

# GPDF

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General Practitioners  
Defence Fund

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## November 2018 Workshops

Overview report of LMC comments within Workshops

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## Introduction

General Practitioners Defence Fund held a series of meetings (Glasgow, Reading and Leeds) during November 2018 with representatives from Local Medical Committees across England, Scotland and Wales.

Sixty-three representatives from 50 different Local Medical Committees participated, with members of the GPDF Board attending every session.

The purpose of these sessions was...

.... to share the key findings from the extensive programme of research commissioned by GPDF and conducted with Local Medical Committee members which has taken place during 2018;

...and to encourage discussion and debate amongst LMC regarding a number of important issues, as GPDF continues to evolve as an organisation.

This report summarises the discussions and highlights the key emerging themes from the workshops. A copy of the discussion topic guide used in these sessions is contained in the appendix.

In many ways, the discussions at these workshops confirmed the findings which had been obtained during the confidential research process. *(Note: While these workshop sessions were held under 'Chatham House rules' and no direct quotes will be attributed to participants, members of the GPDF Board were present at all sessions.)*

The workshops and this report are not intended to provide conclusions or recommendations on the issues discussed, but rather intended to give LMC participants the opportunity to share their views on the topics, in order that the GPDF Board can reach informed decisions on the many issues under consideration at this time.

It is recognised that not all LMCs have engaged with these workshops, and therefore the views summarised may not include those of LMCs who might be considered to have 'disengaged' from GPDF.

## Executive Summary and Overview

- The majority of participants considered the workshops to have been of interest and value, and they gained a better understanding of issues related to GPDF.
- It was apparent that there is a considerable lack of understanding of the purpose of GPDF, the detail of its activity, its priorities and uncertainty of the justification of payments. There remains confusion as to the relationship with GPC and BMA.
- For most, the session and workshops were considered to be the first tangible signs of a change in the approach from GPDF, and future similar initiative should be considered.
- In future, information regarding GPDF must be communicated effectively and made much easier for LMCs and others to find. While LMCs have a responsibility to communicate effectively with their own GPs, GPDF should make efforts to help facilitate effective communications to all GPs regarding its purpose and activities.
- While there appears to be broad support for the re-orientation of GPDF to be more reflective of LMC priorities, it would also be true to say that a number of LMCs will remain sceptical and critical until such time as long standing issues are resolved to their satisfaction or until they become more aware and accepting of the aims and vision of GPDF as it evolves.
- A small minority of participants, particularly in Reading were openly critical and, in some ways, openly hostile towards GPDF in part due to long standing frustrations and the perceived lack of openness and transparency by GPDF in the past.
- It may be appropriate to communicate the consequences for General Practice, if the GPDF had not existed or does not continue to exist.
- Many of the issues facing GPDF are overlapping and intertwined, and therefore co-ordinated decisions across a range of issues are likely to be required to achieve and demonstrate change.
- The workshops again confirmed the breadth and variety of opinions across LMCs, and there are few (if any) issues, where there is a single common perspective or opinion amongst LMCs. Therefore, it is unlikely that GPDF will be able to please everyone on any issue.

- Fundamental however will be establishing and communicating transparency, and a strong justification of value for money before undertaking any activity which appears to be discretionary expenditure. If these issues are not addressed, there is the potential for the already strong level of criticism amongst a small minority, and their disengagement with GPDF, to grow further and become even more hostile.
- It is accepted by the majority of participants that GPDF can re-orientate itself to align with the priorities of LMC but this will require significant changes from historic practices. Including: -
  - Re-establishing the justification for the existence of GPDF, it's purpose, and how it interacts with other organisations (i.e. LMCs, GPC and BMA)
  - Significantly improved communication
  - Clear decision-making processes
  - Clear explanations and justifications for all decision making
  - Accountability for out puts and performance of Board and Management
  - Support for LMC agenda re GPC and BMA (including accountability and lobbying to establish that GPs are significantly different from others categories and require different policies)
  - Continued support for GP honoraria, expenses and locum costs until such times as BMA acknowledge GP differences), while demonstrating that value is being obtained for that expenditure.
  - Continued support for Conferences and GPC Executive Teams while demonstrating that value is being obtained from all funding.
- A new website is central to future communication and information sharing, and detailed discussions took place on what should be included, and how GPDF should communicate in future.
- While there are arguments for and against changing the name, there was broad agreement that if it is to change, it should change in the near future before the investment and implementation of any planned communication. The current name is not considered 'fit for purpose' as it does not effectively reflect the activity of the organisation
- In some ways, these workshops have brought a number of issues related to GPDF and the level of payments, into a sharper focus for many within LMCs. Therefore, GPDF now have a limited period of time to demonstrate change, re-orientation, improved communication, transparency and value for money, or they are likely to be judged harshly by more LMCs.

- In our opinion, the demand for openness and transparency from LMC members, is similar to the level of transparency expected of Charities nowadays. Although GPDF does not have charitable status structure, and is a registered company, the Board may wish to consider adopting an operating approach in line with that used by high profile Charities.
- GPDF cannot expect LMCs to take the initiative to gain a better understanding of its aims, objectives, future vision, policies, procedures, and financial activity. GPDF must make it easy for LMCs to acquire a better understanding with effective communication.

## Potential future objectives for GPDF to consider

This list was established following the research with LMCs and has been validated by the workshop sessions.

These suggestions were created from the findings of research activity undertaken with LMC office bearers between March and July 2018 and therefore should be placed into context by GPDF.

There are not listed in order of priority, and a number of them are overlapping and inter-connected.

1. Re-establish and effectively communicate the 'purpose' of GPDF.
2. Clearly communicate the benefits which GPDF achieve (and has achieved) for LMCs and the General Practice sector.
3. Establish a distinct and independent GPDF identity – clearly separate from GPC and BMA.
4. Demonstrate that GPDF is actively working to progress the priorities of LMCs (and therefore the GPs within the LMCs).
5. Display transparency (and eliminate perceptions of secrecy / unaccountability of GPDF Board), including financial transparency.
6. Actively (and openly) pursue reform of BMA policy on payments to GPs, to ensure GPs are not disadvantaged by involvement in GPC. Supporting this objective – GPDF could give a long-term commitment to maintain 'top-up' payments until such time as BMA changes its policy. Changes to payment structure are anticipated to reduce potential for increasing diversity and representativeness of GPC.
7. Identify and embrace change to enhance connection between GPDF Board and LMC network, with clear 'accountability' for Board member contribution and output. Identify, and advise, the skills and experience of Board members including Non-Executives / Non-GPs.
8. Actively (and openly) pursue reform of the GPC to improve effectiveness and increase the level of LMC satisfaction. (Increasing accountability re performance/contribution and removing the opportunity for attendance without contribution).
9. Actively (and openly) pursue increased commitment from BMA to have a stronger focus on General Practice issues.
10. Encourage and facilitate regional collaboration amongst LMC's to encourage cross-fertilisation, share learning, share good practice, and promote joint activity (inc back-office functions)
11. Investigate the setting up of a shared intranet to give easy access to relevant information to all LMCs.

12. Set up a process to accept requests for funding of regional or national activity which would be of benefit to all LMC's / GP sector. Proposals could be evaluated (transparently) by an advisory group (from LMCs), then approved by GPDF Board.
13. Have a stronger, visible presence at Conferences, with appropriate funding support to those contributing to the success of the activity.

### **Aims**

The aims of these objectives can be summarised as follows:-

- To provide evidence to all LMCs of the value of financial contribution to GPDF.  
*(Encouraging those who currently don't pay to reconsider and recommence payment; and giving stronger reasons to those who do pay, to continue their contributions.)*
- To achieve appropriate recognition, and enhance the reputation of GPDF
- To demonstrate 'Leadership' without seeking to 'control' LMCs
- To demonstrate that GPDF is not directed or controlled by BMA, but rather directed by LMCs on behalf of their GPs.

## Overview of discussions and comments

### A. The GPDF approach and structure

**Topic A:1** *A clear message from the research was the desire from LMCs for GPDF to be more open and transparent in its activity, and decisions.*

*While being mindful of issue of confidentiality... **how do you think GPDF could demonstrate that it was more transparent** ...What would indicate that they were being transparent?... anything else?*

- Transparency was agreed to be essential and fundamental to GPDF in the future. While many currently lack an accurate understanding of the role and function of GPDF, with considerable overlapping confusion with role of GPC/BMA, a minority hold an aggressively negative perception due to previous lack of transparency. This minority do not appear to be convinced of the justification for the existence and activity of GPDF.
- Clarity of the role and purpose of GPDF, and how this differs for other organisations (e.g. GPC, BMA, Royal College of General Practitioners, Federations, LMCs) is considered a priority.
- Availability of Board meeting minutes would assist in demonstrating transparency. If this were not possible due to issues of 'confidentiality', then partial minutes or a Board meeting 'Report' summarising discussions and planned actions should be provided.
- Board membership and composition including individual contact information should be easily available (e.g. on website).
- Clearer financial information is required e.g. Income and Expenditure. In particular the amounts spent on 'core functions' (i.e. Honoraria / expenses related to GP representation and support for Conferences), together with a breakdown of other areas of expenditure. There is a desire to understand the costs associated with running GPDF including payments to staff and Board Members.
- Clarity, explanation and justification of the funding mechanism is required. With clear explanation of the terms used including 'quota', 'voluntary levy' and 'statutory levy' are required.
- Details of the GPDF Reserves, and the reserves policy are desired. This could include explanations or justification for holding the current level of reserves, and anticipated purposes for which the reserves may be required.
- In broad terms LMCs wish to have sufficient understanding to be able to judge if GPDF provides 'Value for Money' for the payments being made or requested. This will require both initial and regular future communication from GPDF to LMCs to demonstrate that 'Value' is continually being delivered. A 'fact sheet' or similar with

clear bullet points would be beneficial for people in LMCs to be able to explain the purpose and value of GPDF to others.

**Topic A:2** *Another clear desire is that LMCs wish GPDF to be more 'accountable' for its activity. How could GPDF be more 'accountable'.... And who should they be accountable to?... to LMCs... to GP's more generally?*

**In what ways do you think GPDF could or should be holding GPC to 'account'?**...

- GPDF should be accountable to LMCs for their output. While there was a recognition that GPs should have a better understanding of GPDF role and activity, there was desire that this communication be controlled by LMCs.
- Accountability would be easier to achieve when GPDF becomes more transparent and is able to demonstrate value for money more clearly.
- A higher profile and more clarity that GPDF is a LMC led organisation, with a clear vision to support LMCs, would assist in holding GPC and BMA to account.
- GPDF hold control of grant funding to GPC and BMA which is considered a sufficient justification for enabling them to review, comment and lobby GPC/BMA to follow more closely the agenda and priorities from LMCs.

**Topic A:3** *The current Board is composed on 8 elected members (elected from LMCs) currently all GP's and 2 appointed members (non-GPs) with experience of other sectors or industries.*

**Is the current GPDF Board composition appropriate?**

- The current composition (and membership) of the Board was not well known or understood.
- When information was shared, the Board was not considered to be sufficiently diverse and reinforces the perception that it remains an 'Old Boys Club'.
- The current Board have to demonstrate that they are capable of managing the evolution of the organisations and embracing change (*to avoid remaining an 'Old Boys Club'*).
- Greater effort should be made to encourage females and younger candidates, from all backgrounds and minorities, to take part in future elections to the Board.
- A clearly defined 'Job Description' for Board Members should be shown on the web site to improve understanding. A 'fixed-term' appointment, with limited 're-appointment' (3-year terms with no more that 2 terms) should be used to ensure regular change to the composition of Board members.
- Consideration should be given to the elimination of any perceived conflicts of interest (across GPDF, GPC and BMA).

- The current system for electing Board members (by attendance at AGM) was thought to be undemocratic and alternative nomination and voting processes should be introduced. The date of AGM should be fixed well in advance to enable more people to attend – both to participate by asking questions, and to be able to hold the Board to account.
- The Board could consider ‘Co-opting’ suitable individuals as Additional Board members or non-voting Observers in the short term to help broaden the composition (age, gender, ethnicity, etc) and include those currently unrepresented (e.g. salaried GPs).
- The method of appointing Non-Executive, Non-Elected (non GP members) should be transparent.
- Regional representation was suggested, as was representation from a mix of LMC sizes (e.g. large, medium and small), and also individuals with particular skills (such as Legal, HR, Marketing, Finance, etc as opposed to exclusively / mainly GPs). However, no single, appropriate approach was identified.
- Appointment of Board members with specific responsibility for geographic regions may encourage greater links between LMCs and Board members (e.g. nominated Board members for North West, North East, South East etc regardless if they are based in that region).
- The composition of the Board should be shown on the website including Name, Location, Biography, and details of experience / skills which are relevant to being on the GPDF Board.
- An Advisory Group, or Panel would demonstrate that the current Board is attempting to engage more widely with a broader range of people from LMC, but there was uncertainty over the function and purpose of this group. The role and remit would have to be clearly defined and justified for this to be seen as appropriate (and value for money for any associated costs). *This issue is expanded later in this report.*

***Topic A:4 What would you expect or like to see contained on the GPDF web site to improve communication?...***

*What would you anticipate would be contained in the LMC Newsletter?...*

*What other types of communication could or should GPDF consider in the future?...*

- The web site could contain the following:
  - The purpose of GPDF should be clearly stated.
  - This could be broken down into ‘core’ functions and ‘additional’ functions.
  - Where GPDF ‘fits’ within the medical landscape and how it compliments or differs from other organisations should be included.

- The GPDF vision for the future (e.g. how it benefits General Practice and supports the work of LMCs specifically and GP more generally) should be stated.
- Clarity of financial information (*e.g. where and how much... the income comes from: where and how much... the expenditure goes; the amount of reserves held and what it is intended for; the cost of running GPDF*) should be easy to find.
- Updates of activity (Board actions, successes, areas or funding activity)
- Board members details (as previously mentioned) including photographs and contact information.
- Management Team members, roles and responsibilities, photographs and contact information.
- Details of process to request funding including online form and access to informal guidance. Clear criteria / rules for funding (to demonstrate transparency and fairness) including details of how funding decisions are made, and by whom.
- Areas of the web site could be 'password protected' if they are considered to hold restricted information.
- Library or archive of 'good practice' policies or procedures for sharing across LMCs. (some of this may be obtainable from Listserv and/or gathered from LMC willing to share).
- An archive of Board reports or minutes.
- An effective search function should be incorporated.
- A calendar for GPDF meetings and GPDF Funded events.
- A News section to update on GPDF funded activities, plan, actions and conclusions.
- Where action of activity funded by GPDF is being actioned by others e.g. GPC, BMA or LMC, then there should be a link to that organisations website page where more details can be obtained. This should be regularly maintained to ensure that links remain effective.
- The newsletter should contain 'updates' across all of the above, when appropriate to keep LMCs well informed. There are differing opinions if this should be sent to all LMC members or just nominated LMV contacts. (*Given need for strong communication to address current lack of understanding, the justification for all LMC members is strong*).
- There was no desire for GPDF to communicate via a Newsletter to all GPs as it was thought that GP email is already overloaded, and communication would be better managed via LMCs. One suggestion made in several workshops was to provide a 'bite-sized' pdf update from GPDF which could be 'dropped in to LMC newsletters which are sent out regularly by each LMC
- While there was a desire for more visible (face to face) encounters with GPDF there was also an acceptance that there would have to be a clear purpose.
- There was minority appetite for use of Social Media by GPDF to make significant announcements. This should be limited and controlled to ensure it is not overused

but may be helpful in reaching some younger GP who may not be reached in other ways.

***Topic A:5 what is your view of the name... General Practitioners Defence Fund? ... what do you think would be the benefits of retaining the name....and the benefits of changing the name?***

- The current name is not considered to be fit for purpose. It is not thought to accurately reflect the activity and purpose of the organisation.
- The word 'Defence' is the key weakness of the current name. It has 'legal' connotations and infers a reactive, guarded approach; a fire-fighting stance, and a reluctance to embrace change. (e.g. Defending the status quo).
- While there is a desire for the name not to 'mislead' on the purpose of the organisation there are also hesitations and potential consequences should a change be made.
- For some, the inclusion of 'Fund' in the name demonstrated an inability to take action or make decisions, but rather only provide money to others and therefore they think 'Fund' should be dropped.
- There is a degree of awareness of the name, although at present image perceptions are weak, and a change would encourage re-assessment and could be a significant indicator of change.
- However, there is an awareness of costs of changing identity, and this would require to be clearly justified. Although, this may be the least expensive time to change – before the development of the new website.
- If a change is being considered it should take account of a) the core function, b) the values of the organisation, and c) the message it wishes to communicate through the name. This would include creating an identity more clearly defined as separate from GPC/BMA.
- Suggestions included:
  - GPSF – General Practitioners Support Fund (or GP Support Fund)
  - GPDF – General Practitioners Development Fund (or GP Development Fund)
  - GPS – General Practice Support (or GP Support)
  - LMCS – LMC Support or LMC National

***Topic A:6. There is a view that as independent contractors, GPs should be permitted to provide and directly charge their registered patients for treatment not available on the NHS – (a recent 'thread' on LMC 'ListServer' regarding a legal challenge by a group of GPs)***

***GPDF's remit is focussed on GPs working within the NHS structure ... do you think there would be merit in a wider discussion as to GPDF involvement or support related to this legal challenge?***

- This was not discussed in all of the workshops due to time constraints
- There was acceptance that there could be substantive difference on issues of this nature between England, Scotland and Wales.
- There is a substantial dichotomy related to the importance of supporting the needs of all GPs regardless of whether all of their activity sits within NHS, but also concerns regarding the potential for undermining the NHS structure, and growth in ‘privatisation’ of health services.
- All balance the principle that GPDF should seek to support ALL GPs across all areas of activity was considered fundamental to its purpose.
- As the question asked did not seek a definitive answer, then the conclusion would be that there ‘would be merit in a wider discussion as to GPDF involvement or support related to this legal challenge’ – but there is substantial hesitation related to the potential implications (e.g. undermining the universal principle of the NHS).
- If required, a change in GPDF remit or Articles of Association, would allow future freedom for GPDF involvement, but this would not compel GPDF to become involved.

***Topic A:7 – Sessional GP / Trainees Only : how could GPDF encourage or facilitate greater engagement from Sessional / Trainee GPs.....with LMCs...with GPDF***

- This issue was discussed in all sessions due to time constraints.
- There is a clear desire to see greater engagement with Sessional and Trainee GPs.
- A new / revised website from GPDF could have a section specifically aimed at Sessional and Trainee GPs to explain their potential role within LMCs and GPDF, and how they might get involved.
- Some viewed that engagement should be via LMCs (as opposed to direct with GPDF). This view was common amongst LMCs who can express hesitation with regard to GPDF contacting GPs directly and prefer to have control of communication aimed at GPs.

## B. The Levy and the GPDF Reserves Policy

***Topic B.1 GPDF recognises that a minority of LMCs do not currently feel that payment of the Levy represents ‘value for money’.***

***How do you think GPDF could address this, and demonstrate more clearly that the Levy is being used appropriately for the greater good of General Practice across England, Scotland, and Wales?***

***How do you think fragmentation can be avoided?***

- As could be anticipated the issue of the amount of the levy generated significant discussion amongst larger LMCs and groups of LMCs. There is minority resentment linked to the size of payments, and a lack of understanding of the specific detailed breakdown of what the payment is being used for. This in turn fuels resentment and suspicion amongst some.
- Fundamental to the frustrations voiced is the lack of transparency and accountability from GPDF historically towards LMCs. For a small minority this resentment is tangible and likely to continue until there is substantive change.
- While the mechanism of the levy was thought by most to remain the most appropriate method to gather funds, the identification as a ‘voluntary levy’ was considered a misnomer and misleading.
- There is a desire expressed amongst many that a fairer system, sometimes referred to as a ‘compulsory levy’, however this phrase ‘jarred’ with a number who were not comfortable with a perceived ‘dictatorial’ approach by GPDF, when a more collective and cooperative approach was now expected.
- As was found in the research, many considered that with clearer understanding of the objectives of the organisation, and much greater transparency of financial issues, it would be much easier to establish if value for money was being delivered by GPDF.
- Those participants from Scotland and Wales were much less critical on the issue of value for money, linked to a higher level of appreciation of the benefits of funding to support the Scottish and Welsh GPC.
- Greater engagement of GPDF to support LMCs or groups of LMCs (e.g. education or training programmes) could assist in increasing perceptions of value for money.
- A clear and more widely available annual report may assist in communication of the value of GPDF activity.
- While most agreed that fragmentation should be avoided, a very small but highly vocal minority considered that fragmentation had already happened. *(This links with the research finding that some LMCs are ‘disengaged’ with GPDF).*
- A better understanding of the role and activity of GPDF, transparency including financial transparency, and stronger communication of decisions and activity was

thought to increase appreciation of GPDF, allow for judgement of value, and (if appropriate) reduce fragmentation and encourage engagement.

- The text on the GPDF website could be adopted more generally to avoid reference to ‘voluntary’ or ‘compulsorily’ levy, but rather always referred to as a ‘quota payment’ e.g.

*“The GPDF receives its funding through two routes:*

- *An annual quota from Local Medical Committees (LMCs) which in turn collect a levy from GP practices*
- *Income derived from carefully managed investments”*

- It may be appropriate to communicate the negative consequences for General Practice if GPDF did not exist.

***Topic B.2 The GPDF Board have committed to maintaining this funding for GPC members above the BMA levels in the current financial year and are open to the principle of continued support seeing GPs as a special case. What are your thoughts on the subject... Should GPDF continue to consider this funding to support broad participation in the GPCs on an ongoing basis?...***

- There was little support in discussions for the current BMA levels to apply to GPs, and therefore strong support for GPDF to continue to support GP at the current levels to ensure GPs are not disadvantaged or disincentivised from participation.
- Without appropriate support, recognising the fundamental difference in status as ‘independent contractors’ it was thought that balanced representation across all ages and career stages would not be possible.
- There was a lack of detailed understanding of the criteria and levels for honoraria payments, expenses and recovery of locum fees, and GPDF should improve communication and awareness of this detail. GPDF should also encourage engagement in GPC/BMA from a wide cross section of GPs including sessional GPs.
- GPDF should more effectively communicate the way in which it supports GPs to participate in GPC/BMA, in order to create a better understanding of the value for money it provides.
- GPDF should continue to seek to convince BMA to accept the need to consider GP as a unique special case and seek reform to make GPC more accountable and more productive.

***Topic B3 GPDF has reserves of around £15M which have been built up over a number of years, ensuring that it is a robust organisation capable of withstanding unforeseen financial challenges.***

***While it will always be important to maintain a strong level of reserves, there is the opportunity for GPDF to invest in activity which could have a substantive, beneficial impact on General Practice.***

***What do you think that could or should be?***

- The level of the reserves was a surprise to many, especially those who were most critical. This reinforced negative perceptions of secrecy and inappropriate / unnecessary collection of the levy.
- However, most participants were not overly concerned on the assumption that the reserves had been built up over a long period and would be a long-term resource to support GPs as and when required – especially in an emergency.
- Appropriate initiatives included:-
  - a) Education activity across non-medical skills for LMC office bearers including business skills, (e.g. Media, marketing, finance, HR/ staff management & development etc) and negotiation skills,
  - b) networking and politics,
  - c) funding of initiatives which would benefit General Practice or GPs,
  - d) taking on legal cases which are not taken up by BMA – where BMA may only support cases judged as low risk or ‘win-able’, GPDF may choose to support cases with less certainty, but are important to highlight, fight on behalf of General Practice, or seek wider publicity to increase the base of support.
- A view was expressed that reserves built up over many years should not be seen as a ‘windfall’ for the current generation.
- Although a small minority wished GPDF to significantly reduce the level of reserves and allow LMC to invest in local initiatives / activity.
- It may be appropriate for GPDF to communicate that the amount of ‘quota’ (or levy) will not be increased for a ‘fixed’ period of time, to reduce a perception of continuing to increase reserves by gathering a surplus each year.
- *(The explanation by GPDF representatives of the potential use of the reserves as a ‘war-chest’ should it be needed to support a significant ‘attack’ on General Practice, received general support, and this issue served to highlight the lack of understanding of the policies and decisions made in the past by GPDF. Similarly, the tax implications of extracting reserves for expenditure use were not known, and therefore were not being considered by LMCs when considering the issue of the reserves.)*
- GPDF Directors should determine the level of Reserves they feel is appropriate to hold and justify/explain to LMCs. If appropriate the level of Reserves should be reduced gradually over several years, with expenditure supporting LMC driven initiatives.

***Topic B:4 GPDF might support funding to assist the next generation of GP leaders to expand their skills and knowledge base to become more effective in senior political environments. What are your thoughts or views on this issue?***

- This issue was not discussed in all workshops due to time constraints.
- There was a clear view that this is an important aspiration for GPDF
- Development should be as wide as possible, enabling as many people who wished to take part and benefit. The example of high levels of funding for a small number of people was not thought appropriate.
- Short term courses which did not interrupt careers or family life were considered appropriate.
- A focus on understanding the LMC structure (and variations within it), the NHS structure as well as GPC and BMA were considered important to help identify the opportunities and possibilities for future engagement and influence.

C. Support for LMC driven Regional and National activity.

***Topic C:1 GPDF has funded activity considered to be of 'national' importance or benefit to General Practice, but perhaps this has not always been well known, and the process of application has been seen as complex.***

***It was thought that GPDF Funding of 'Local' activity.... That is funding of activity which would benefit a single LMC would be inappropriate and would not meet the 'collective good' objective if is only related to a single LMC.***

***However, there was agreement that it could be appropriate for GPDF to fund activity which benefitted a regional grouping, or other combination of LMCs.***

***Would this nature of support of Regional Initiatives be appropriate for GPDF to explore?***

- There was confirmation that funding at a 'local' level (i.e. to a single LMC) would be seen as inappropriate. This had the potential to be seen as '*handing them back their own money*', or subsidising those who gather lower levels of levy.
- There is sensitively with regard to how this activity might be described re Scotland and Wales, and the phrase 'Regions and Nations' is used in other sectors.
- It should be clarified that 'groupings' can be made of any combinations of LMCs (i.e. they do not have to be in immediate proximity but may be of a similar size or face similar challenges)

- Respondents had some hesitation related to GPDF engaging in non ‘national’ activity and it is likely that case histories and examples of appropriate activity will be required to more clearly articulate this concept and generate potential project for support.
- Additional support / encouragement may be required to ensure applications from ‘smaller or less professional LMCs, as there was some concern that larger LMCs may dominate this process.
- Some example of potential projects included:
  - a) funding for innovation, which other LMCs might adopt;
  - b) development of strong HR resources inc legal advice;
  - c) funding for strong LMCs to share good practice with weaker / smaller LMCs;
  - d) creation of a ‘best practice library’;
  - e) development of ‘regional’ perspective – to present a focused and positive image of General Practice to counter negative image.
- A number of potentially wider issues were also discussed at this point including –
  - a) Multiple Jeopardy in England;
  - b) Issue of Expert witnesses not reflecting GP
  - c) Issues related to training of GPs
  - d) Mentoring programme across LMCs
- In addition, a number of wide-ranging suggestions were made via email subsequent to the workshops, including –
  - Finance GPC members to attend LMC meetings
  - Offer funding for GP workforce planning and recruitment, in particular making a national effort to recruit students and young doctors into general practice, and where appropriate to attract doctors from abroad.
  - Provide funding for projects that support GPs who are nearing retirement age to help them remain in work for longer.
  - Set up a scheme to attract UK doctors who have emigrated to return to the UK, and to facilitate their easy re-entry into the UK system.
  - Lobby the Home Office regarding visas and support for overseas doctors.
  - Improve the GPC/LMC axis by providing finance for GPC members not only to attend LMC meetings but to spend time in the LMC secretariat offices, perhaps one day per month would be appropriate.
  - Provide training for business networking and collaborative working.
  - Provide support for doctors who wish to work on a portfolio basis
  - Set up peer support networks
  - Organise national advertising and publicity to support general practice and help patients make the best use of GP services that are on offer
  - Provide support to NHS management at all levels to encourage them to nurture and retain GPs
  - Find ways to research and promote good practice

- Facilitate meetings where LMC's can get together to pool their skills and share good ideas.
- Lobby GPC to develop a deep sense of responsibility for their union role and to offer it additional support where appropriate in negotiating nationally.
- Consider, in co-operation with GPC and BMA, a one-off sizeable dip into the reserve fund to finance a huge campaign and/or industrial action to address the issues that are currently causing crisis in general practice.
- Discussion on this subject generated further negative reaction from the vocal, minority who repeatedly indicated their historic frustrations with GPDF, the lack of transparency and in some cases, resentment related to previous levy payments.
- At all times, GPDF should not be seen to be 'telling' LMCs what the priorities should be but rather listening to LMCs.

***Topic C:2 GPDF's desire would be to develop a new way for the application process and the decision-making process on which applications receive funding.***

***One suggestion is that a Funding Award Advisory Group be established with LMC members reviewing the applications and making recommendations to the Board on which applications should be supported. What are your thoughts on that idea?***

***GPDF's desire is to make this process of application as smooth and easy as possible, and therefore imaging that it would be a simple online form. What do you think should be included in the application form?***

- Funding Award Advisory Group
  - Many considered this to be a sound idea in principle, with decisions evaluated by peers with transparent criteria. This would further demonstrate evolution from an 'Old Boys Club' approach and uncertain or informal processes.
  - A minority held the view that this should be a function of the Board.
  - It will be important to avoid any potential indications of 'self-interest' and composition should change regularly across all LMCs. It may be appropriate to anonymise applications when being considered to ensure evaluation on merit and not relationships.
  - There is uncertainty over the volume of work which may be involved. Too much work would see people reluctant to participate, and too little would undermine the need for the group. But acceptance that the idea could be piloted.
  - Expectation that face to face meetings would not be required (or desired) but applications individually reviewed / scored, and feedback collated by one individual. This would enable geographically dispersed individuals to take part in the assessments.

- It is important that GPDF are not thought to be 'controlling' the selection of panel members.
- Application process
  - Should be online with easy to follow template application form
  - Should have a minimum of two levels of complexity, with a simple form for lower levels of funding, and a more detailed form to develop a 'business case' for funding for larger application.
  - A GPDF contact should be available by 'phone to answer questions and offer guidance.
  - A one page 'pre-submission' synopsis could be considered to ensure that the request is likely to meet the criteria (or provide feedback as to why it does not meet the criteria). This could avoid extensive time/ effort completing an application which would fall out with the criteria.
  - Successful and unsuccessful applications should be published as case histories to inform future applicants.
  - Outcomes of successful applications should be accessible to all LMCs.
  - The process should be as fast as possible, with a clear timetable published (applications by x date and decisions by y date).

***Topic C:3 GPDF fully understands and respects that local flexibility is key to the LMC structure, but it is understood by LMCs in the research to also have frustrations and at times limitations due to the significant variations which exist. What would be your view in GPDF enabling / funding a group from LMCs to investigate if it were possible to evolve to a more consistent set of principles or operational benchmarks to try to move LMCs to a more common platform.***

- There was some hesitation with regard to the development of a 'one size fits all' approach, but for most the concept of a minimum set of common standards and expectations could be appropriate. This might be termed an 'LMC Charter'.
- This is thought to perhaps cover:
  - Representation
  - Support
  - Negotiation
  - Communication
  - Confirmation of who it represents / supports
- The development of common principles may assist in the development of 'old fashioned' or less professionally operated LMCs come more in line with the more developed LMCs.

- There does not appear to be any mechanisms to help evaluate the quality or effectiveness of an LMC. Having a common set of expectations could lead to establishing more accountability across LMCs.
- Understanding the expertise or strengths within LMCs could be of assistance to spread good practice or advice.
- It was thought that GPDF could support a 'working group' of LMC to investigate this idea further.

***Topic C:4 Should GPDF investigate the feasibility of supporting GPC members to attend LMC meetings in an effort to improve the connections between local LMCs and GPC members?***

- This issue was not discussed in all sessions due to time constraints.
- There appear to be a wide range of variations in current practice. Some LMC advise that there is regular contact with GPC members and others advise there is little or no regular contact.
- Some LMCs already fund GPC member attendance (to ensure there is no barrier to engagement).
- There was a desire for GPDF to investigate the practicalities and implications of establishing closer links between LMCs and GPC members, as this would enable a better understanding of GPC activity and increased accountability.
- Should attendance be impractical, then technology could be considered (e.g. skype) or a GPC update / report should be submitted for the LMC meeting to provide updates – but it was recognised that face to face attendance would be the preference.

## Appendix: copy of discussion topic guide

### Discussion Topic Guides (v5)

Good morning, my name is \_\_\_\_\_ and I'll be the Workshop leader for the workshops in this room. There are 3 of us performing this role today and my job is to make sure we obtain your views and input on a number of specific issues and topics which GPDF have been made aware of from the recent research activity.

As Dougy mentioned, there will be 3 sessions today and I have a number of topics to raise across those sessions. At the end of the Workshops there will be an opportunity for you to raise anything you feel which is important and has not been covered in the sessions.

My colleague \_\_\_\_\_ will be acting as the 'note take' for the session to ensure we capture your views, and so I can concentrate on making sure we cover the issues.

**We will be having 3 sessions...**

**a) The GPDF approach and structure...**

**b) Issues related to the Levy and GPDF Reserves policy ... and**

**c) Support for LMC driven Regional and National activity.**

The views from our sessions will be combined with the other sessions today, and with the sessions in the other locations, to create an overview of the thoughts, comments and contributions. This will be taken back to the GPDF Board and considered by them.

**We would like 'Chatham House Rules' to apply to all of these workshops, and there will be no attribution of comments made by any individual.**

**Workshop Leader note:** A GPDF Board member will be in attendance at the workshop but should not be allowed or encouraged to dominate the discussion or defend historic policies. They are there to listen and provide any 'factual' clarification should misinformation be presented as fact by a workshop participant.

*Jim will be visiting all the workshops (as a floating resource) and can provide further detail on any aspect of the research findings, if required.*

*The key phrase or question on each topic is shown in **bold**. If pushed for time, please focus on the questions in bold.*

**Note taker' information:** We are not seeking 'minutes' or verbatim accounts of all the discussions, but rather key points...areas of agreement / disagreement ...conclusions...priorities...hesitations ... and balance of agreement (e.g. all agree / most agree / majority view / minority view) etc – related to each individual topic.

**Before we start...**

Grateful if everyone could turn off their phones to ensure we are not disturbed- we'll have a break before the next workshop to allow people to check mails / voice mails. Thanks very much...

**Can we quickly go around the room and introduce ourselves?... just first name, which LMC you are from, and your role at that LMC?**

*(Moderator – go around the room)*

**Firstly, I'd like to gather your initial thoughts on what you heard during the presentation on research you heard a few moments ago. Please take a post-it pad and write down what you feel are 3 key things from the research which GPDF needs to consider. Please use a separate post-it for each of the 3 points, and we'll review these in the final session to see if we feel we have covered them.**

**Now, before I start the discussion does anyone have any immediate questions, they wish to ask about GPDF? (if necessary – obtain a concise answer or comment from GPDF Director in room)**

*(Moderator – note any issues / comments on a flip chart to ensure you are return to any to these issues in the last session, if they are not covered in the course of the discussions)*

## **Workshop A: The GPDF approach and structure (11am-12 noon)**

*Introduction:* Dougy has shared his thoughts on the GPDF Board's desire to respond to the comments made by LMC's during the recent research process. A recurring theme from that research is that GPDF should be more open and transparent in structure, be more professional and be more accountable.

I have a number of topics to cover.

### **Topic A:1**

A clear message from the research was the desire from LMCs for GPDF to be more open and transparent in its activity, and decisions.

While being mindful of issue of confidentiality... **how do you think GPDF could demonstrate that it was more transparent** ...What would indicate that they were being transparent?... anything else?

### **Topic A:2**

Another clear desire is that LMCs wish GPDF to be more 'accountable' for its activity. **How could GPDF be more 'accountable'.... And who should they be accountable to?**... to LMCs... to GP's more generally?

On the same theme...LMC's advised that they wish GPDF to take responsibility to ensure that their funds are being used appropriately by the people / activity which GPDF is funding. An example of this is that some would wish GPDF to hold the GPC and in turn the BMA to 'account'; in return for the funding it provides to help enable both organisations to function in the current form. The

research identified criticism of GPC/BMA which, in turn, also reflected on GPDF as GPDF are funding without holding to account.

**In what ways do you think GPDF could or should be holding GPC to 'account'?**... any other ways? Would there be any potential negatives in GPDF holding GPC to 'account'?... what might they be?... any others?

### **Topic A:3**

The current Board is composed on 8 elected members (elected from LMCs) currently all GP's and 2 appointed members (non-GPs) with experience of other sectors or industries.

**Is the current GPDF Board composition appropriate?** ...why / why not?

Should the composition change to bring in a broader skills or experience base or wider representation? If yes, what should the ideal composition be?... If there were 10 or 12 people on the Board what should be the balance of elected and appointed members?

Should there be a selection process to assess the skills / ability of Board members in advance of appointment? Should that apply to elected members also to assess their abilities, rather than a direct election?... What are your thoughts? ...why do you say that?

Do you have any other thoughts or comments on the composition of the GPDF Board?...why do you say that?

### **Topic A:4**

In order to be seen to be 'transparent' and 'accountable', GPDF will require to have effective communications....so that all stakeholders – especially all members of LMCs....and in a more general way GPs become more aware of their activity... the things they fund...and the activity they engage in.

I understand that an enhanced web site is being developed and that quarterly Newsletter for LMCs is being considered to help knowledge and awareness of GPDF's activity.

**What would you expect or like to see contained on the GPDF web site to improve communication?**... anything else?

What would you anticipate would be contained in the LMC Newsletter?... anything else?

What other types of communication could or should GPDF consider in the future?... anything else?

In the research 80% said that email was their single preferred method of hearing from GPDF

*(Workshop leader note: if required. GPDF is mindful not to 'overload' inboxes with very frequent emails but feels it is important to improve communication)*

### **Topic A:5**

Historically GPDF has had a very deliberate policy of keeping a 'low profile' – to ensure that the focus was on GPC. However, with the change in constituency and GPDF members being the LMC and no longer exclusively GPC members, there is recognised to be a need to establish a clear GPDF identity which is separate and distinct from GPC.

Before work starts on raising the profile to reflect independence from GPC and in recognition of the role of LMCs in their structure... **what is your view of the name... General Practitioners Defence Fund? ... what do you think would be the benefits of retaining the name....and the benefits of changing the name?**

Do you have any suggestions...?

**End of topic** – ask...are there any other comments or issues in relation to the GPDF structure that you would like to raise at this point?

*(These are for spontaneous discussion and noting)*

**As I mentioned at the start of the workshop...the views from our sessions will be combined with the other sessions today, and with the sessions in the other locations, to create an overview of the thoughts, comments and contributions. This will be taken back to the GPDF Board and considered by them.**

*Aim for 12 noon finish*

*5 minute comfort break where participants can check emails / voice mails*

## **Workshop B: The Levy and the GPDF Reserves Policy (12noon – lunch)**

Again, before we start...grateful if everyone could turn off their phones to ensure we are not disturbed- we'll be having lunch next so people to check emails / voice mail then – thanks.

### **Topic B:1**

The mechanism of the 'Voluntary Levy' has been the cornerstone of the funding arrangements since the organisation was set up and has been effective for the most part. It follows a principle of all GPs contributing an equal per patient amount for the common good across General Practice.

The research findings indicated that a minority (33%) wished to seek an alternative mechanism of funding, and there for the majority are content for the Voluntary levy to continue. A smaller minority (19%) thought that the Levy should be reduced, with less activity from GPDF.

**But GPDF recognises that a minority of LMCs do not currently feel that payment of the Levy represents 'value for money'.**

**How do you think GPDF could address this, and demonstrate more clearly that the Levy is being used appropriately for the greater good of General Practice across England, Scotland, and Wales?**

What do you see as the contributing factors that generate the view amongst some that the levy to GPDF is 'poor value for money'?

What else could GPDF fund or invest in for the benefit of LMCs or General Practice more widely, which would demonstrate 'value for money' to those who currently don't see the value?... anything else?

In the research there was majority support (72%) for change to a 'compulsory levy', to move from the 'voluntary levy'...but there were also fears that this may cause fragmentation, and GPDF do not wish to cause fragmentation.

**How do you think fragmentation can be avoided?...** any other thoughts on avoiding fragmentation?

**Topic B:2**

All of you will know that a central element of GPC funding relates to honoraria payments to GPC members. These payments are higher than the standard BMA payments... and have reflected the different status and income basis related to GPs (and reflecting the difference in status / arrangements with NHS Doctors).

*(Workshop Leader note: The BMA does not pay honoraria for the first 12 meetings and thereafter the honorarium is £250, but all members are able to claim the cost of a locum engaged by them up to £550 per day. Currently GPDF facilitates the BMA to fund honoraria for all meetings at a higher level than BMA scale).*

The research investigated the issue of the level of honoraria payment made to GPC members, with 86% of the GPC members surveys stating that the current payment levels should be maintained. Non-GPC members who took part in the research were more divided in opinions – 33% maintain current arrangement and 43% should comply with consistent BMA levels.

The justification for the higher level of payment is to ensure that GPs are not disadvantaged or disincentivised from participation and to encourage broad representation. **The GPDF Board have committed to maintaining this funding in the current financial year and are open to the principle of continued support seeing GPs as a special case. What are your thoughts on the subject.... Should GPDF continue to consider this funding to support broad participation in the GPCs on an ongoing basis?... why / why not?**

Do you have any concerns that reductions in the honoraria could result in less interest in standing for GPC? ... potentially reducing the 'pool' of candidates?

Is there any other way which this 'pool' could be increased to encourage the full range of career stage, setting, gender and all other diverse groups to be represented on GPC?

### Topic B:3

You may be aware that **GPDF has reserves of around £15M** which have been built up over a number of years, ensuring that it is a robust organisation capable of withstanding unforeseen financial challenges.

While it will always be important to maintain a strong level of reserves, **there is the opportunity for GPDF to invest in activity which could have a substantive, beneficial impact on General Practice.**

**What do you think that could or should be?... any other suggestions**

*(Workshop Leader note: If a reduction in Levy or a 'payment holiday' suggested... advise that these have been tried unsuccessfully in the past, resulting in misunderstandings and delays in returning to the previous level of Levy contribution, in turn undermining the 'collective' nature of all LMCs contributing equally.) So, the task is to identify areas of investment, not simply rebating contributions.*

Discussions in the research highlighted LMC concerns regarding 'GP Workload' and 'The Practice Structure' as major areas of concern or challenge for GPs at present. Could GPDF support or Fund any activity which might be beneficial to these issues?... What could that be? ...any other thoughts on an area of investment which would benefit General Practice?

### Topic B:4 – discuss if there is time

Another suggestion is that **GPDF might support funding to assist the next generation of GP leaders** to expand their skills and knowledge base to become more effective in senior political environments. This might take the form of scholarships or sponsorship to fund training or further education out-with the Medical sector in the UK or abroad – short courses, Part-time or Full Time...with appropriate support for families.

**What are your thoughts or views on this issue?...** how might it work? ...would it be an appropriate use of reserves? any other thoughts?

**End of topic** – ask...are there any other comments or issues in relation to the Levy that you would like to raise at this point?

*(These are for spontaneous discussion and noting)*

As I mentioned at the start of the workshops...the views from our sessions will be combined with the other sessions today, and with the sessions in the other locations, to create an overview of the thoughts, comments and contributions. This will be taken back to the GPDF Board and considered by them.

*Aim for 1pm finish*

## **Workshop C: Support for LMC driven Regional and National activity. (2pm – 3pm)**

Just checking before we start...everyone's phone off?

### **Topic C:1**

Historically, GPDF has funded activity considered to be of 'national' importance or benefit to General Practice, but perhaps this has not always been well known, and the process of application has been seen as complex.

The research gathered views related to the funding of Local, Regional and National activity.

It was thought that GPDF Funding of 'Local' activity.... That is funding of activity which would benefit a single LMC would be inappropriate and would not meet the 'collective good' objective if is only related to a single LMC.

However, there was **agreement that it could be appropriate for GPDF to fund activity which benefitted a regional grouping of LMCs.**

Examples of this might be...

- Exploration of benefits of combining resources / overheads amongst regional groupings of LMCs
- Developing programme of joint activity
- Establishing Regional 'specialisms' (e.g. HR Specialism which could support multiple LMCs or Regional Information Exchanges re best practice / successful initiatives)

**Would this nature of support of Regional Initiatives be appropriate for GPDF to explore? ..why / why not?**

### **Topic C:2**

So, in addition to Regional Initiative Funding, GPDF expect that the funding of issues of 'National' importance, which can't be financed other ways, would continue to be considered for future support.

**GPDF's desire would be to develop a new way for the application process and the decision-making process on which applications receive funding.**

Taking the decision -making process first.

Obviously, funds are not unlimited and have to be used appropriately. **One suggestion is that a Funding Award Advisory Group be established with LMC members reviewing the applications and making recommendations to the Board** on which applications should be supported, and why.

**What are your thoughts on that idea?** Would it be appropriate or not? ... why do you say that?

How many people should contribute to this Group? Could it be managed by email / remote contact to avoid the time for travel / meetings? Could a nominated 'Group Leader' have responsibility for passing recommendations to the Board? Would there need to be justifications / feedback to those applications which were not selected?... Any other thoughts on the selection process?

Now, taking the actual application.

**GPDF's desire is to make this process of application as smooth and easy as possible, and therefore imaging that it would be a simple online form.** What do you think should be included in the application form...

If not mentioned...- the benefits of the initiative to GP or LMCs... the geographic reach... details of specifically what the money would fund... what the expected outcome or output would be...

Should there be a way of sharing the outputs, conclusions or benefits of any Regional or Nationally important initiatives? How could this be shared across all LMCs?

### Topic C:3

At present there are very wide variation in the way LMCs are structured, their role and remit, number of staff, amount of activity undertaken ... this is often reflected in the amount of LMC levy set locally.

*(Workshop leader note: some LMCs cover very small geographic areas, have a very low levy, no full-time staff and few deliverable services for their LMC members... while other have a higher levy, extensive geographic coverage, a number of staff, and deliver very high standards of deliverable services to their local members.)*

**GPDF fully understands and respects that this local flexibility is key to the LMC structure, but it is understood by LMCs in the research to also have frustrations and at times limitations due to the significant variations which exist.** E.g. other organisations such as NHS have indicated difficulty in engaging with LMCs due to the substantial variations.

**What would be your view in GPDF enabling / funding a group from LMCs to investigate if it were possible to evolve to a more consistent set of principles or operational benchmarks to try to move LMCs to a more common platform.** Not to make all exactly the same, but to perhaps establish a minimum comment set of activity / expectations... which some could choose to enhance and develop further? Something like an LMC Charter?

What are your thoughts on this as an idea... remembering it would be a self-directed group funded by GPDF not a GPDF led initiative?

### Topic C:4

In the research, a number of people highlighted a lack of engagement between LMCs and the GPC member representing their area. The Meldrum report recommended that appropriate GPC members should attend local LMC meetings, however they are currently not funded to attend LMC meetings.

The cost implications of this are not known, but **should GPDF investigate the feasibility of supporting GPC members to attend LMC meetings?** Options might include contributing to expenses,

payment of a fixed payment (to defray expenses/costs), or payment of an honorarium should their be loss of income.

The conclusion of this can't be made in advance of understanding the cost implications, but **should GPDF look at this issue in an effort to improve the connections between local LMCs and GPC members?**

Why / why not?

**Topic A:7 –This is a question for Sessional GP / Trainees Only – Check if there are any present and ask them the question. If none in room, move to next topic.**

GPDF recognise that GPs who are sessional, or trainees can be less engaged with LMCs and in turn GPDF.

From your perspective...**how could GPDF encourage or facilitate greater engagement from Sessional / Trainee GPs...**

**...with LMCs**

**...with GPDF**

Some LMC's charge sessional / trainees a 'membership fee' (e.g. £50 per year) as they are not liable for the 'per patient levy' system of funding? Would his approach result in greater engagement with LMC's – why / why not?

GPDF is aware of the need to ensure that the GP profession does not fragment. How could GPDF assist with ensuring this risk is minimised?

**Topic A:6**

Some of you may be aware of a recent 'thread' on LMC 'ListServer' regarding a legal challenge by a group of GPs. There is a view that as independent contractors, GPs should be permitted to provide and directly charge their registered patients for treatment not available on the NHS.

GPDF's remit is focussed on GPs working within the NHS structure ... do you think there would be merit in a wider discussion as to GPDF involvement or support related to this legal challenge?

Why / why not?

**End of topic**

Review list on flip chart made at the start....Do you feel there are any issues for GPDF which have not been covered in the workshop sessions today?

*If time – discuss*

*If no time...say*

We are happy to take a note and collate this back to GPDF...

*(Note any additional comments)*

Thanks very much everyone - as I mentioned a couple of times...the views from our sessions will be combined with the other sessions today, and with the sessions in the other locations, to create an overview of the thoughts, comments and contributions. This will be taken back to the GPDF Board and considered by them.

*Aim for 3pm finish*

*5-minute comfort break where participants can check emails / voice mails and back to the main room for any Questions and Dougy's final comments.*

*end*