



What is on the horizon?

LLR LMC – what we do

Advise

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

Support

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

Represent

We represent practices on bodies including the NHS England Central Midlands Team, Clinical Commissioning Groups, Public Health, Local Authorities, Health Watch and with the Better Care Together and Sustainability and Transformation Plan (STP) projects. We represent GP views with local and national media and we help practices deal with media enquiries. When GPs are being investigated or their contracts are at risk, we are there to help and to support. LLR LMC is a completely independent body recognised by statute. We are a democratic organisation with a board of representatives, elected by our members.

2017 Chair’s statement

It was my privilege to be elected Chair of the LMC in October 2016.

This annual report gives me an opportunity to publicly thank Dr Nick Simpson, the outgoing Chair, for his years of steadfast leadership; Susan and Charlotte, our office team, for their ongoing hard work; the LMC executive for their diligence; and the LMC board for their support and guidance.

My thanks also go to Dr Pamela Bowyer and Dr Jyoti Rawat for their contribution to the board, as they leave Leicester for new challenges.

The last year has seen change within the organisation as we have streamlined the structure with more representation and support provided by working GPs. The LMC now seeks to focus on local issues, building constructive but robust relationships with NHS England, the CCGs, CQC and others.

As you will read in the executive reports, the challenge for GPs remains relentless, as workload, patient expectations and issues with recruitment and retention continue increasing while funding reduces.

With the advent of the STPs, expectations of primary care are set to increase and the LMC stands to ensure adequate funding and planning as changes in care crystallise. As regulatory oversight increases, the LMC also stands to ensure due and fair process for practitioners through the various scrutiny committees. We, at the LMC, are the only organisation that represents your interests without any conflict.

Next year will see the LMC build upon its existing work with regular workshops on topical issues affecting GPs, the appointment of a new full-time officer to supplement the executive team and the relocation of the office to make us more accessible to our members.

We very much look forward to welcoming you to the forthcoming AGM.



Dr Nainesh Chotai graduated in 1988 and is a partner at the Glenfield Surgery. He is a GP trainer, appraiser and ELR GP Federation board member. He has been an LMC member for 20 years

Vice Chair (Operations)

Dr Anu Rao says, “We are your voice, locally and nationally...”

It has been yet another year full of both challenges and opportunities. General Practice’s forward view promises to be the prescription for sustainability of primary care. However, the difficulty with this is that its implementation has not yet been felt by frontline staff and this has led to widespread frustration within the system. There are lots of challenges ahead in the coming years, along with a momentum to adapt and change across all sectors of primary care. There are many innovative ideas and pragmatic solutions out there, but the trouble is that GPs have neither the time nor the resources to enable them to challenge the norm. The problems are the same as in previous years – mainly diminishing workforce, dwindling funding and increasing workload.

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

It was a privilege to represent our organisation at the LMC Annual Conference earlier this year in Edinburgh. Furthermore, I was pleased at my successful appointment as a committee member of GPC England. I would like to thank the LMC team and board for their constant support.

I truly believe that whatever the landscape in the future looks like, General Practice will remain at the heart of providing high-quality and exceptional patient care.



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

*We are your voice,
locally and nationally...*

Vice Chair (HR)

In my role as Vice Chair and as a jobbing GP, I continue to witness the considerable pressures those working across General Practice are under. At the LMC we see more and more colleagues looking to reduce their clinical sessions as the workload of part-time and full-time GPs becomes increasingly unsustainable. Supporting members to make decisions about their future and to keep going is an integral part of what we do.

We are your here for you

We aim to provide you with up-to-date information and signpost you to people who can help you in ways that suit you. Pastoral support for our colleagues involved in dealing with day-to-day difficulties continues to be an under-resourced tool locally and nationally but at the LMC we are hoping to turn that around by shining a spotlight on this area.

We continue to robustly represent our members, with local and national stakeholders attending meetings on your behalf to voice your views and to be assertive in our representation to reduce unnecessary workload.

Social media is certainly adding a new dimension to our communications with members and has received positive feedback to date, but we are looking to grow so as to stay connected with our members and keep you up to date. The relaunched website, guidance pages and blogs are getting frequent visits. I would strongly recommend that all GPs have a browse: you may be pleasantly surprised by the breadth of resources available.

As a membership body, we need to hear from you – keep

telling us what you need and we will do all we can to help you. For many working in General Practice, partnership has lost its appeal – with the right access to some headspace and perhaps some coaching or peer mentoring, we hope more colleagues will find ways to make their career safe, sustainable and enjoyable.

I have every confidence that the work of the LMC will help us all to get through the tough times. Please attend our AGM, which is a shared event with the local RCGP faculty. Guest speakers include Dr Aly Rashid, Responsible Officer and Medical Director at NHS England, along with Professor Mayur Lakhani (RCGP President-Elect).



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

Vice Chair (Cases)

Like General Practice, the LMC has gone through significant change in the last year. As part of this new look and involved Board Members Working I have taken up the role of Vice Chair with Ammar. We decided it would be an efficient use of resources and time to take on different responsibilities as the ever-evolving horizon of General Practice continues. I have taken responsibility for Cases and I am well aware of the internal and external challenges and pressures we face.

I would like to thank the team for their efforts in advising, supporting and representing. Like any surgery, we have our limitations, but at the LMC we endeavour to put you first and deliver the highest possible standard of pastoral care. We aim to be your representative VOICE and ensure we are in touch with the frontline themes that affect all of us in everyday practice.

We understand that we are working against the odds at times and we are often seen as the first point of contact for our patients and healthcare colleagues. This creates immense challenges as we strive to improve and keep up with higher levels of scrutiny.

We believe that our workload has not only increased but that it has also become more complicated. General Practice is no longer seen as “Jack of all trades and master of none” but moreover “general specialists”.

We aim to update you all with ways to maximise your efficiency and discuss what is core and paramount. It is a time of austerity across all sectors and we need to learn from mistakes witnessed across generations. We need your assistance to revive General Practice and elevate it to the frontline status that it deserves. We need your

views on how to make this career attractive while also commending, and focusing on, good practice - rather than being penalised for our shortfalls.

Recently a 6th form student shadowed me at the practice, travelling at 6am from London. I was on call and had meetings. In the evening we shared their learning experience and I was amazed at the encounters they reflected on: in a single day we had covered so much clinically and non-clinically!

General Practice needs YOU

This student was considering not applying for medicine based on the negative experience they encountered in a London hospital. We both came to the conclusion that medicine is a deeply rewarding career and one that cannot be measured against the same outcomes as other public sectors. It is a career during where one never needs to clock-watch, the unexpected is guaranteed.

I look forward to listening to your thoughts at the AGM. I believe that together we can make a difference and ensure that the future of our careers is for us to shape.



Dr Shiraz Makda graduated in 2008 from Leicester Medical School, completed VTS locally, was elected as AiT representative of RCGP Leicester Faculty and is currently First 5 lead.

Your Local Medical Committee

Our purpose

To look after and to look out for GPs and their teams...

...in order to help our members achieve the best possible outcomes

and solutions working as a General Practitioner in the UK.

Our mission

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

Our values

- To be impartial and non-judgmental
- To inspire hope
- To be kind to ourselves and each other
- To be honest and straightforward
- To be courageous, wise and trustworthy

Mergers and takeovers

INTRODUCTION

A significant number of GP practices are merging or taking over failing practices in their locality. This is for a number of reasons, but mainly because of sustainability, forward planning, preserving core contracts, acquiring more staff and to enable them to have a more prominent position in terms of commissioning by increasing their patient list size.

This works particularly well for single hander practitioners who are finding it difficult to sustain their practices and deliver under federation sub-contracting arrangements. It also enables them to more easily take 24-hour retirement, or indeed to retire permanently without potentially having to bear redundancy costs of staff.

DIFFERENT TYPES OF MERGER

1. Full merger

A full merger is where two or more practices having the same core contract merge partnerships and merge contracts. So, for example, two GMS practices would merge their contracts and come together as one partnership. Essentially, NHSE/CCG would have to be informed, contracts merged and varied to reflect the names of all partners and patient list size increases, and all patients access one practice.

In all mergers, NHSE need to be aware of the proposal and, in many cases, ask that the practices produce a business case to reflect how the parties plan to merge and where they intend to operate from. Once approved, the parties then embark on the process below until the merger date when they complete the process formally.

2. Part merger

This is still a merger, but because the parties hold different contracts (GMS and PMS), these cannot be merged. However, the merger is really about the business partnership merging rather than the contracts, and the parties apply for both contracts to be varied enabling all partners to figure on both contracts and form one partnership. The same issues apply as below and the parties can continue to service both contracts and cater for all patients. The IT systems may have to remain separate to cater for both types of contract, unless the PMS contract reverts to GMS if considered financially neutral to do so, in which case it can merge into one contract, or in some cases remain separate and operate as two GMS contracts. There have been cases where practitioners, for personal/business reasons, choose not to merge contracts even though they are entitled to do so. This could be because the per capita payment differs slightly on each contract and merging the two contracts may entail a loss of income.

3. Takeover

There is in law (where GPs are concerned) no such thing as a “takeover”. Because we are dealing with public contracts, commissioners are not entitled to simply allow one practice to take over another and pass the contract on to another contractor without going through a full public procurement process in accordance with EU procurement rules. To describe it as such is technically wrong and to refer to a contract as being terminated is also misleading.

In reality, one practice wishes to acquire the interests and contract of another practice and the latter practice partners either wish to retire/leave or wish to convert to becoming salaried GPs. Essentially this can be effected by way of a merger process, but with a slight difference in that it is acknowledged and provided for in the documentation that certain partners will leave the partnership shortly thereafter. “Takeovers” can therefore occur, but not without going through a merger process first, followed by a stage in which partners wishing to exit remain as “technical partners” until they are able to safely exit their partnership after giving the appropriate notice under the relevant regulations. This avoids the necessity of commissioners going through a procurement process and also mitigates any potential for challenge by other providers.

PROCESS

Due diligence

Any business including a GP practice wishing to merge or take over another should undertake a due diligence process. LMC Law provides a full due diligence checklist for those practices wishing to merge. Due diligence enables a practice to identify any issues, liabilities and problems of the other practice including but not limited to staff pay and terms, finances and potential claims. It gives both parties the opportunity to assess what they are taking on and to make appropriate changes to the agreements or request that some matters are dealt with before the merger takes place. It assists in ensuring that certain matters are specifically covered in any merger agreement.

Proposal to NHSE/CCG

NHSE usually require a business case to be submitted by merging practices and they will need to know how the merger will be structured in terms of delivery to patients, premises and IT systems. They usually send out a checklist for practices to address and answer and more often than not are supportive of the whole process. They will need to have an intended merger date communicated to them so that they may work towards producing appropriate documentation such as variation notices by that date and so that they know the practices will be merged and are to be treated as one partnership and one contractor on that date.

CQC registration

CQC must be informed as to the changes and a fresh application made for a new registration setting out the new partners/contracts. This should be done in good time as the process takes some time to complete.

Merger document

It is important to sign this and therefore important to agree the terms as soon as possible. The merger agreement does not create the merger – it merely sets out the terms of the merger and protects the parties before, during and after the merger has occurred. It is really important that this document is signed as soon as the parties are clear that they are working towards merging. This is a very robust document and caters for a number of issues such as preserving the status quo of the business during merging, protecting parties against liabilities not picked up in due diligence, setting out the obligations of parties to ensure the merger progresses and providing a get-out clause should parties change their minds.

Consultation with staff

Please be aware that staff will have to be formally consulted and if a party has more than 10 employees the process is slightly more complicated in terms of how the employer consults, so it is important to take advice. A merger or “takeover” means that the staff will have a new employer. Therefore, there will be a TUPE transfer (Transfer of Undertakings [Protection of Employment] legislation will apply). Although terms and conditions of service are usually maintained, there will be instances where staff

changes may have to be made and therefore advice should be taken as to how and when changes can be safely made to mitigate any risks of claims. Common questions arise around what to do if partners wish to remove staff, unify terms and conditions, make redundancies, etc. Practices are strongly advised to take professional advice before making any changes or consulting with staff.

The new partnership

The new partnership will need a new partnership agreement or any robust old one will need to be updated to reflect the new partnership and entity.

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Cases

So far this year we have opened 178 cases from GPs and Practice Managers across Leicester, Leicestershire and Rutland.

These cover a range of areas including:

- Travel vaccination advice
- Advice on partnership agreement
- Partnership disputes and mediation
- Support with practice mergers
- Supporting practices following CQC inspection (special measures)
- 24hr retirement
- Rent review and property services issues
- Salaried GPs handbook and pay scales
- PCSS documents being sent to practices
- Support through PAG
- Police requesting medical notes and charging for reports
- Business risk management
- DBS checks

And many more...



Representation at meetings
with the CQC, NHS England, CCGs
and the GPC

Good communication links
with the Coroners Offices

A high media presence: radio,
television and social media

Just a few of our
achievements in 2017

Members event on
partnerships and
contracts in conjunction
with LMC Law

Members event on IR35
regulations
in conjunction with Rowleys

Representation at CQC visits

Committee members and profiles

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



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



Dr Fahreen Dhanji has been a GP partner at Latham House Medical Practice in Melton, having worked there since 2009 after completing her VTS training. She is currently a GP trainer and has a specialist interest in ENT and minor surgery. Dr Dhanji joined LLR LMC board after she was co-opted onto it at the August 2016 board meeting.



Dr Fahad Rizvi completed basic medical education in 2002, and after working in secondary care for 9 years, transferred into GP training and became a GP Principal in 2014. Dr Rizvi was co-opted onto the Committee in October 2015.



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

The office team



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



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

Annual accounts

Treasurer’s report

There has been recognition of the challenges that primary care is facing nationally as well as in Leicester, Leicestershire and the Rutland. On the face of it we have been promised increased resources but the challenge remains as to where the resources come from when the budgets have been frozen and the responsibilities are set to rise.

The LMC’s finances remain challenging because of the structural reorganisation that has taken place. Our income streams have also diversified into six separate income streams compared to the previous model.

The NHS is undergoing transformation, with the exact outcome of the future a big unknown. The success of the ‘The five year forward view’ remains to be seen and the jury is out on this.

Practices continue to pay a statutory levy and a voluntary levy that we collect on behalf of the GPC to represent LMC’s concerns nationally and so member practices can ask for what is being accomplished at a national level.

The LLR LMC has resisted a rise in the voluntary levy asked for by the GPC as we do not feel that it recognises the views of our members. We know that we are not the only LMC to hold such views and we are actively expressing them to the GPC.

I will be proposing a motion at the AGM to help us simplify the levies currently paid as statutory and voluntary levies and to call it the ‘LLRLMC Levy’ or ‘LMC Levy’. This process will help to save time usually spent on administration and fee office time for our members.

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



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

Leicester, Leicestershire and Rutland Local Medical Committee Trading and Profit and Loss Accounts for the year ended 31 March 2017

	2017 (£)	2016 (£)
Turnover	669,797	669,859
Cost of sales	<u>(196,741)</u>	<u>(141,820)</u>
Gross profit	473,056	528,039
Administrative expenses	<u>(473,056)</u>	<u>(528,039)</u>
Operating profit/(loss)	-	-
Profit/(loss) before tax *	-	-
Profit/(loss) for the financial year	-	-

*The above results were derived from continuing operations.

The company has no recognised gains or losses for the year other than the results above.

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

Leicester, Leicestershire and Rutland Local Medical Committee Trading Profit and Loss Accounts for the year ended 31 March 2017

	2017 (£)	2016 (£)		2017 (£)	2016 (£)
Turnover			General administrative expenses		
Sale of goods UK	669,762	669,859	Telephone and fax	(9,553)	(5,165)
Interest received	35	-	Office expenses	(55,349)	(28,192)
	<u>669,797</u>	<u>669,859</u>	Computer costs	(8,571)	(4,660)
Cost of sales			Printing, postage and stationery	(3,979)	(2,478)
Direct costs	196,741	141,820	Trade subscriptions	(529)	(466)
	<u>196,741</u>	<u>141,820</u>	Charitable donations	-	(300)
Establishment costs			Sundry expenses	(2,083)	(1,966)
Rent	(4,328)	(3,797)	Travel and subsistence	(5,213)	(4,065)
Rates	(137)	(54)	Advertising	(1,269)	-
Light, heat and power	(1,390)	(991)	Accountancy fees	(6,735)	(7,730)
Repairs and renewals	(5,429)	(782)	Consultancy fees	(39,832)	(61,476)
	12,129	6,250	Management fees	(23,043)	(86,663)
	<u>(11,284)</u>	<u>(5,624)</u>	Legal and professional fees	(36,578)	(44,749)
Employment costs				86,664	9,647
Wages & salaries (non directors)	(87,931)	(68,645)		<u>(192,734)</u>	<u>(247,910)</u>
Staff NIC (Employers)	(4,531)	(4,831)	Finance costs		
Directors remuneration	(96,737)	(102,075)	Bank charges	301	387
			Depreciation		
Directors NIC (Employers)	(12,231)	(12,128)	Fixtures & fittings (owned)	(1,050)	(960)
Staff pensions (other)	(25,712)	(14,634)	Office equipment (owned)	(2,426)	(2,119)
Directors' pensions (other)	(38,119)	(68,776)		<u>(3,476)</u>	<u>(3,079)</u>
	<u>(265,261)</u>	<u>(271,089)</u>			

Draft accounts subject to scrutiny and checking.

Useful information

General support and advice:

www.llrlmc.co.uk

Wellbeing and health:

<https://www.bma.org.uk/advice/work-life-support/your-wellbeing>
www.support4doctors.org

Career advice and coaching:

www.alexishutson.com
www.lifecoach-directory.org.uk
www.thedoctorscoach.co.uk
www.medicalforum.com

Counselling and health:

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

Contact us

Leicester, Leicestershire and Rutland
Local Medical Committee
Binder House
Unit 7
Narborough Wood Business Park
Desford Road
Enderby
Leicestershire
LE19 4XT

0116 296 2950

Chair

Dr Nainesh Chotai
Nainesh.chotai@llrlmc.co.uk

Vice Chair (Operations)

Dr Anu Rao
Anu.rao@llrlmc.co.uk

enquiries@llrlmc.co.uk

What the LMC can do for you and your team

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

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

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

LLR LMC is a company limited by guarantee. Company registration number 06278584. Place of registration: England and Wales. Registered office address: Edward House, Grange Business Park, Whetstone, Leicester, LE8 6EP.

Delegates/members' feedback

We value your opinion. Please feel free to provide us with any feedback/comments here and hand it to one of the LMC representatives.



