



# Shaping the future of general practice

Annual Report 2015



**LOCAL** LEICESTERSHIRE  
**MEDICAL** LEICESTER  
**COMMITTEE** RUTLAND

# Your Local Medical Committee


The purpose of the LMC is to look after and look out for you and your teams in General Practice. It is the only organisation dedicated to stand up for the interests of all GP practices in Leicester, Leicestershire and Rutland.

As a democratic membership organisation recognised by statute in the Health and Social Care Act, we focus on our key functions of advising, supporting and representing you and your practice team.

Your elected regional representatives form the LMC Board which meets every month to make sure we work to meet your needs.

**Dr Nick 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.



P R O F I L E

# 2015 Chairman's statement

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

It is hard to believe that yet another year has passed since my last report. General Practice has continued to experience upheaval and turmoil over the last 12 months, ever more being demanded for less and less as can be seen by the government's latest plans for seven day working. Allied to this is the draconian CQC inspection regime which is taking up an inordinate amount of practice time to the detriment of patient care. Taken together all this is leading to a sapping of morale and a dramatic change in the landscape of Primary Care in the UK.

Principals in General Practice are retiring at a rapid rate and are not being replaced. In Leicestershire fewer doctors are opting for GP training of two years now there has not been full uptake of training places. Also of those doctors who qualify to be GPs only about 20% will be working locally this year and of those virtually none as partners. Most will choose to work as locums or as salaried GPs.

Clearly this has dramatic implications and the future may well see practice mergers and practices working together in groups in order to continue to deliver a service to a high standard. The current independent provider model will come under great pressure and will have to adapt. Our local CCGs now have the responsibility for organising, this and are only just beginning to realise the crisis facing them in the next few years. In this time, your LMC will actively support you at as an individual and as a practice.

Additionally we are actively involved with NHS England and all our local CCGs in helping to shape the future direction of Primary Care locally. Our ethos at all times is to protect, sustain and enhance our members' interests, and we will continue to advise, support and represent you whenever appropriate.

The reports from our Chief Executive and Medical Secretaries will go into more detail about our achievements in the last year, but I am confident we have a strong team which is fit for purpose and which will provide robust support to all our constituents. Please can I urge you to attend the AGM and tell us how you feel about what we are doing. We like to know your views so we can learn to support you better.

# Chief Executive's report

Dr Chris Hewitt says change is needed but there is hope for the future

## 2015 – Undermined yet resilient

It is an honour and a privilege to lead a great team which works so hard to serve the members of LLR LMC. I continue to be in awe at how GPs, Practice Managers and their teams keep going. Our LMC workload survey (see pages 10 to 13) illustrates a need for major, long term changes in the ways in which general practice is managed. We found that you and your team see each patient on average up to 11 times per year. Whether they see a training GP, a practice employed nurse, a physician associate or a health care assistant as a GP you bear the majority of professional and clinical responsibility. You also continue to pay increasing medical indemnity costs for yourself and for your practice team.

The 2015 General Election campaign was notable for the absence of proper and sensible debate about funding and provision of health and social care. Many of us were hoping that the Secretary of State for Health would seize an opportunity to start a grown up debate particularly about the state of General Practice. Instead in June we had the 'New Deal for General Practice' which many soon rebadged as 'No deal for General Practice.' There really is a sense of a crisis – while Rome burns Hunt fiddles. The Government has no idea how many hours GPs work and no idea how many appointments are carried out by various members of GP teams and no idea how many of these are face to face, on the phone or on home visits.

## Looking out for and looking after you and your team

It is important that in times of crisis we look after each other – the LMC has a strong and experienced team and we are working hard to stand by you and stand up for you and your colleagues. As an elected representative on the General Practitioners Committee of the BMA I argue vociferously for urgent and meaningful action particularly to campaign for a Royal Commission on the NHS. The Government and opposition, NHSE, CCGs, Colleges and Unions appear to be stuck in a 'business as usual' gear.

## Standing up for you

I am proud to report that LLR LMC has a growing reputation as the democratic body recognised by statute to represent GPs and their practices. We liaise with and have representation on the Health and Local Authorities Chief Officers' Group, with the Better Care Together programme, with NHS England, UHL, LPT, Public Health and the CCGs. We constructively participate and robustly represent the range of views of our members. We actively work to dispel myths and assumptions about GP remuneration and workload. We have influenced a growing appreciation in the region that 'left shift' of work cannot happen without significant investment into GP premises and to address underfunding and the crises in workload, morale and recruitment and retention. We have argued vociferously for the current CQC inspection regime to be halted. For many practices and professionals, a CQC inspection is often just one step too many.

## Hope for the future

UK General Practice will survive. We need to fight back and to argue for common sense. If we view things from the perspective of patients and carers – overtired and overworked doctors and nurses are not what anyone wants or needs. Patients want their GP services to include the option to be looked after by UK trained GPs. The number of UK qualified GPs emigrating or taking early retirement is creating a growing reliance on plans to import, from the US and elsewhere, professionals such as Physician Associates and Nurse Practitioners. The public doesn't really appreciate the depth of what is happening to General Practice. My fear is that they won't know what they have lost until it is gone.

## Things must change

Some of the best hope for the future is coming from the energy and commitment from the grass roots – in particular the GP Survival campaign fighting to save UK General Practice. As an LMC we are delighted that Zoe Norris, media spokesperson for GP Survival, has agreed to be the headline speaker at our AGM on September 30th. The defeatism and nihilism I regularly encounter amongst downtrodden and beleaguered colleagues needs to be replaced with the hope that could be achieved by an effective compact between the RCGP, the BMA, the LMCs and GP Survival. Young GPs are investing in a future in the UK and we must help them do this. The threat of a mass resignation in the early 1960s resulted in a new GP Charter in 1965. Fifty years later similar radical co-operation and action will be needed.

The LMC is committed to devote our energy and expertise to give advice, practical help, support and representation to you and your colleagues. We will do everything in our powers to look after you in these most challenging times. We will continue to work with others to fight for action - things must change and they must change soon!



**Dr. Chris Hewitt**  
Chief Executive

**Dr Chris Hewitt** worked as a GP in Leicestershire from 1994. He left full time General Practice in 2008 and worked as a medicolegal adviser and clinical complaints adviser for a Medical Defence Organisation. He has worked as a locum GP and out of hours GP across Leicester, Leicestershire and Rutland. He was instrumental in two national campaigns on GP Burnout, which was the focus of a Postgraduate Certificate in Leadership in Health and Social Care. A former PCT Medical Director he led on GP remediation in LLR. Chris works full time for the LMC.



P R O F I L E

# Medical Secretaries' reports

## Dr Saqib Anwar says tough times don't last but tough people do

As I look back at the last twelve months, dare I say it feels like there has been little change? It's often said that the truth hurts, and the uncomfortable truth at the moment is that very few people believe General Practice is currently operating sustainably. Impossible and increasing workload pressures as well as a tired, over stretched and dwindling workforce, combined with reductions in funding and regulatory clashes - this really is a tough time to be a GP. But remember when the going gets tough, the tough get going, and tough times don't last but tough people do. So I want to start by saying thank you to you and your teams who, despite all this, are continuing to deliver the highest quality of patient care. You should be proud of your efforts.


The LMC have been the solid foundation supporting primary care services across Leicester, Leicestershire and Rutland during this difficult time. As your advocates, I would like to assure you that we have used every opportunity to remind policy makers, the media, the public and wider stakeholders of the need for a strong and properly funded primary care system. We will continue to build relationships with these key stakeholders in the coming year.

The PMS review process is just one example of our supportive efforts. For me, this was the largest, most complicated, most time consuming negotiation the LMC has completed, and I am proud of what we were able to secure. This was exemplified by the almost unanimous uptake from PMS practices of our proposed negotiated settlement, which proves that having good relationships and

engaging, where possible, can help deliver better outcomes to practices than simple opposition and rejection. That said, we do not shy away from standing our ground when it is the most appropriate action to take, such as when one of our CCGs proposed changes for community nurses.

I have little doubt that we will face more challenges in the coming year, and the only thing we can be certain of right now is change. The LMC will always try to deliver for its constituents in every way possible. When we can we will, where we can't we try and where we feel we should not go, we will stand our ground.

**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.



PROFILE

## Time to shape the future for the better: Dr Anu Rao urges GPs to make their concerns known

It's been a busy year for General Practice. Faced with constant changes in Primary Care and plans for change in General Practice, the LLR LMC team has kept members in the know. These are turbulent times for both General Practice and Primary Care, but I believe that these times will help us shape the future of General Practice for the better – the pendulum always swings back!

We recognise that many of our members are concerned about workload, and the well-being of our workforce across General Practice. Making sure your concerns are recognised by CCGs and co-commissioners has been a priority for us this year, and it will continue to be so for years to come.

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



PROFILE

A big issue for many GP practices this year was PMS reviews. LLR LMC kept members up to date with new developments, and liaised with NHS England to ensure practices could make an informed decision.

“ We recognise that many of our members are concerned about workload, and the well-being of our workforce across General Practice.

GMS contracts have also caused problems for many this year. There have always been questions about what is and what is not included in core GMS contracts, and there is still no definitive answer. Working with local CCGs and other nearby regions, I have started to develop an outline of what is and what is not core to GMS services. While this is a work in progress, LLR LMC will update you with any further news.

Nonetheless, this has been a year of highlights for LLR LMC, both locally and nationally. It was a privilege to represent our organisation at the LMC Annual Conference this year in London. Not only was it a great platform to bring up local and national issues, it was an opportunity to meet with others working in General Practice and share thoughts on how we can continue to make things better. I am very proud to be a part of a proactive team with the LLR LMC.

# Development Manager's report

Claire Deare, the LMC's new Development Manager, outlines our strategic three-year plan

I joined the LMC on 1 June 2015 in the role of Development Manager. Essentially it's my job to implement and continually update our three-year strategic plan, with the purpose of ensuring we focus on activities that will support our members through the issues within general practice, such as:

- 1. Excessive workload
- 2. Excessive bureaucracy
- 3. Excessive scrutiny and challenge
- 4. Financial uncertainty
- 5. Poor morale (leading to poor recruitment and retention)

One of the first things I did was implement a new IT system, and this has helped the LMC work more effectively internally and externally with our members.

The next step was to find us a permanent home - at the time of writing we are based out of offices in Fosse House, but now is the right time to expand into bigger, standalone premises. We plan to move to our new base by December 2015, and this will give us scope to deliver more training, mentoring, coaching and support to our GP members and their teams.

I'm also currently working on developing a new website with supporting mobile apps to help our members find information quickly and easily, and developing our back office functions to manage case files and ensure we keep in touch with the right people at the right time.

We are now active on social media. Please like or follow us to keep up to date.

 [facebook.com/LLRLMC](https://facebook.com/LLRLMC)

 [@LLRLMC](https://twitter.com/LLRLMC)

Remember, we can help you with CQC inspection, especially if you've not experienced your first inspection yet. We can particularly support if you have any concerns with the inspection on the day, or the report and actions to be taken following on. The sooner you get in touch, the sooner we can find the help you need to evidence compliance. Email [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk)

**Claire Deare** has 18 years' management experience, with nearly 10 years of that spent working as a practice manager and as a business manager locally in Leicester and Leicestershire. She has hands on experience of the challenges members face, and of working effectively with GPs and their teams.



P R O F I L E

# Vice Chair's report

Dr Ammar Ghouri says the work of the LMC continues to improve

It has been a tough year for almost everyone involved in general practice, but I have been encouraged by the positive attitude of the LMC team and my colleagues on the board to the huge challenges we face.

In my role as former acting Chair and as Vice Chair of the LMC, I have witnessed first-hand the pressures those working across general practice are under. In this environment, the work of the LMC is becoming increasingly important, as we look to find better ways to help and support members.

Member support is a passion of mine, and I believe it is the key to maintaining a successful and beneficial LMC. We want to make sure that we deliver all the information you need to know, in a way that suits you and your schedules. I am confident that the recent introduction of social media will add a new dimension to our communications with members and help the LMC to keep you up to date. I am also looking forward to the launch of our new website in the coming year, which will add new features to the benefits that members already enjoy.

A membership body such as ourselves needs members to make it work. As we look to find new ways to communicate with you, we also welcome your communication with us. By identifying the ways in which we can improve, we can better help you, whenever you need us.

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



P R O F I L E

Working in General Practice has lost its appeal for varying reasons. With the right support systems in place for GPs and their teams, it is my hope that GP recruitment and retention will stabilise as we move forward.

It's been a turbulent year, but I have every confidence that the work of the LMC will help us all to get through the tough times ahead with the team's commitment to continuously improve our service.

Keeping members in the know is important to us, and to make sure we're doing this correctly, I would encourage you to attend our AGM on 30 September 2015 and other events in the year ahead. These will give you the opportunity to share your thoughts and tell us in what other ways we can help you. I look forward to seeing you at a future meeting.

It is important to the LMC to understand the situation in practices during these challenging times so the LMC pulse check and the workload survey featured in this report are important pieces of work. I have also been involved in forging new links with other LMCs to collaborate on common issues so that we can better represent our members, and I attended the national LMC conference to add our weight to the collective voice lobbying for change.

# Achievements and progress

We have progressed well with plans to develop the Board of elected representatives, the back office and new headquarters that will better serve our members' needs.

We are now in a really strong position to deal with the increasing needs of our members. We have worked hard to develop our communications and feedback with members with a fortnightly eNews as well as the launch of Facebook and Twitter pages. We are re-launching our website with a mobile phone app to enable you to search the LMC archive and to record activity for appraisal records.



Well attended events on the PMS Review, resilience workshop and a session by the Leicester City coroners.

Negotiating a six year phased reduction in premium payments to practices reverting from PMS to GMS.

We have updated and further increased the security of our systems, processes and record keeping in relation to individual cases and respond to over 90% of enquiries within one working day.

Support for practices negotiating individual PMS reviews.

Representation at the BMA's General Practitioner Committee and at the LMC national conference where we successfully argued for a national campaign for the CQC to be suspended and for an urgent national debate on GP Medical Indemnity costs.

We have undertaken a number of surveys – which has underpinned our campaign for a national census to collect meaningful data on the range and volume of patient appointments, GP workload and on primary care workforce.

Participating in a successful campaign against the use of 'Intelligent Monitoring' by the CQC and in working with LMC Law to ensure the Information Commissioner's Office were aware of excessive requests for the release of unnecessary data on practice staff.

We have continued to raise the profile of General Practice with local media - such as the Leicester Mercury and Radio Leicester – helping to influence a growing realisation about the strain GP services are under with excessive workload and bureaucracy and shrinking resources.

Supporting members with a wide range of matters including attending coroner's inquests, assisting with practitioner performance enquiries and hearings, mediating with partnership disputes, and negotiating in contractual disagreements.

H I G H L I G H T S

# Results of workload survey

GPs and their teams are dealing with 95% of NHS patient contacts in the region with just 6.2% of the resources.

29 practices across Leicester, Leicestershire and Rutland voluntarily took part in a recent workload survey, submitting data from January to December 2014. There were 14 practices from Leicester City CCG, 12 practices from West Leicestershire CCG and three practices from East Leicestershire and Rutland. The total list size for all 29 practices was 230,967.

The study found that patients attend appointments on average 5.56 times per year. In addition, one in every 20 appointments with GPs, nurses or other practice staff are wasted, with patients not attending. Extrapolated for the total patient list size across Leicester, Leicestershire and Rutland, the number of missed appointments is 309,750. For a GP practice with 10,000 patients, wasted appointments amount to 2,948 per year – approximately 197 surgery sessions.

821,974  
Total GP appointments



34,904  
GP home visits



462,395  
Total Nurse & Nurse Practitioner appointments



671,930  
GP surgery appointments



123,852  
GP telephone appointments

1,284,369  
Total appointments for a population of 230,967



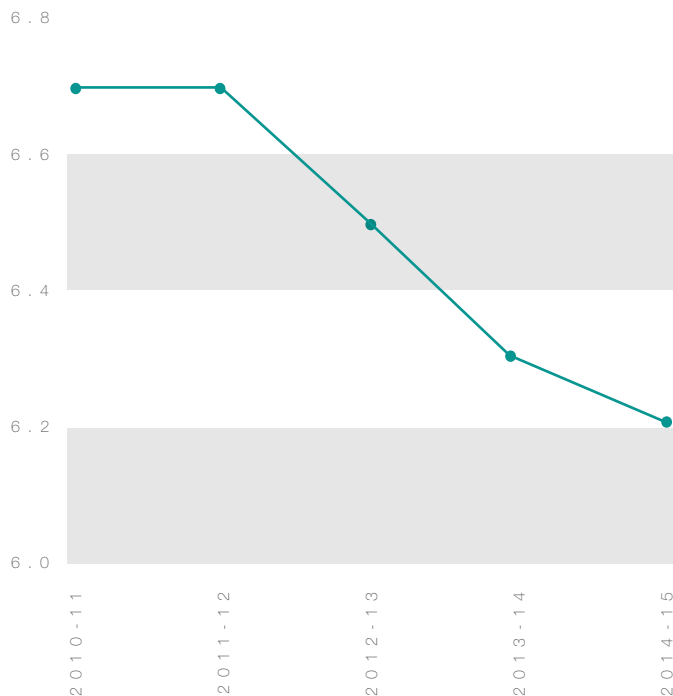
Equivalent to  
5.56  
appointments per patient per year.



68,079  
Did not attend



“ In Leicester, Leicestershire & Rutland which serves 1,050,000 people, 309,750 appointments are wasted each year - equivalent to 20,650 GP surgery sessions



Funding for General Practice has remained static since 2005, which is a significant decline in real terms. This is illustrated well by the reduction in Department of Health spend on General Practice services from 6.7% in 2010 to 6.2% in 2015. **The volume of work is unsustainable and unsafe for the current workforce and funding.**

FOR A GP SURGERY  
WITH 10,000 PATIENTS

55,600 appointments  
2,948 Did Not Attends (DNAs) -  
equivalent to 197 surgery sessions wasted

# More achievements and progress

## Engagement

- Regular newsletters (eNews two per month).
- Twitter feed and Facebook page.
- 'Road shows' about contract changes, PMS Reviews, Coroner's procedures, Federations etc.
- Urgent information and advice as and when required for issues relating to issues such as Fairer Funding, PMS reviews, Christmas and New Year cover.
- Conferences – we currently chair and support Practice Manager and Practice Nurse conferences delivered by the LLR Training and Development Group.

## Buying Group

Members of LLR LMC can currently access the range of services provided by the LMC Buying group managed by Nottinghamshire LMC.

In 2016 we plan to launch our own local buying group with complete transparency and governance and a robust 'due diligence' process. If LLR LMC enter into any contracts with companies or organisations any commission made by the LMC will be invested in member services such as pastoral care and educational events.

## National conference

LLR LMC sent six delegates to the 2015 annual LMC conference. Chief Executive Dr Chris Hewitt, Medical Secretaries Dr Anu Rao and Dr Saqib Anwar and LMC Committee Member Raj Than each made a formal speech to the conference. Our lobbying for a national review of medical indemnity costs in Primary Care helped influence the establishment of high level meetings between the Medical Defence Organisations, the Department of Health and the BMA. Our persuasive call for a halt to CQC inspections of practices resulted in a near unanimous vote which led both the BMA and RCGP to adopt this as policy and to campaign for the abolition of CQC or at least a pause to CQC inspections.


## Support services

### Mentoring

The Leicester, Leicestershire & Rutland Local Medical Committee is running a pilot-mentoring scheme across the country for GPs and their teams. We are looking to recruit GP partners, employed GPs and practice managers who would either like to train to be a mentor, or would like to be mentee. This project will be led by Alexis Huston of Coaching Doctors, and is an opportunity to enhance your skills and to learn from and to support colleagues.

This pilot is significantly subsidised by the LLR LMC. For more information contact [Susan Shaw](#)

 [susan.shaw@llrlmc.co.uk](mailto:susan.shaw@llrlmc.co.uk)

 0116 243 0933

### Education programme

Using the meeting space in our new headquarters we aim to host a range of courses and seminars tailored to the needs of individuals and practice teams – depending on the requests of practices these are likely to include:

- Resilience, assertiveness and priority setting
- Leadership development
- Running effective meetings
- CQC – preparation for inspection
- Media skills
- Headspace time out meetings
- Complaints handling
- Significant incident training and Root Cause Analysis
- Getting the best from your PPG.



# Committee members & profiles

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



**Dr Nainesh Chotai** has been an LMC member for 19 years. He is a PMS partner, GP trainer, and practice representative to locality meetings.



M E M B E R

**Charlotte Woods** joined the LMC team in 2014, originally as an admin assistant before progressing to office manager. Prior to working at the LMC, Charlotte had a variety of successful administration roles with large organisations.

O F F I C E  
M A N A G E R

**Dr Sulaxni Nianani** completed her training in 2007. She currently works as a part-time salaried GP at De Montfort Surgery and has recently completed a postgraduate certificate in Medical Law and Ethics. Dr Nianani represents all salaried GPs for the Leicester, Leicestershire & Rutland Local Medical Committee.

G P  
R E P R E S E N T A T I V E



**Dr Liz Siddons** has been a Leicester GP for over 15 years. She first trained in Leicester and is now a trainer herself.

M E M B E R

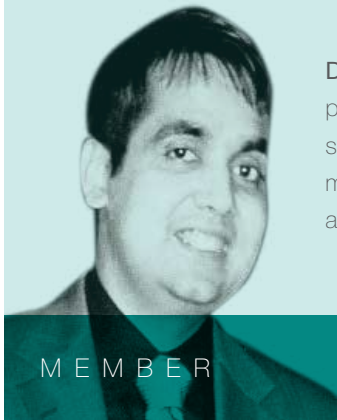
**Susan Shaw** joined the LMC in January 2015 and works alongside Charlotte, our Office Manager, in supporting our members with resolving their enquiries. Prior to this, Susan was employed in London with the Metropolitan Police, and in Leicester with Pricewaterhouse Coopers Chartered Accountants and Millfield LEAD Academy.

A D M I N I S T R A T O R



**Dr Shiraz Makda**  
Graduated in 2008 from Leicester Medical School, completed VTS locally, was elected as AIT representative RCGP Leicester Faculty and currently First 5 lead.

M E M B E R



**Dr Raj Than** is a GP partner in Leicester with a special interest in general medicine and diabetes, and a GP Trainer.

M E M B E R

# Annual accounts

## Treasurer's report

It's been a good year for the Leicester, Leicestershire & Rutland Local Medical Committee. While we have already invested in support and mentoring programmes for GPs, practice managers and allied support staff this year, we are now in a position to be able to invest further.

Three year financial projections undertaken with LMC accountants demonstrate that we are on a sustainable footing. With this in mind, a key focus for the year ahead will be to invest in digital platforms to improve the ways in which our members can access LMC services and information.

The Treasurer is supported and scrutinised by the Finances Sub-committee of the Leicester, Leicestershire & Rutland Local Medical Committee Limited Board.



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

P R O F I L E

## Leicester, Leicestershire and Rutland Local Medical Committee Trading and Profit and Loss Account for the Year Ended 31 March 2015

	2015 (£)	2014 (£)
Income		
Levy - Statutory	354,485	440,730
Levy - Voluntary	42,566	54,613
	397,051	495,343
Cost of sales		
Grant expenditure	342,649	546,158
Gross profit/(loss)	54,402	(50,815)
Other income		
Deposit account interest	81	110
	54,483	(50,705)
Finance costs		
Bank charges	120	215
Net profit/(loss)	54,363	(50,920)

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

# Annual accounts continued

Leicester, Leicestershire and Rutland Local Medical Committee Limited  
Trading and Profit and Loss Account for the Year Ended 31 March 2015

	2015 (£)	2014 (£)
Turnover		
Out of hours receipts from PCT	4,900	6,800
Grants receivable	342,649	546,158
CRB checks	-	10,587
Levies Received – Statutory	96,796	-
Levies Received – Voluntary	11,944	-
	456,289	563,545
Cost of sales		
CRB checks	-	9,670
Out of hours paid to CNCS	3,265	5,360
	3,265	15,030
Gross surplus	453,024	548,515
Expenditure		
Rent and services – Leicester	5,834	10,486
Rent and services – Nottingham	-	44,164
Directors' salaries	57,321	75,658
Directors' social security	6,250	5,035
Directors' pension contributions	38,776	-
Directors' compensation for loss of office	-	8,000
Wages	157,662	153,100
Social security	14,788	16,792
MAA and honoraria	14,695	27,061
Telephone	4,312	3,664
Post and stationery	2,354	2,223
Travelling	1,693	9,210
Continued right		

	2015 (£)	2014 (£)
Expenditure (continued)		
Licences and insurance	1,632	1,950
Computer costs	1,565	2,171
Hire of rooms and refreshments	3,797	2,915
Conferences and seminar exps	1,938	5,451
GMS Defence Fund	(613)	71,933
Sundry expenses	1,274	904
Subscriptions	208	532
Accountancy fees	7,153	7,477
Medical secretary costs	74,446	57,470
Professional fees	16,974	7,706
Transition & Development costs	9,647	17,045
Legal fees	26,346	33,125
	448,052	564,072
Finance costs		
Bank charges	387	475
	4,585	(16,032)
Depreciation		
Fixtures and fittings	41	-
Computer equipment	782	782
	823	782
	3,762	(16,814)
Loss on disposal of fixed assets		
Computer equipment	-	4,038
Net surplus/(deficit)	3,762	(20,852)

# Useful numbers

## 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](http://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](http://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](mailto:help@sick-doctors-trust.co.uk) Telephone 0370 444 5163 (24 hours) [www.sick-doctors-trust.co.uk](http://www.sick-doctors-trust.co.uk)

### British International Doctors Assoc.

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](http://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 909 090 [www.samaritans.org](http://www.samaritans.org)

## Financial assistance

### BMA Charities

020 7383 6142 [www.bma.org.uk](http://www.bma.org.uk)

### The Cameron Fund

020 7388 0796 [www.cameronfund.org.uk](http://www.cameronfund.org.uk)

### Royal Medical Benevolent Fund

0208 540 9194 [www.rmbf.org](http://www.rmbf.org)

### Royal Medical Foundation

01372 821010 [www.royalmedicalfoundation.org](http://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 even when the BMA or your medical defence organisation will not.

Our office team is available Monday to Friday:

 0116 243 0933

 enquiries@llrlmc.co.uk

Charlotte Woods (Office Manager) and Susan Shaw (Administrator) will ensure that one of the LMC Officers contacts you within two working days as necessary.

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

Our new address when we move premises will be:

Unit 7, Narborough Wood Park, Desford Road,  
Enderby, Leicestershire LE19 4XT


## CHIEF EXECUTIVE

Dr Chris Hewitt

 chris.hewitt@llrlmc.co.uk

## MEDICAL SECRETARY

Dr Saqib Anwar

 saqib.anwar@llrlmc.co.uk

## MEDICAL SECRETARY

Dr Anu Rao

 anu.rao@llrlmc.co.uk

## LMC HEADQUARTERS

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

## STATUTORY OBLIGATIONS OF LMCS

### a) Part 6, paragraph 27 of the Regulations

‘Consideration of a complaint made by one GP against another.’

‘making arrangements for a medical examination of an ill GP and reporting the consideration or outcome to NHSE should patient care be impaired.’

### b) Part 7 - Dispute Resolution

‘As and when approached by either party LMC to be involved.’

This generally relates to contractual disputes and we also see the LMCs core responsibility to be involved in partnership and other disputes when approached.

### Pastoral Care – ‘making arrangements for medical examination of an ill GP.

We currently deliver ad hoc pastoral care. We inform our members of who we are and what we do and we respond to requests for help and assistance from members as a priority.

We are developing a pastoral care policy and will be looking for GPs to to be ‘first responders and supporters’ – recruited GPs who will work within an agreed framework – following initial training the LMC will facilitate regular support for these first responder GPs. This will enable members of the LMC to seek confidential help from a trained and well supported colleague. This should encourage GPs to accept help from their NHS GP and from the local NHS occupational health service or from NHS physical or mental health specialists as appropriate.

We currently offer general support and guidance to GPs with short term stress or career burnout and also offer support through performance procedures, suspension and attend performance meetings.

## NEGOTIATION AND REPRESENTATION

Involvement and engagement with all stakeholders involved with general practice. We regularly attend formal and ad hoc informal meetings with NHSE, CCGs, Public Health, HEEM, Better Care Together and local Healthwatch groups.

Attendance and presentations at GP registrar training sessions.

# What the LMC can do for you and your team

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 Practice visits

 Headspace

 Leadership skills

 Media training

 eNews & social

 Website & app

 Buying group

 CQC

 Workshops

 Legal expertise

 Pastoral care

 Contract advice

 Mentoring & coaching

 Representation

 Support

 Inquests & hearings

 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](mailto:enquiries@llrlmc.co.uk) if you are interested in any of these services.

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Registered Office address: Edward House, Grange Business Park, Whetstone, Leicester, LE8 6EP