and practice team members and will explore alternative providers of indemnity for our members.
5. GP State of Emergency

We will continue to campaign to raise awareness amongst the public, media and politicians that General Practice is under serious threat and that unsafe workloads with insufficient resources have caused low morale for many GP partners. Excessive workload has resulted in a crisis in recruitment and retention which threatens the future of NHS General Practice services for patients in many years.



Mentoring

Get involved in a county-wide mentoring pilot for GP practices

The LMC is running a pilot mentoring scheme across the county for GPs and their teams.

We want to recruit GPs, Practice Managers and other staff who would either like to train to be a mentor, or would like to be a mentee benefiting from having a peer mentor. This will be a high-quality project led by Alexis Hutson of Coaching Doctors and will utilise online mentoring resources and networks.

Mentee benefits:

- Accessing impartial advice and encouragement through a supportive relationship
- Assistance with problem solving
- Improving self-confidence
- Professional development
- Encouragement to reflect on practice

Mentor benefits:

- The opportunity to enhance your skills in developing others
- The opportunity to reflect and review your experience and offer insight into the learning gained
- Invaluable insights into your own working situations through working with the mentee's issues
- Intellectual challenge and the satisfaction of helping another develop
- Supporting your own revalidation and career development.

This pilot is significantly subsidised by the LLR LMC.

Aimed at GPs and practice staff.

To get involved please email: enquiries@llrlmc.co.uk

Tailored career coaching

LLR LMC has secured funding and expertise to provide you with an opportunity to have headspace for tailored career coaching.

The aims of the coaching:

- To create headspace for GPs to think about where they are in their career and what they want going forwards;
- To further develop personal insight, confidence (where it is needed) and resilience, whilst working in the current changing climate.

What this could mean for you:

- An independent professional coach to act as a sounding board to review where you are with your career.
- Focused discussions to prioritise how your values and ambitions could help you take back some control of your work-life balance and to build a safe and sustainable career for the short and medium term.

Issues that can be addressed:

- concerns about personal resilience (extreme stress in some cases);
- uncertainty about next steps in your career/business;
- issues of control of your work-life balance; struggling to manage heavy workloads;
- taking practices to next level;
- managing difficult situations/challenging people;

Make some time for yourself; contact us to find out more: enquiries@llrlmc.co.uk

‘... having come to a period in my life where I had lost some of my confidence, coaching has brought me on a journey of discovery, challenging me to explore and understand why I felt that way, what I want out of my career and what I need to do to get there. With the coach’s help, in a friendly, safe and confidential environment, my confidence is coming back, I feel more empowered to take back control of my career, develop the practice and succeed in any new challenges that come my way. Highly recommend.’

FEEDBACK

Useful information

General support and advice:

www.llrlmc.co.uk

Well-being and health:

<https://www.bma.org.uk/advice/work-life-support/your-wellbeing>

www.support4doctors.org

Career advice and coaching:

www.alexishutson.com

www.lifecoach-directory.org.uk

www.thedoctorscoach.co.uk

www.medicalforum.com

Counselling and health:

<https://bma.org.uk/advice/work-life-support/your-wellbeing/bma-counselling-and-doctor-advisor-service>

Contact us



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CHIEF EXECUTIVE

Dr Chris Hewitt
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DEVELOPMENT MANAGER

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What the LMC can do for you & your team

-  Practice visits
-  Headspace
-  Contract advice
-  Media training
-  CQC
-  Website & apps
-  Buying group
-  Pastoral care
-  Social media
-  Legal expertise
-  Representation
-  Newsletters
-  Mentoring & Coaching
-  Leadership skills
-  Support
-  Inquests & hearings
-  Workshops
-  And more...

This list gives examples of the help we currently offer – we are always open to suggestions and will always help you and your team whenever we can.

Please contact: enquiries@llrlmc.co.uk if you are interested in any of these services.

