ADVISE SUPPORT REPRESENT

ANNUAL REPORT 2013 - 2014

LOCAL MEDICAL COMMITTEE

LEICESTERSHIRE LEICESTER RUTLAND

YOUR LOCAL MEDICAL COMMITTEE

THREE WAYS WE SUPPORT OUR MEMBERS

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. Alongside our in house experience and knowledge, members benefit from our close relationships with the BMA, the General Practitioners' Committee, other LMCs and specialist legal support.

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, you can be confident of confidential and experienced support from us whenever you need it. We support doctors dealing with issues with appraisal, revalidation and performers list membership even when Medical Defence Organisations are unable to help. We support doctors returning to work, undertaking remediation or involved with enquiries into their performance by the GMC or NHS England.

REPRESENT

We represent practices on bodies including the NHS England Area Team, Clinical Commissioning Groups, Public Health, Local Authorities, Healthwatch and the Better Care Together project. We represent GP views with local media and we help practices deal with media enquiries. When doctors are being investigated or their contracts are at risk, we are there to help and to support.

The LMC is a completely independent body recognised by statute. We are a democratic organisation with a governing body of representatives, elected by our members.

In an ever changing world, the LMC remains constant in its commitment to its members. Our members can always count on us to stand up for them.

VIEW FROM THE CHAIR

DR NICK SIMPSON SAYS A RESTRUCTURED LMC IS BETTER PLACED TO REPRESENT GPs IN A CHALLENGING YEAR

Chairman's Statement 2014

Since my last report a year ago much has changed in the world of Primary Care both nationally and locally.

The coalition government wishes to move to seven day opening and left shift of secondary care work into the Primary Care setting despite the obvious manpower crisis and increasing demand.

The GPC nationally and the LMC locally have highlighted the fact that no extra resource means that none of this can happen.

Our colleagues are voting with their feet with increased early retirement and reduced recruitment apparent.

Naturally all of this is increasing the pressure on GPs, and we continue to work hard on your behalf supporting you in disputes and cause for concern issues with NHS England LAT and representing you in liaison with all the local CCGs.

The future looks challenging with co-commissioning on the horizon together with PMS and FDR funding reviews proceeding.

We have been active in defending all our constituents' interests in these areas and have established close working relationships that we believe allow us to influence decisions locally to your benefit.

Over the last year we have rewritten the constitution of the LMC and updated our governance. The governing body of the LMC has been slimmed down with the new committee welcoming three new members in addition to the retention of seven members from the 2010-2014 committee.

I believe this new structure will allow us to represent you more effectively in the fast moving world that is NHS Primary Care.

The fact remains that your LMC is still the only elected body to truly represent you at the local level. When you need help, contact us and we will provide our expertise.

When push comes to shove, your CCG GP members have a corporate responsibility not just to you but to NHS England.

Please attend the AGM and let us know your views about what we have done and what we can do to better support you in the year ahead.

PROFILE

Dr NHR Simpson is currently Chair of LLR LMC. He has been a principal in General Practice in Barrow on 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.

CHIEF EXECUTIVE'S REPORT

DR CHRIS HEWITT SAYS THE CRISIS IN PRIMARY CARE MAKES IT ESSENTIAL FOR THE LMC TO SPEAK UP FOR GPs

Each month I visit LLR practices to listen to you and your teams and to hear about the enormous challenges you face. The crisis in General Practice with overwhelming demand, flagging morale and significant recruitment and retention problems has made it essential that the LMC team speaks up for you and for common sense solutions in local and national negotiations. Over complication with excessive regulation, scrutiny, bureaucracy and financial uncertainty has made 2014 arguably the hardest year on record for those who work in UK General Practice.

I am in awe at the resilience, fortitude and commitment of Practice Managers, Practice Nurse teams and GPs dealing with unsustainable demands to give the best care you can to your patients.

Objectives achieved for 2014

I am pleased to report that the LMC goes from strength to strength and we have achieved all of our aims and objectives for the year.

- Developed and consolidated new headquarters at Fosse House in Leicester, enabling us to see members before and after meetings with NHS England and positioning us conveniently to lobby and negotiate with NHS England's contracts, finance and practitioner performance teams.

- Negotiated out of an agreement that allowed Nottinghamshire LMC to host Leicester, Leicestershire & Rutland LMC remotely, ensuring an independent and local presence in Leicester for our LMC members while maintaining a good relationship with Nottinghamshire LMC.

- Implemented the recommendations of a comprehensive internal audit by 360 Assurance with a new constitution, corporate governance documents and agreements as well as clear lines of accountability and reporting.

- Set up a transition board to oversee our modernisation programme, resulting in a new streamlined committee as well as the appointment of new accountants and legal advisers including securing the services of LMC Law.

- Built strong relationships and credibility with leaders of the new NHS organisations – NHS England, the CCGs, Public Health, Local Authorities and Local HealthWatch Groups. As a body recognized by statute, we have positioned ourselves as the 'go to organisation' to sensibly and robustly represent local GPs. I am proud that the LMC's status and growing respect has resulted in invitations to sit on the LLR Better Care Together Board, the LLR Chief Officers Group and to join high-level taskforces, strategy, planning and think tank meetings.

- Increased communications and engagement with practices with regular emails, newsletters and events. We have recently recruited expertise to help us to develop and further improve our communications to you.

- Recruited a development coach to mentor and support committee members and officers to improve and learn new skills for a modernised and professional LMC that provides the highest quality advice, support and representation for members.

- Withdrew from commissioning out of hours and other non-core work to focus energy on the services that constituents and practices increasingly need – to advise, to support and to represent you.

Successful negotiations

- Provision of cover for Christmas and New Year's Eve

- Early retirement of QOF points in January 2014

- Simplification of reporting and invoicing

- Continuation of historical payments of Medical Centre Practices to NHS Property Services

- Support for many individual GPs facing scrutiny by NHS England as well as mediation and help for partnerships in difficulty

- Extension of Fairer Funding

- PMS Reviews process to ensure a reasonable pace of change, and LLR premium monies to be retained for investment in Primary Care locally

I am proud to report that the LMC is in a strong position. An enthusiastic and well-informed governing committee underpins a hardworking and expert team of officers providing you with prompt, dependable and professional services.

Dr Chris Hewitt
Chief Executive

PROFILE

Dr Chris Hewitt has worked as a GP since 1990, and has been a GP teacher, trainer and appraiser. He has worked as an Associate Dean, as a PCT Medical Director and as Associate Director at Department of Health's Revalidation Support Team. He remains a Clinical Complaints Adviser for the MDU.

FROM OUR MEDICAL SECRETARIES

DR ANU RAO SAYS THE LMC HAS A STRONG VOICE

From Strength to Strength

It has been a year since I began my work in the role of Medical Secretary for Leicester, Leicestershire and Rutland Local Medical Committee. The challenge has been to keep up with the pace of change and to support, represent and advise our GPs in a timely manner. A typical working day involves:

- answering queries on issues affecting practices, practice managers and GPs
- supporting practices/GPs in difficulty by providing legal and pastoral guidance
- attending key meetings with public health, CCGs and NHS England.

This year, the LMC has been instrumental in delivering some great victories such as the early retirement of 350 QOF points and the Xmas and New Year early closure. Where there have been significant changes in the Local Enhanced Services with the advent of community based services, the LMC has tried to help practices by facilitating stakeholder meetings to bridge the gap between area team, public health, CCGs and practices. Feedback from these meetings has been very positive and encouraging. We hosted the Solutions Summit Meeting, which was greeted with great enthusiasm and participation from NHS England, CCGs, the local health authority, HEEM, practices and GPs.

All of this was made possible by the sheer dedication and hard work of the team, under strong and sound leadership of the LMC executive director and chairman. It is heartening to see how the LMC has grown from strength to strength this year.

More work inevitably seems destined to come our way, and the priority for the LMC this year is to ensure that the funds and support we need to carry out the work arrive at the same time. I strongly believe that the voice of the LMC pushing agendas forward, coordinating campaigns and working constructively with CCGs and Area Teams will have a considerable positive effect in the coming year.

PROFILE

Dr Anu Rao is a GP in Shepshed, Leicestershire, and a member of the Local Medical Committee representing West Leicestershire.

DR SAQIB ANWAR SAYS IF ANYONE CAN PRESERVE PRIMARY CARE, GPs CAN

Rising Above

Another year has passed by, and boy has the time flown. I still remember writing my first annual report and here I am, yet again, putting pen to paper in the very same vein.

I look back at the year gone and at everything that we have done, achieved, dealt with, negotiated and everybody that we have advised, supported and represented. The journey has not been easy and while we may not have achieved everything for everybody, I am immensely proud of what I see. I see an LMC team who have worked tirelessly within the local health landscape to champion the cause of primary care and GPs, tackling head on many of the issues that all of us are facing on a day to day basis.

- From providing pastoral and professional support to individual GPs to effective resolution of partnership disputes.
- From negotiations with the NHS England LAT on Funding Differential Review and PMS Reviews to highly sought after local QOF deals.
- From Christmas and New Year's cover to involvement with CCGs on Community Based Services and Solutions Summits.

The LMC has been key to it all. I am delighted to be part of the officer team here, and I really hope we can continue to grow and deliver for the member practices we represent.

So what does the year ahead have in store? I am in no doubt it will be even more challenging and even more demanding with even more being asking of primary care. Co-commissioning, seven-day working, new wave CQC inspections, networks, federations, super partnerships and integrated community care models are just some of the things we will have to contend with. Of course, it goes without saying there will also be increasing patient demand, a declining work force, increased access targets and less money.

But I remain optimistic. I know that if anybody can, primary care can, and if anybody will, GPs will, and this LMC certainly will, help ensure the flame of high quality primary care is not extinguished. In the words of Michael Korda: "To succeed it is necessary to accept the world as it is and rise above it."

PROFILE

Dr Mohammed Saqib Anwar is a GP Partner in Oadby, Leicestershire, where he is a GP Trainer and Foundation Doctor Supervisor. He is a member of RCGP Council and a GMC Fitness to Practice Panellist. He has a passion for education and is also clinical tutor for the University.

IMPORTANT NEW ADVICE ABOUT PARTNERSHIP AGREEMENTS

Every practice should have a written partnership agreement to prevent it from falling into a "partnership at will" and to prevent, or at least mitigate, disputes. Now it's time to amend those agreements to reflect huge changes to practice working arrangements.

Changes to the GMS/PMS contracts on the obligations of practices to cater for patients over 75 with a named GP available should be included, as the practice must have systems to ensure obligations are satisfied, including safeguards if the named GP is unavailable.

CQC registration requires a practice representative to ensure it meets requirements and an individual, not necessarily a partner, responsible for liaising with CQC to resolve issues. If a partner is responsible, the agreement should oblige him or her to ensure the practice is not put at risk of non-compliance.

With the creation of CCGs, core contracts were amended to reflect the fact that practices would be CCG members with each practice having a representative at meetings. This obligation and the name of the individual attending meetings should be included in the partnership agreement. Because practice representatives may cast votes at meetings, the agreement should set out how the partnership agrees votes should be cast and an obligation on the representative to feedback on CCG business.

As representatives may not always be available for meetings, it's sensible to provide a nominated proxy, with the process for his or her selection included in the agreement. Most CCGs have a process for this so check their arrangements. Ensure the proxy is nominated in writing with a copy submitted to the CCG in advance.

Federations or local network provider organisations are being set up in various forms. Whether the network is a formal entity or a super-partnership, it depends on its members, who are local practices.

It makes sense to strengthen the structure of practices with a robust partnership agreement that minimises disputes (which place core contracts at risk) and caters for the relationships and obligations the practice has to its network. If, for example, the new entity is a limited company, the agreement should set out how shares are held, by whom and what happens if the practice wishes to leave the federation.

As networks rely on members to deliver contracts, practices and federations should focus on ensuring practices are supported and strengthened with robust contractual precautions and internal arrangements.

Every practice should have an up to date partnership agreement in place. For those with agreements, amendments can be added in an addendum. For any that do not, there are now more pressing reasons than ever to put an agreement in place.

LMC Law works in association with your Local Medical Committee, and partnership agreements may be drafted in whole for £1,600 plus VAT or an addendum for £600 plus VAT. Please enquire with your LMC office or email LMC Law shaneebaker@lmclaw.co.uk

THE NEXT FIVE YEARS

The Five Year Forward View published by new NHS Chief Executive Simon Stevens after six months in post provides long needed hope for General Practice in England.

It follows lobbying by LMCs, the BMA and the RCGP to attract, retain and expand the number of GPs, grow the number of practice staff and improve GP premises.

Acknowledging the strain on GPs, there are plans for new models of care and increased funding with an independent review of how resources are allocated to primary care, the use by CCGs of co-commissioning to shift investment from hospitals to primary and community services, and upgrading of primary care infrastructure and estates

It outlines three scenarios to address a £30 billion funding gap by 2020-21 from a flat budget in real terms with productivity gains of 0.8 per cent a year that would cut the deficit by a third to extra investment with efficiency gains of two or three per cent bridging the entire shortfall.

It suggests increasing numbers in GP training, incentives to encourage new GPs and practices to work in under-doctored areas and more people trained as community nurses and other primary care staff.

The report focuses on care around the needs of the patient and not organisations with two approaches to delivering integrated care. The first would see GP-led multi-speciality community providers with a registered list of patients and GPs encouraged to work more collaboratively with other health professionals. These MCPs could take on responsibility for a health service budget and running community hospitals. Primary and Acute Care Systems would be organisations delivering list-based GP and hospital services together with community and mental health services. They could be GP-led or hospital-led.

IT plans feature a national approach to key systems so that health professionals can see how they are performing compared to others, to help patients make informed choices and to help CCGs and NHS England commission the best quality care with transparency of performance data including treatment results and what patients and carers say. Other IT plans include health apps, paperless health records, and online appointment bookings available everywhere.

List-based General Practice is still regarded as key with a commitment to increased funding. Almost as an afterthought, the review explains that independent GP practices will be able to continue in their current form where that is the wish of patients and GPs. With no appreciation of the crisis of morale, it is a missed opportunity to address the causes of overwhelming demand, bureaucracy and financial concerns.Those need tackling urgently to make working in NHS General Practice attractive and sustainable.

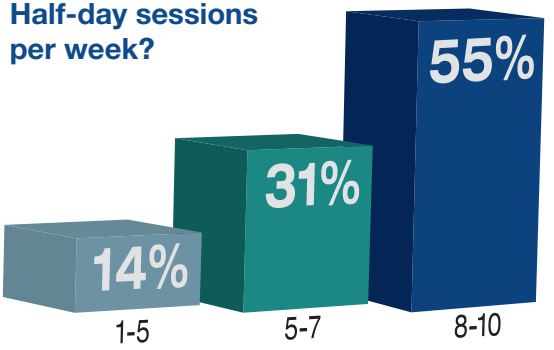
Chris Hewitt

RESULTS OF WORKLOAD SURVEY

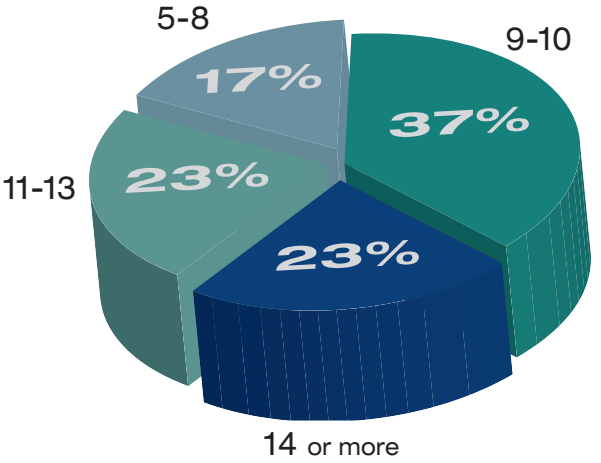
Respondent profile

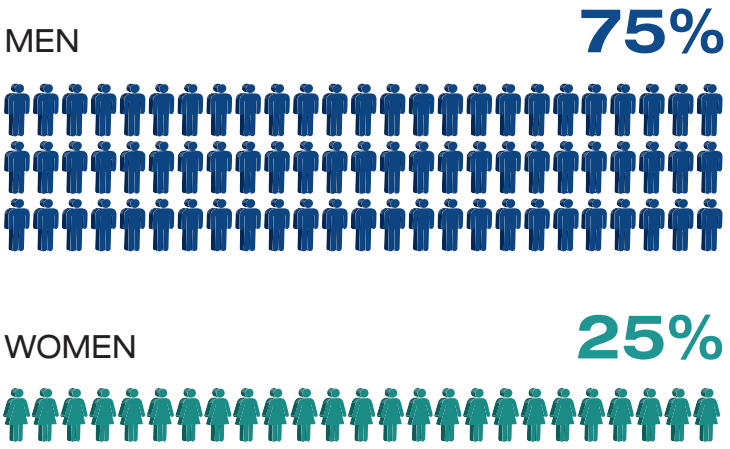
TOTAL 81

Half-day sessions per week?

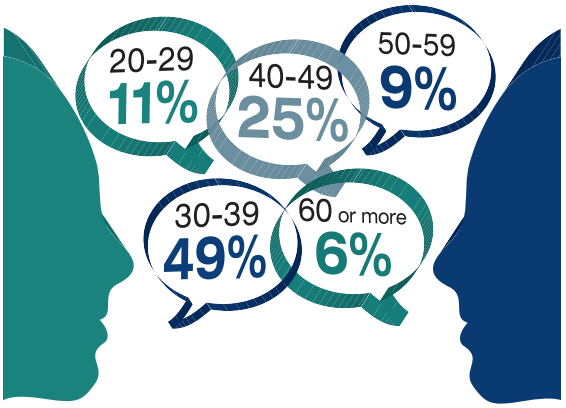


Average hours worked per working day at the surgery

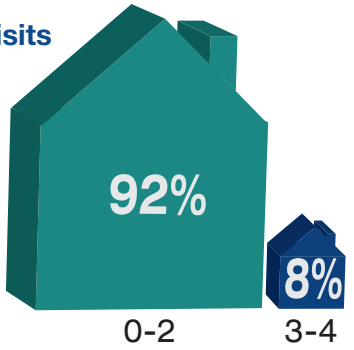




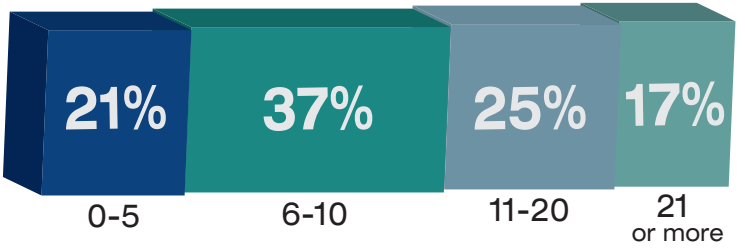
Average consultations per day face to face



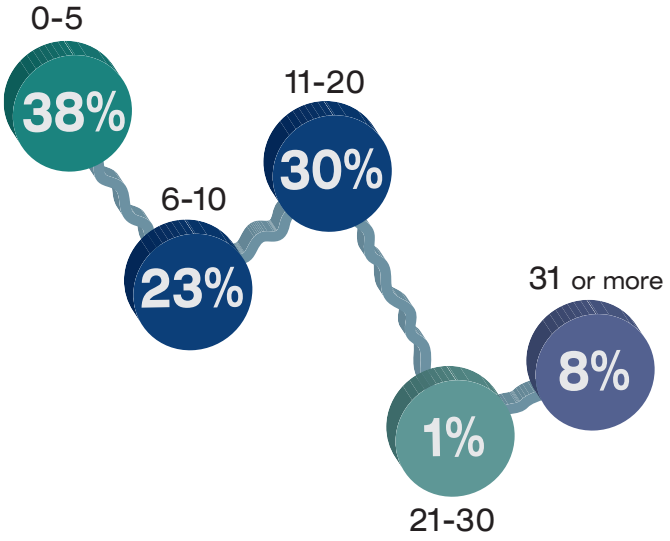
Home visits



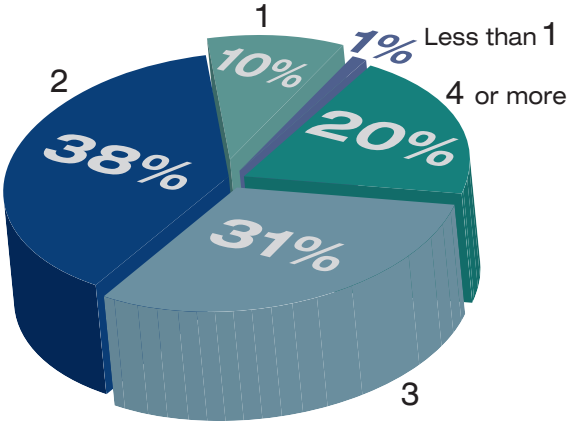
Third party consultations/medication reviews



Telephone consultations/triage



Time (hours) spent on paperwork, results, QOF, audits, care plans etc.



UNDERSTANDING YOUR PRACTICE

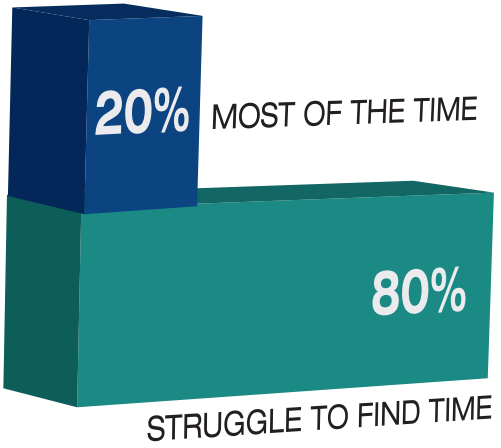
How would you describe your workload in the last 12 months?

"We stopped doing Patient Access which left us on our knees"

"More audits, form filling and more areas that have become more difficult to work with such as SBS"

"Too much overload, all disjointed"

In an average day, how much time do you spend on paper-work/ administration?



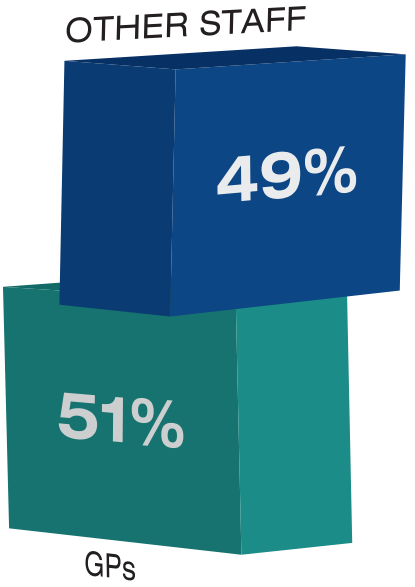
"I work an extra 1.5-2 hours most evenings plus weekends"

"It has become impossible - I now worry about taking annual leave due to the amount of work I will come back to"

"Definitely do not have a healthy work life balance"

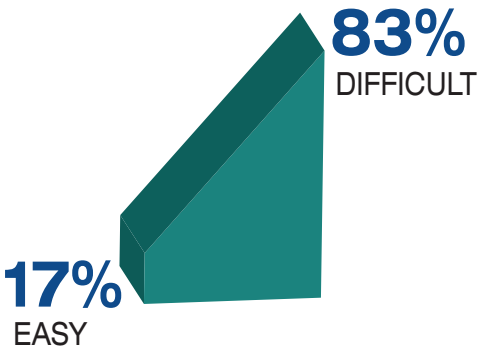
"Often work 14 hour days"

In the last 12 months, has your practice recruited/ advertised for the following?



PRACTICE MANAGERS **0**

Have you found recruitment?



"Unable to recruit salaried GP or partner or ANP"

"Single response, declined post despite paying over the recommended rates"

"No applications despite three adverts"

"Just recruiting for a nurse practitioner but seems to be no interest"

"Being a training practice gives good contacts"

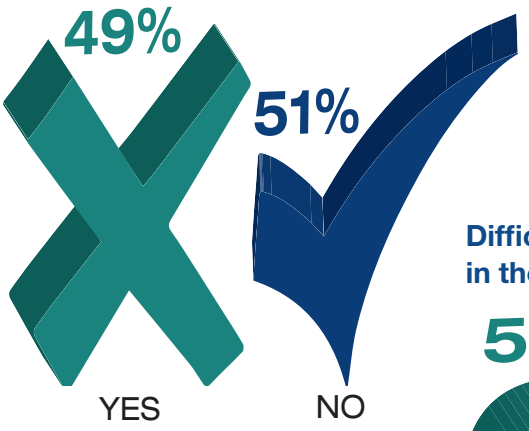
"Impossible"

"Numbers of applicants ok - quality of applicants...."

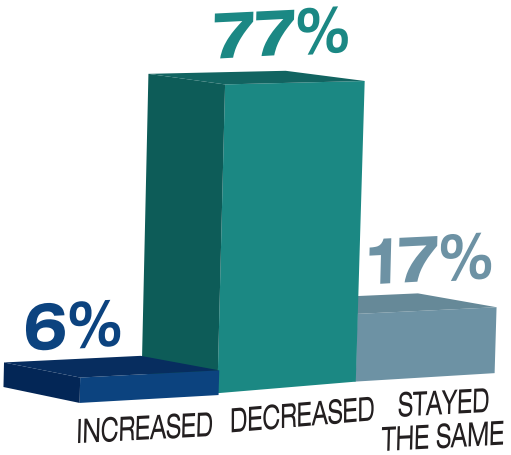
"Lots of candidates but not many suitable"

"We would love to have extra GPs but no room and finance issues"

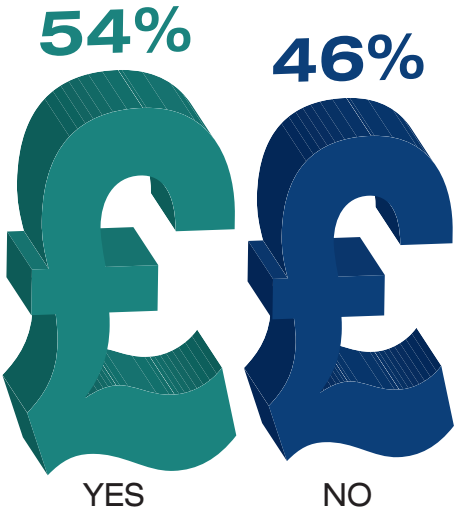
Increased staff turnover in the last 12 months?



Practice income in the last 12 months



Difficulty with cashflow in the last 12 months?



"Biggest problem is drugs payment coming later (dispensing practice)"

"It's getting more tricky as the payment mechanisms are more complicated"

"A few near misses!"

COMMENTS, QUESTIONS AND CONCERNS

Feedback from GPs and practices to our workload survey.

Low morale is draining General Practice of its people

"It is a shame we cannot practice what we tell our patients. We improve their lives at the expense of our own lives and the lives of our families."

"I AM A GP IN MY FIFTIES. I HAVE DECIDED THAT I WILL BE RETIRING EARLY."

"I am part time salaried. My workload has increased and despite two young children at home, some weeks I have been doing 34 hours across three days."

"I am a newly qualified salaried GP and, although previously wanting to become a partner, the increase in workload and reduced financial gain makes that less attractive."

"Senior partner looking to retire completely in 18 months. Junior partner looking to reduce hours."

"More work, more stress, partners on sick leave etc."

"We can't attract GPs into salaried or partnership posts. They all want to locum which does not help us provide continuity of care."

"Morale is at an all-time low."

"General Practice is rapidly deteriorating and I am considering early retirement."

"Wish I wasn't in general practice anymore."

"I have decided to leave as I cannot carry on like this."

We cannot keep doing more for less

"Workload on the increase. Can't afford to recruit more staff."

"Consultations are more complicated with more needing to be done. The country needs to move to 15-minute GP consultations. It's the only way to push back at the changes of the last five years."

"NO DIVERSION OF FUNDS FROM SECONDARY CARE TO SUPPORT THE GREATLY EXPANDING WORKLOAD IN PRIMARY CARE. NOT SUSTAINABLE."

"Primary care needs to be resourced properly. Safety issues needs addressing as GP workload increased. Lots of grey area secondary care shifted to primary care."

"NHS England seem to have no clue about primary care. Their approach seems to focus on stripping out funding without understanding the impact."

"I feel general practice can no longer cope with the increasing amount it is being asked to do."

Endless admin

"The main issue is the massive increase in performance monitoring and micromanagement, which has the contrary effect of actually reducing quality clinical input, and adversely impacting on patient outcomes and satisfaction."

"NEVER ENDING INCREASE IN BUREAUCRACY AND WORKLOAD WITH FALLING PROFITS."

"Lack of trust by LAT requiring more monthly returns. CQRS not fully operational. annual sign-off of QOF was a farce - all things that take more time. The ways we have to claim and receive payment are so complicated now. The fear is of missing something."

"It is increasingly difficult when we have three teams asking for information. CQRS was to replace QMAS which although outdated at least worked. CQRS is difficult to use. The introduction of enhanced services and the need to apply to be a provider is also difficult." "Disjointed social service input with no communication leading to difficulties when dealing with our vulnerable patients."

Practices in crisis

"Major cashflow problems. GP partners have all taken pay cuts and now will start making salaried doctors, nurses and reception staff redundant."

"If partnerships are not encouraged and locum/salaried status discouraged, we are witnessing the end of Primary Care as we know it with major costs for the taxpayer."

"GP surgeries overworked, understaffed and still expected to take on more and more! It seems to be all tick boxes and forever emails."

"We have huge cashflow difficulties with the change in the way we are paid and the continued cuts to our income. We are reducing GP partners' drawings, making redundancies and increasing partners' working hours for less wages."

"The workload is unsustainable without radical action."

"LOSS OF DIFFERENTIAL FUNDING IS A MAJOR CONCERN. WE ARE LIKELY TO HAVE TO REDUCE STAFF AND SERVICES."

"I feel patient care and bedside manner have gone down considerably. Patients are more abusive to staff because they know we cannot do anything about it."

"If they want to level-down the quality of primary care to that of secondary care (i.e. poor) then keep on bashing us. We too can become demotivated and disengaged from actually caring."

Storing up trouble

"If this nonsense continues, NHS is going to lose lots of experienced staff and over the period of the next five years, the real truth will come out but then who will take the blame - politicians, patients or the GPs who did not react at the time?"

"GPs are facing overwhelming workload and demand, and burnout is a risk - and there are not enough GPs coming through to take our place when we are gone."

"I feel as a practice we haven't got the time to plan for anything or even review whether various things are useful. We just firefight from one day to the next. I am employed for 37.5 hours per week but find I am doing in excess of 60 hours just to keep my head above water."

"GPs are no longer getting job satisfaction as we are no longer providing a good service to our patients. We simply cannot cope with the workload which comes from increased patient demand and failure to recruit doctors."

"The biggest problem we face is inability to control workload by managing list size."

"PUBLIC DEMAND IS ESCALATING OUT OF CONTROL, FUELLED BY POLITICIANS WITH AN EYE ON ELECTIONS."

"It's not a fun place to work anymore. Everybody is more and more stressed. I like to be busy but it's getting ridiculous and unmanageable."

"In many years of practice management, I've never know such change and uncertainty."

Our commitment to you

1 ALWAYS HAVE YOUR BACK

2 HELP MAKE THINGS JUST A LITTLE EASIER

3 WORK TO BUILD A BETTER FUTURE FOR THE PROFESSION

LOCAL ACTIVITY AND PROGRESS

CQC's new style inspections: What to expect

With a new approach to inspecting, the CQC has compiled a guide for practices.

Four to six weeks before the inspection, CQC will meet with your clinical commissioning group and local NHS Area Team to discuss information about your practice and other practices being inspected in your area.

With a fortnight to go, CQC will write to confirm your inspection and request information such as your statement of purpose and information on complaints. The lead inspector will call to introduce himself or herself and explain the arrangements. CQC will send you a quantity of 'comment cards' for your patients to complete and posters to display to advertise the inspection.

On the day, the inspection team will include a minimum of an inspector and a GP, who will conduct interviews with staff and patients, and review information such as policies and procedures. You are encouraged to tell the team about how you have improved patient outcomes and to help them find evidence that your service is safe, effective, caring, responsive and well-led.

At the end of the day, the inspection team will share their initial thoughts, followed by a draft report that you can challenge for factual inaccuracies. The final report is published on the CQC website.

CQC advises you to read the provider handbook "How CQC regulates: NHS GP practices and GP out-of-hours services Provider handbook October 2014" including the appendices.

Warning on NHS-owned health centres

Numerous practices in Leicestershire and Rutland are based in NHS-owned health centres.

Prior to the demise of the PCTs, these premises were owned and administered at a local level.

With the demise of the PCTs, ownership of these properties has been transferred to a national body, NHS Property Services.

Since then there have been various attempts to get practices to sign up to leases for their premises, so far without success.

Two years ago, Leicester, Leicestershire and Rutland LMC made arrangements for all local practices to be advised by a solicitor and surveyor with a commitment from the PCT to cover the bulk of the costs.

Matters are now being dealt with nationally, and a recent "Heads of Terms" document was issued by a legal team on behalf of NHS PropCo. This has been analysed by another LMC (Wessex) and found to be unacceptable. A GPC designated member, Brian Balmer of Essex LMC, is leading negotiations on this nationally with Dr Nick Simpson, the current chair of Leicester, Leicestershire & Rutland LMC taking the lead locally.

In the meantime the advice is: **No practice should sign any lease or similar document and practices should ignore any demand for increased rent or service charges from NHS PropCo.**

It is advised that payment of rent and service charges at pre-existing levels should either be paid or provision made for payment in future. The outcome of the negotiations is uncertain but no practice is legally obliged to sign up to a new lease.

If your practice is affected and you would like to discuss the situation, please get in touch with Dr Nick Simpson, whose contact details are included in the committee members section of this report.

NHS England and CCGs – who does what?

CO-COMMISSIONING, REVALIDATION AND PERFORMANCE CONCERNS

NHS England's document *Next steps towards primary care co-commissioning* is designed to support CCGs and Area Teams take the process forward with a range of options, and Leicester, Leicestershire and Rutland Local Medical Committee understands that local CCGs are opting for full delegated commissioning, or Model C.

This includes managing the General Practice budget, practice contracts, mergers, practice performance, premises and complaints. Taken with Simon Stevens' Five Year Forward View, it is clear there will be opportunities for locally designed contracts that extend the scope of, or differ from, national requirements.

A list-based GMS contract will still be the core contract and funding arrangement with QOF and Direct Enhanced Services possibly being replaced by local schemes to tackle demand and workload inequalities.

Your LMC will argue for local schemes focused on tailored care around each patient and for reduced bureaucracy, targets and KPIs. Local schemes will not be subject to a formal approvals process. We will negotiate on your behalf in consultations on local schemes, which must demonstrate improved outcomes, reduced inequalities and value for money.

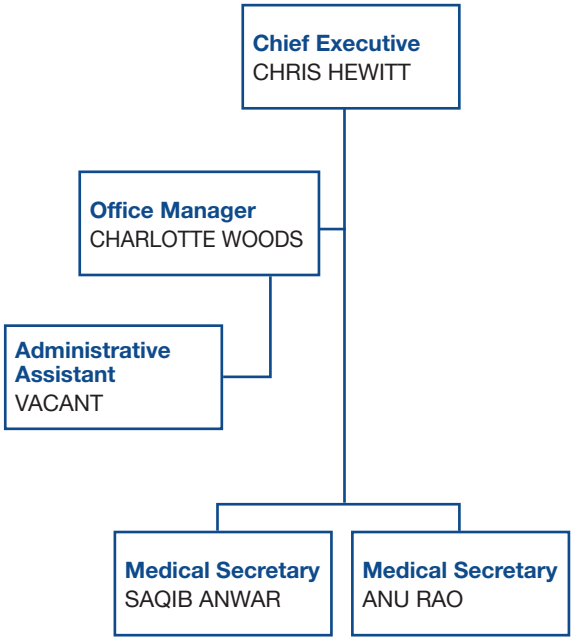
The 'Next steps' document rules out extra administrative resources for 2015-16 due to 'running cost constraints' though CCGs could be given flexibility to 'top up' their primary care allocation with funds from their main allocation.

NHS England will retain management of the performers list, appraisal, revalidation, list management and payments administration as well as individual GP performance concerns. Area Teams are forming into four NHS England regional 'Field Forces' with Leicester, Leicestershire and Rutland under the umbrella of NHS England for Hertfordshire, South Midlands, Leicestershire and Lincolnshire. This raises challenges for NHS England to perform its functions for our GPs and practices.

As the NHS pursues relentless change, we will represent you and your practices in negotiations, consultations and contract issues with NHS England and CCGs. We will always support you with issues around revalidation, inclusion on the performers list, investigations or scrutiny of individual performance.

Chris Hewitt

COMMITTEE MEMBERS



LLR LMC Officers Structure - October 2014

CHRIS HEWITT **Chief Executive**

chris.hewitt@llrlmc.co.uk

Dr Chris Hewitt has worked as a GP since 1990, and has been a GP teacher, trainer and appraiser.

ANU RAO **West Leicestershire**

anu.rao@llrlmc.co.uk

Dr Anu Rao is a GP in Shepshed, Leicestershire, and a member of the Local Medical Committee representing West Leicestershire.

NILESH SANGANEE **West Leicestershire**

n.sanganee@nhs.net

A full time partner in General Practice in Ashby for ten years as well as a medical student tutor, GP Trainer, GP appraiser and Practice Appraiser, and RCGP examiner.

BASIL HAINSWORTH **City**

basil.hainsworth@gp-c82610.nhs.uk

A GP in Leicester since 1987 and an LMC committee member since 1989 as well as a non-executive director for the LLR LMC Ltd since April 2014.

HISHAM HAQ **City**

hisham.haq@gp-c82610.nhs.uk

Dr Hisham Haq is a full time GP partner in Leicester and has been a Local Medical Committee member for the last three years.

LLR LMC Board of Director Structure October 2014

NICK SIMPSON **Chair**

nhr.simpson@icloud.com

Dr NHR Simpson is currently Chair of LLR LMC. He has been a principal in General Practice in Barrow on Soar since 1983 and is currently senior partner.

LIZ SIDDONS **City**

elizabeth.siddons@gp-c82030.nhs.uk

A Leicester GP for over 15 years, trained here and now a trainer herself.

RAJ THAN **City**

tun.than@gp-c82033.nhs.uk

A GP partner in Leicester with a special interest in general medicine and diabetes, and a GP Trainer.

AMMAR GHOURI **East Leicestershire and Rutland**

ammar.ghouri@doctors.org.uk

Recently completed MRCGP and joined as a partner at South Wigston Health Centre in January 2014.

NAINESH CHOTAI **East Leicestershire and Rutland**

N.Chotai@GP-C82056.nhs.uk

An LMC member for 18 years, a PMS partner, GP trainer, and practice representative to locality meetings.

SHIRAZ MAKDA **East Leicestershire and Rutland**

dr.makda@hotmail.com

Graduated in 2008 from Leicester Medical School, completed VTS locally, was elected as AiT representative RCGP Leicester Faculty and currently First 5 lead.

ANNUAL ACCOUNTS

Leicester, Leicestershire and Rutland Local Medical Committee
Trading and Profit and Loss Account for the Year Ended 31 March 2014

	2014 £	2013 £
Income		
Levy - Statutory	440,730	483,458
Levy- Voluntary	54,613	58,580
	495,343	542,038
Cost of sales		
Grant expenditure	546,158	464,212
GROSS (LOSS)/PROFIT	(50,815)	77,826
Other income		
Deposit account interest	110	195
	(50,705)	78,021
Finance costs		
Bank charges	215	123
NET (LOSS)/PROFIT	(50,920)	77,898

Leicester, Leicestershire and Rutland Local Medical Committee Limited
Trading and Profit and Loss Account for the Year Ended 31 March 2014

	2014		2013	
	£	£	£	£
Turnover				
Out of hours receipts from PCT	6,800		10,166,504	
111 project receipts	-		30,000	
Grants receivable	546,158		464,212	
CRB checks	10,587		40,904	
OOH set up expenses	-		29,135	
Salary costs reimbursed	-		3,000	
		563,545		10,733,755
Cost of sales				
Out of hours paid to CNCS	5,360		10,113,907	
Out of hours expenses	-		68,425	
111 project expenses	-		17,680	
		5,360		10,200,012
GROSS SURPLUS		558,185		533,743
Expenditure				
Rent and services - Leicester	10,486		18,324	
Rent and services - Nottingham	44,164		-	
Directors' salaries	75,658		235,949	
Directors' social security	5,035		-	
Directors' compensation for loss of office	8,000		-	
Wages	153,100		46,808	
Social security	16,792		21,804	
MAA and honoraria	27,061		31,592	
Telephone	3,664		2,462	
Post and stationery	2,223		4,587	
Travelling	9,210		8,365	
Licences and insurance	1,950		1,664	
Repairs and renewals	-		638	
Computer costs	2,171		2,477	
Hire of rooms and refreshments	2,915		1,005	
Conferences and seminar exps	5,451		7,216	
GMS Defence Fund	71,933		58,580	
Sick GPS Fund	-		1,000	
Cameron Fund	-		1,000	
Sundry expenses	904		1,517	
CRB checks	9,670		32,332	
Subscriptions	532		3,356	
Accountancy fees	7,477		4,087	
Medical secretary costs	57,470		-	
Carried forward	515,866	558,185	484,763	533,743

ANNUAL ACCOUNTS

	2014		2013	
	£	£	£	£
Carried forward	515,866	558,185	484,763	533,743
Professional fees	7,706		-	
Transition & Development costs	17,045		-	
Legal fees	33,125		55,884	
		573,742		540,647
		(15,557)		(6,904)
Finance costs				
Bank charges		475		458
		(16,032)		(7,362)
Depreciation				
Computer equipment		782		1,786
		(16,814)		(9,148)
Loss on disposal of fixed assets				
Computer equipment		4,038		-
NET DEFICIT		(20,852)		(9,148)

Treasurer's Report

The post of Treasurer for Leicester, Leicestershire & Rutland Local Medical Committee was established to provide oversight of the accounts for the LMC and LMC Ltd, independently of the chief executive and the chair of the LMC reporting back to the board.

This is intended to provide confidence to the constituent members as well as transparency to the board and committee members. The Treasurer is supported by the Nominations and Remuneration and Terms of Service Committee.

Leicester, Leicestershire & Rutland Local Medical Committee and Leicester, Leicestershire & Rutland Local Medical Committee Limited were set up as sister organisations to conduct the day to day running of the LMC on behalf of the constituent practices.

Accounts for both organisations are healthy.

Dr Hisham Haq

PROFILE

Dr Hisham Haq is a full time GP partner in Leicester and has been a Local Medical Committee member for the last three years.

USEFUL NUMBERS

Bed bureau
0116 258 4858
(Fax referrals to 0116 258 5856)

BMA
08459 200 169 www.bma.org.uk

CCGS
Leicester City 0116 295 4138
East Leics and Rutland 0116 295 5105
West Leicestershire 01509 567700

CNCS
Tel 0300 456 4952
www.cncsgp.org.uk

East Midlands Ambulance Service
0115 884 5000

Leicestershire Partnership NHS Trust
0116 225 6000

LETB Health Education East Midlands
0115 823 3300 www.em.hee.nhs.uk

MDDUS
0845 270 2034 www.mddus.com

MDU
0800 716 646 www.themdu.com

MPS
0845 605 4000 www.medicalprotection.org

NHS England
Contracts team 0113 8249591
Finance team 0113 8249613
Leicestershire base (Fosse House)
0116 2060185

RCGP Leicester Faculty
0116 273 0291 www.rcgp.org.uk

UHL switchboard 0300 303 1573
Head of Services for GPs
Jade Atkin 0116 258 8598
jade.atkin@uhl-tr.nhs.uk

DIRECTORY OF SUPPORT FOR GPS

Practice Management
The LMC is the first point of call for practices needing management, strategic or operational support for reasons such as retirement or illness or when a new manager has been appointed. We can provide an approved manager to support your practice when needed with working arrangements and remuneration agreed between yourselves.

GP support
The LMC offers support for GPs with issues including PCT investigations, patient complaints, partnership conflicts and disputes, and contractual issues.

Remember your own GP
Please ensure you are registered with a GP and contact him or her whenever you require any initial medical or emotional help and advice.

LMC pastoral support
Whenever you need support, contact us. You'll find our office and out-of-office contact details on the back of this report.

BMA counselling service
Staffed by professional counsellors
24-hours a day, seven days a week
Call 08459 200 169 or 01455 254189
(BMA members only)
www.bma.org.uk

BMA doctor for doctors
Speak to a doctor adviser
Call 08459 200 169 or 01455 254189
(BMA members only)
www.bma.org.uk

Sick doctors trust
Support for doctors or medical students with any degree of dependence on drugs or alcohol
Email help@sick-doctors-trust.co.uk
Telephone 0370 444 5163 (24 hours)
www.sick-doctors-trust.co.uk

British International Doctors Association
Promotes equality and fairness for doctors working in the UK, irrespective of race, gender, sexual orientation, religion, country of origin or school of graduation.
Telephone: 0161 456 7828
www.bidaonline.co.uk

The Doctors' Support Network
Fully confidential self-help group for doctors with mental health concerns
Helpline 0844 395 3010

Samaritans
08457 909090 www.samaritans.org

FINANCIAL ASSISTANCE

BMA Charities
020 7383 6142 www.bma.org.uk

The Cameron Fund
020 7388 0796 www.cameronfund.org.uk

Royal Medical Benevolent Fund
0208 540 9194 www.rmbf.org

Royal Medical Foundation
01372 821010
www.royalmedicalfoundation.org

CONTACT US

- When you need advice on HR, disagreements, partnership disputes, personal health or career planning
- When you have concerns about payments, premises, contracts and disputes
- If you are being investigated for potentially failing to meet contractual requirements or if there are enquiries into your fitness to practise, professionalism or probity
- If you have concerns about your appraisal or revalidation

We can often help when the BMA or your medical defence organisation will not.

Charlotte Woods, LMC Office Manager, is available Monday to Friday:
0116 243 0933 Charlotte.Woods@llrlmc.co.uk

Charlotte will strive to deal with your request and will ensure that one of the LMC Officers contacts you within 2 working days as necessary.

Dr Chris Hewitt
Chief Executive
Email chris.hewitt@llrlmc.co.uk

Dr Saqib Anwar
Medical Secretary
Email saqib.anwar@llrlmc.co.uk

Dr Anu Rao
Medical Secretary
Email anu.rao@llrlmc.co.uk

Committee members can be contacted by email on the Leicestershire GP network.

LMC Headquarters
Office 1 and 2 Ground Floor East Wing Fosse House
6 Smith Way Grove Park Enderby Leicestershire LE19 1SX

Our objectives for 2015

- Work with NHS England and the CCGs to ensure that any funding review is fair and equitable.
- Negotiate with CCGs and NHS England to ensure any new commissioning arrangements are transparent and deal with potential conflicts of interest.
- Argue for more trust and less measuring with easier payment systems and better cashflow.
- Help practices that may feel vulnerable or need assistance to develop submissions for CQC inspections.
- Explore ways to build links with sessional and salaried GPs.
- Update our member communications and engagement.
- Update systems, processes and record keeping, and train and develop officers to advise, to support and to represent GPs and practices.

LOCAL LEICESTERSHIRE
MEDICAL LEICESTER
COMMITTEE RUTLAND

LLR LMC is a Limited Company by Guarantee
Company registration number: 06278584 Place of registration: England and Wales
Registered Office address: Edward House, Grange Business Park, Whetstone, Leicester, LE8 6EP