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## MESSAGE FROM DR SIMON HUGHES, CHAIR OF THE LMC LTD BOARD

General Practice across Bedfordshire and Hertfordshire needs a proactive and supportive LMC more than ever in these challenging times for GPs in England. I have been the Chair of Beds and Herts LMC Ltd for a little under a year and it has been a privilege to see the work of the LMC at close hand. I feel it is important to stress how hard everyone is working to try to help general practice survive and ultimately thrive. All recognise how incredibly important it is that patients have access to quality general practice. I have been a local GP for nearly 27 years and never have I felt more vulnerable and exposed to risk. The LMC is committed to supporting GPs and helping reduce risk.

The statutory work of the LMC has continued as has the pastoral work which has increased as one might expect given the extra stress GPs are experiencing. Helen Bean has continued to make the educational work interesting and relevant to GPs, Practice Nurses and Practice Managers. Of particular note is the effort Helen has made, as a result of our research so far, in creating the new and exciting training

programme aimed particularly at new GPs and especially those considering partnership – Business Fundamentals for GPs. This will be a modular course which will look at the modern skills needed to organise practice in today's NHS. It is a mark of the respect the LMC commands from the local health services, for our achievements this year and in previous years, that it has attracted funding from the STP. We are hoping this programme will encourage GPs who have trained in Bedfordshire and Hertfordshire to stay in the area and contribute to the development of GP services for the future. We welcome Dr Amber Janjua who is working as a GP Fellow in a new post who will help with this project.

We have been fortunate to appoint two directors in the last 12 months and I believe this is a great opportunity for increasing our own resilience and thereby offering increased expertise to support practices. I think Mike Harrison has already made a great difference to the team. His research into what makes for stronger practices and what increases risk has been helpful in advising practices regarding resilience. It seems clear that, by collaborating with neighbours, practices can reduce their risk, provide more services for less personal effort, and be more robust as a result. I make no excuse for saying that one of our aims is to encourage greater working together for the benefit of all our patients. I would wish to echo my predecessor, Dr Jonathan Freedman, in being very clear that the patients in Bedfordshire and Hertfordshire are at the heart of the work of the LMC. We are very aware that if one practice fails there is an immediate impact on the practices around it creating even greater hardship for patients and Mike has worked hard in some areas to stop the dominos falling.

We also welcome Dr Nicky Williams, who is the new Medical Director, who has taken over from Dr Jeremy Cox. I would very much like to take this opportunity to thank Jeremy for his tremendous efforts (not least for his attempts to stir the GPC into action at many conferences over the years) and for his expertise as the Treasurer of the Company.

Finally, thanks go to all the staff, who are small in number but mighty in impact under Peter Graves' continuing enthusiastic and inspiring leadership.



## CHIEF EXECUTIVE'S REPORT

At the beginning of 2017, we promised less deliberation and fruitless meetings but more delivery. Through research and projects, focussed on understanding the real issues facing general practice, we are beginning to find solutions and slowly witnessing a move forward towards stronger general practice. During the year we also set about learning more about 'Integrated Health and Social Care Systems' (ICS) and how general practice could make the most of the opportunities opening up in the new world of patient and client care.

To achieve this, the small team here at the LMC underwent significant changes; Rachel and Carl saw changes in the emphasis of their work, and we employed a new staff member, Mike Harrison, to lead the 'Proactive' and project-based work.

We now have four key areas of work:

- 'Statutory' work' - delivering our Statutory Roles, including practice advice and contract support.
- 'Interactive' work' – which includes ongoing formal liaison with CCGs, NHS England and others, as well as tirelessly working behind the scenes to ensure the voice of general practice is always heard.
- 'Proactive work' - the major emphasis of this new strand of work during 2017, led by Mike Harrison, (which will continue going forward), is understanding the widening gap between thriving, resilient practices, and those that are struggling to survive and considering terminating their contracts.
- 'Reactive work' – includes the vitally important work of our pastoral care team, led by Dr Rodney Brittan, and the extremely challenging dispute resolution work.

To achieve more efficiency, we have reduced the total number of LMC meetings by 30% and combined some of the Bedfordshire & Hertfordshire committees to get representatives' views and policy direction on issues that affect both counties. Between meetings we have vibrant debates online and by video conversations.

In this report, you will read how our assessment of practices is generating data and information about practice resilience and how good practices can recruit high quality doctors, nurses and other clinical staff. We show how the 40 practices that we have worked closely with, have benefited and, therefore, so have their patients. Examples include cases where we have prevented contract termination; by sharing our assessments, practices within small towns are working towards working collaboratively or merging contracts; others have started recruiting more clinical staff.

Across the system, the value that the LMC is bringing to the area through individual practice support, has meant we have had national recognition and financial resources from NHS England and the STPs to continue our work. To this end, during 2017 to 2018 we doubled our income from sources other than the statutory levy, as promised in our business plan. This resource has been channelled into our research and pro-active work with practices.

Working in new ways and changing embedded habits is always difficult. We recognise that this is the biggest challenge general practice faces but I maintain that those practices willing to invest in making the necessary changes will benefit in the long term; it is the only way practices will cope with the increasing workload and changing workforce.

Whilst the pressure on us in the office and on the committees is to maintain the status quo and protect general practice from government policy, it is beyond our control to achieve this in the 21st century. Therefore, we at the LMC are aiming to ensure the most effective and important parts of general practice are retained and built upon, whilst finding solutions for improving practice resilience and delivering more cohesive, integrated services with our care partners. Our work during 2017 and early 2018 is just the beginning of a journey towards achieving robust medical services in the community, delivered by resilient GP practices, whatever the NHS might look like in the future.

*Dr Peter Graves* - Chief Executive



## STATUTORY AND INTERACTIVE WORK

The statutory work of the LMC includes the running of the LMC committees, liaison with CCGs and NHS England, pastoral care work, and the provision of advice to GPs, Practice Managers and other practice staff.

In a drive to become much more efficient and effective, during 2018 we have been piloting having some combined meetings of the separate Bedfordshire and Hertfordshire county committees, to enable them to understand more of the issues faced by their counterparts “across the border” and to see where there are similarities in the issues they face. We have also started to have Executive meetings via video to lessen the time reps have to spend out of practice to attend LMC meetings. Executive members have been positive about this new way of running Executive meetings and they will continue to be run in this way in the coming year.

Bedfordshire LMC has looked at the challenges faced by Herts Urgent Care (HUC) in taking on the out-of-hours service for Bedfordshire and Luton. The LMC’s independent review of HUC in Bedfordshire found that the level of safety, support and effectiveness of the working environment was reported overall as good, and the use of IT and level of workload was considered adequate. Rota fill for HUC in Bedfordshire has improved.

Bedfordshire LMC members have been pressing throughout the year for improvements to the eating disorder service commissioned by the CCGs and for an end to the service expecting practices to pick up work with very vulnerable patients. This is being raised up the CCG agenda and being raised at higher and higher levels in the CCGs and this is against a national picture of eating

disorder services being poorly funded across the UK.

As an example of our work to ensure best practice and to check workload being passed to general practice (in line with nationally agreed guidelines) Hertfordshire LMC questioned the respiratory consultants requesting GPs to provide Prevenar and Hib immunisation for adults with chronic respiratory diseases, as this was “off-label” and not indicated by the Green Book. The CCG is now going back to the consultants and asking them to evidence why they believe this to be an effective treatment.

Hertfordshire LMC pressed the Hertfordshire CCGs to come up with a sustainable solution for providing Tamiflu prophylaxis in care homes rather than relying on GPs as the back stop for all this extra work that jeopardises the care of patients back in the practice. In December 2017 Hertfordshire GPs and LMC raised concerns with the CCG about delayed discharge letters since the roll-out of Lorenzo at the East and North Herts Hospital Trust and wider IT problems at the Lister. Only now is this being dealt with as a serious incident and we continue to hold the hospital to account and to ensure GPs cannot be held responsible for this failure.

In its interactions with other organisations, the LMC emphasises the importance of building working relationships to help the development of Primary Care Home in Bedfordshire and Luton as part of their Integrated Health and Social Care System.

The LMCs had useful discussions with a number of visitors to their meetings:

- with Dr Kate Corlett, Medical Director of ELFT about the way in which ELFT manages mental health services for Bedfordshire and Luton and the way in which it plans to manage community services;
- with Dr Tom Davies, Acting Medical Director, EEAST, about the way in which the Ambulance Service



operates and the problems that GPs encounter with it. This has led to positive changes in the way EEAST asks GPs to note the Ambulance Services proposed future response to unjustified frequent callers to the Ambulance Service and to the commitment to review and produce publicity for GPs explaining the criteria EEAST uses to judge the response time to allocate to call-outs.

- with Dr Kirsten Lamb about the operation of the Learning Disability Mortality Reviews (LeDeR) in Hertfordshire, setting out the level of response which the LMC feels it is reasonable for a practice to give when approached about such a review.

The LMC gave its views on Luton's Care Home LES; Bedfordshire's Diabetes LES; the reallocation of PMS monies in Bedfordshire and Luton; Luton's Primary Care Incentive Scheme (PCIS); East and North Herts' Consolidated Funding Framework (CFF); Herts Valleys' Enhanced Commissioning Framework (ECF); amendments to the governance of the Violent Patient Schemes covering both Hertfordshire and Bedfordshire. In all cases, we ensure that the CCGs stick to their contractual requirements. We make the case for additional work that CCG ask of practices to be focussed on patient outcomes and properly resourced and get the best deal we can for patients and practices when NHS budgets are under pressure.

The LMC provided a forum for federations from East and North Herts to come together and discuss their approaches to and experience of Extended Access, making sure safe resilient services are delivered.

Practices continue to contact us on a daily basis about a range of issues to do with their NHS contract, their relationship with their CCG, their relationship with other

providers, PCSE, and a whole host of other issues. There has been a noticeable strand of questions from practices about workload management: how to apply to close the practice list; how to apply to reduce the practice boundary; how to approach the removal of out of area patients in a non-discriminatory manner; and related issues. In all cases we come up with solutions based on good evidence.

This year we have had – and continue to receive – a number of questions about the General Data Protection Regulations (GDPR), both before and after its implementation in May 2018. We negotiated a package with LMC Law for them to provide practices with training on GDPR, a practice privacy statement and notice, children's policy and FAQs. All CCGs purchased some of the LMC Law package for their practices and most CCGs purchased the whole package from LMC Law.

The LMC has supported practices when they have contacted us about NHS England's push for practices to have their doors open all the time between 8am to 6.30pm, Monday to Friday.

*Carl Raybold* - Business Manager



## PROACTIVE WORK

In last year's Chief Executive's report, Dr Graves outlined three projects that the LMC would be working on as part of our work to understand more about what he referred to as "the widening gap between struggling and thriving practices". We completed all three of these projects during the year, and an overview of the outcomes are reported below.

### GP Resilience Programme

The LMC was commissioned by NHS England from its 2016/17 GP Resilience Programme (GPRP) budget to work with 39 practices across Bedfordshire and Hertfordshire on helping them understand their current position and identify actions they could take to help address or relieve some of the pressures. The bulk of this work, which involves a five-stage one-to-one process, started in the summer of 2017 and was completed by the end of June 2018. During this time, we visited over 30 practices to discuss their current situation and circumstances, assess their overall resilience across a range of metrics and produce a bespoke action plan for each practice. A small number of practices did not complete the process for various reasons.

We used a Resilience Assessment Tool (RAT) to assess practices across a range of metrics from premises and finance to workload, and from workforce to internal and external relationships. All information provided by the practices remained confidential and was not shared with NHS England, the CCGs or other practices (except with explicit permission). This produced an overall score for the practice and highlighted areas of potential vulnerability. Some examples of outcomes from the programme are:

- The identification of a practice at imminent threat of closure and support to help them merge with another practice

- Three practices in one town agreed to share their data and as a result are considering merging;
- Several practices used the LMC recruitment tips (see below) and were successful in recruiting GPs as a result
- Several practices finalised their partnership agreements and/or changed their partnership structures and meetings to improve their business resilience
- Several practices put themselves forward for CCG-funded schemes as a result of advice from the programme, including the 10 High Impact Actions promoted through the GP Forward View

As well as leading to an individual action plan, the data when aggregated allowed us to identify some interesting correlations.

- The RAT calculated the number of decisions partners were making each day based on the hours spent in patient consultations and in dealing with paperwork. There appeared to be a direct correlation between the number of decisions a partner was making each day and the level of resilience of the practice, with practices where partners were taking a very high number of decisions each day (almost 900) generally in a less stable position than those where the partners take a lower number (fewer than 700).
- On average, the practices that were less resilient had fewer clinical hours delivered by partners in the practice (average 10 hours per 1,000 patients per week) whereas the more resilient practices had on average 15 hours per 1,000 patients per week. Given the workforce crisis, this is perhaps not surprising.

The full report on the project is available on request from the LMC office.

### Future aspirations of training GPs

One of our locum LMC representatives, Dr Oliver Starr, carried out a survey of trainees' views on GP partnership,



salary and work-life balance as well as how they saw their career progressing over the next 30 years. Thirty two local ST3 trainees completed the questionnaire and engaged in an open discussion about their views. 61% of respondents said they would like to be a partner at some point, though not necessarily for a few years. This was encouraging, given the general view that young GPs do not want to be partners. The importance of work-life balance was highlighted, with 52% saying they would have to fit their work around childcare. An encouraging 61% said they wanted to stay in Bedfordshire and Hertfordshire after completing their training.

### Recruitment

Two of the Hertfordshire Locum LMC representatives, Dr Oliver Starr and Dr Amber Janjua carried out a series of semi-structured interviews with GPs who had recently taken on partnership or salaried GP roles in practices in Bedfordshire and Hertfordshire. Given the shortage of GPs, most if not all of those interviewed had been offered posts at more than one practice and so we were interested in why they had chosen one practice over another. What became clear was that the most important factor was not money but safety, as new partners or salaried GPs valued working in an environment that was clinically safe, supportive and had good processes for dealing with complaints and significant events. Other factors that were important were the flexibility of the practice around working patterns, financial viability, a culture that was forward-thinking and allowed innovation, and a stable and motivated workforce. Another important factor was having prior working experience in the practice, so a message to practices is to treat your locums well as they may be your future partners or employees!

The outcomes and findings from both these projects, combined with advice from practices that had successfully recruited GPs, has provided top tips for advertising and

responding to applications from prospective GPs. This advice was shared with the practices in the Resilience Programme where recruitment was a problem and influenced the action plans drawn up by the resilience programme team.

The report of the future aspirations and recruitment projects is available on the LMC website.

### Developments for 2018-19

It was clear from all three projects that many GPs could benefit from specific training in business skills. Trainees indicated that the skills needed to run a business such as a general practice were not covered in their training, and some GPs looking to take on new partnership positions said they weren't sure what they should be looking for when studying a practice's accounts. Initially we thought the training was needed for younger GPs as "future partners", but through the GPRP work and from discussions with older, more experienced colleagues it became clear that training in business skills would be useful for most GPs. Helen Bean has been developing this training which we hope to start next year and you can read more about it in the education section of this report.

As a result of the GPRP work carried out, the LMC has been commissioned to develop the assessment tool further to make it available for more practices to use online, and to work with further cohorts of practices both to help those that are struggling and to learn from those that are thriving. The LMC is also researching good practice from around the country to influence the action plans and build resilience.

*Mike Harrison* – Director of Innovation and Consolidation

*Rachel Lea* – Practice Development Manager



## PROACTIVE WORK - EDUCATION REPORT

In the 2017/18 financial year, 76 training courses were organised of which 26 were cancelled. This compares to 47 courses, of which 6 were cancelled in 2016/17. 594 delegates attended compared to 518 the year before. A new training company joined us this year and new courses introduced included Managing Change in Primary Care, Leading People in Primary Care, GDPR and SNOMED.

Some of the nurse courses were dropped this year in particular Introduction to Phlebotomy, Spirometry, Diabetes and Asthma, as CCG provision seems to be adequate across the patch. Ear Irrigation, COPD, Immunisation Updates and Travel Health Updates continued to be well attended. Some of the familiar courses of Supervisory Skills, Employment Update, Effective Appraisals, Pensions Update and Medical Terminology are still popular and have received excellent feedback.

In addition to the 594 delegates engaging in chargeable courses, a further 553 engaged in funded events. These included the main LMC Conference 'Facing the Future with Optimism', two LMC Roadshows and three GDPR Seminars with LMC Law, funded by the LMC. In collaboration and with funding received from Hertfordshire CCGs, two Level 3 Safeguarding Children Information Sharing Conferences for GPs, as well as four Leading Change Management courses for Practice Managers in East and North Herts were delivered and well received. Other collaborative events include the Mental Health Modular Programme for Hertfordshire GPs in partnership with HPFT which is in its sixth successful year. The LMC is also now frequently represented at the Community Education Provider Network, Primary Care Workforce and Education Network and Training Hubs

across the CCG and STP areas.

This year saw expenditure increase, where more venues off site were used (compared to our own office training room which incurs no charge) as well as price increases for trainers and catering costs. As always, any surplus made is reinvested back into researching new courses, running courses at risk of being cancelled due to low numbers as well as delivering other education events such as roadshows and conferences that are free of charge to delegates, as mentioned above.

### GP Business Fundamentals Programme

A successful bid approved funding from BLMK STP to support the design and delivery of a bespoke Business Fundamentals Programme for GPs. This is aimed at trainees as well as experienced GPs interested in taking on more operational and strategic responsibilities within their practice, to strengthen the practice and help it thrive in the future. The modular programme is to be piloted to the first cohort of delegates in 2019 with the vision to be replicated across the Herts and West Essex STP within the next two years.



*Helen Bean* – Support Services Manager



## REACTIVE WORK - MEDICAL DIRECTOR

My work for the LMC was as interim Medical Director until I finished that role in February 2018.

The work involved offering support to doctors and practices when they ran into difficulties either between themselves or between them and other parties.

For reasons of confidentiality I can't go into specifics but I think it would be fair to say that the effects of the recruitment problems we are all aware of and the financial and personal consequences that these cause are causing a wide range of problems for practices including partnership disputes.

Some of the work would be offering support to practices around partnership financial problems, trying to analyse if and why they were in difficulties and then offering support from the LMC or in some cases referring on to third parties.

Similarly I would be involved in dispute resolution, doing diagnostic work interviewing doctors and managers and then offering solutions myself or again looking to offer more expert and experienced support.

I think these aspects of the Medical Director's work, although largely unseen, are and remain very important. If we can prevent practice collapse or dissolution, that is not only helpful to patients but also to the wider medical community, as contagion is a problem that we are seeing only too often.

Some of the more prosaic aspects of the work were supporting the various LMC committees and meetings within the LMC and with third parties. I enjoyed this work as it contributed to the overall work the LMC does in supporting GPs and practices, although its impact may only

be slow and incremental!

I took on the work of Medical Director to support the LMC and, particularly, Dr Graves as he tried to start the work on resilience and strategic support that the LMC was undertaking. That work has progressed with the LMC Resilience Assessment Tool and practice support mechanisms now well embedded and I believe proving effective. The role of Medical Director is going to continue with Dr Nicky Williams having recently been appointed. I have said to her and will also say here that the role was not one that was enjoyable all of the time. It is not easy to see colleagues suffering and going through very difficult times in their personal and professional lives. I hope that I made some difference to some of them but do not miss that aspect. I have over the years heard a lot of people question the LMC and its role, certainly in terms of value for money, but this work represents a considerable investment of members' levies and is applied when there is real need.

I wish Nicky all the best as she takes over.

*Dr Jeremy Cox* - Medical Director



## REACTIVE WORK - PASTORAL CARE REPORT

There has been a continuing demand for pastoral care this year with the service providing care for approximately 20 doctors. The team consists of a lead, Dr Rodney Brittan, and a small team of experienced general practitioners, some of whom have specific skills, such as medicolegal experience, or psychotherapy training. In addition, the online GP Safe House facility has had increasing numbers of doctors accessing the site. The stresses from increasing workload and difficulty with recruitment have increased the need for pastoral care in general practice. The support provided has been wide ranging. This includes general support for stress at work, including alcohol dependency, help for doctors undergoing performance reviews by NHS England or the GMC, and arranging occupational health assessments when required. In the case of interpersonal difficulties in a practice, the service has also provided mediation, an effective means of resolving conflict. The team may also mentor doctors who value more regular support.

Doctors at the beginning and end of their careers often have specific needs. A small early investment in supporting young doctors struggling with confidence often puts them on a surer footing for their future career. Their needs are often overlooked due to the pressure of work. This has been confirmed by the work carried out by Drs Starr and Janjua, who asked newly qualified GPs what made them choose one practice over another. The resounding conclusion was a safe and supportive environment to work in – not money (for more details see page 6).

The team also assists older doctors struggling with increasing workload and the rapid pace of change, with help on continuing to work effectively, or retirement. Doctors are regularly referred onto other services when necessary, such as legal and financial advice, or psychotherapy. Doctors who would never normally consider psychotherapy often find it a life changing experience.

We also have direct access to the Practitioners Health Programme in central London for doctors with alcohol and substance dependency or acute, serious mental health problems and can obtain invaluable advice and support from Dr Anthea Robinson, who works for the programme.

The LMC pastoral service provides a vital lifeline for general practitioners in an era dominated by increasing workload and stress.

*Dr Rodney Brittan* - Medical Director for Pastoral Care

## FINANCE REPORT, APRIL 2017 TO MARCH 2018

### Summary:

	2017 - 2018	2016 - 2017
<b>Income</b>		
Stat Levy Income	£828,002	£833,845
Managing Change/GPRP Income	£147,233	£74,693
Education Income	£55,590	£62,185
Miscellaneous Income & Interest	£868	£1,682
<b>Total</b>	<b>£1,031,693</b>	<b>£972,405</b>
<b>Expenditure</b>		
Salaries	£555,333	£484,570
Pension costs	£37,486	£28,074
General, Establishment & Core Office costs	£148,722	£281,143
Statutory Functions	£146,994	
Proactive Functions/Managing Change	£86,778	£81,960
Education	£38,304	£43,544
Reactive Functions (Pastoral care)	£2,875	£4,948
Bad Debt (East & North Herts CCG)	£10,000	
<b>Total</b>	<b>£1,026,492</b>	<b>£924,239</b>
<i>Distance from budget (overspend)</i>	<i>£80,234</i>	<i>£139,487</i>
<b>Total Income – Expenditure</b>	<b>£5,201</b>	<b>£48,166</b>

Once again, we are pleased to be able to report that the financial position of the LMC Ltd at the end of the financial year was sound, with the small surplus of £5,201. Whilst the main income for the work of the LMC comes from the statutory levy (that was set at 43p per registered patient for the year 2017 to 18), in line with the aim of the business plan, to become less reliant upon the statutory levy, we managed to generate over £200,000 from sources other than statutory levy.

Back in March 2017, when setting the budget and determining the activity of the LMC, the Board allowed for a transfer of funds from the voluntary levy account into the statutory funds



to help cover the costs of the projects and GP resilience work. However, it was unnecessary to make the voluntary levy transfer because of the income generated from external sources. The total expenditure for the year was over £80,000 below the budget, despite posting the outstanding bad debt of £10,000 never paid by East & North Herts CCG for work carried out in June 2016.

### PROJECT-BASED ORGANISATION

At the AGM in June 2017, we presented the business plan explaining the aim for the LMC to become project-based and focus more on finding solutions to the challenges facing general practice at this time and to help build practice resilience. Therefore, in line with that, these accounts are being presented in a way that apportions expenditure to general core and office costs plus the five main project areas, (including the apportioned staff costs reflecting the time spent by staff on the different areas) namely:

- General, Establishment & Office costs (staff costs @ 7.4%)
- Statutory Functions (LMC meetings and necessary strategic and negotiation work (staff costs @ 30.2%)
- Pro-active functions (mainly GP Resilience programme (staff costs @ 30.8%)
- Education Programme (staff costs @ 14%)
- Reactive Functions, including partnership dispute resolution and pastoral care (staff costs @ 16.6%)

How the costs have been apportioned to the different project areas, are shown in the pie chart below.

### SPECIFIC POINTS TO NOTE

1. Early in the year we discovered that PCSE had over-paid the statutory levy during 2016 to 17. As a result, we had to pay back over £70,000.
2. For the first time, in 2017 to 18 (compared with 2016 to 17) we have seen a drop in statutory income by £5,800. This is partly as a result of losing the Royston practices to Cambridgeshire LMC and partly as a result of the correction necessary for the over-payment of statutory levy by PCSE during 2017.
3. There was a significant under-spend on staff salaries (and commensurate pension contribution cost) as a

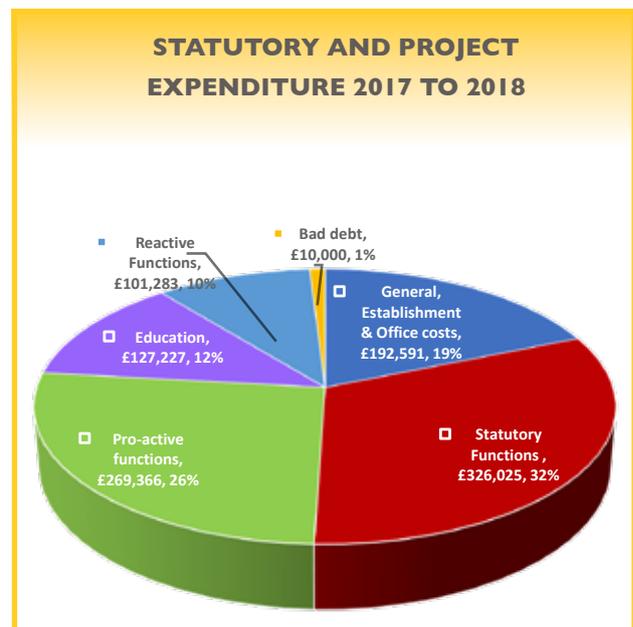
result of part-year effects. This was offset by the over-spend on professional fees, which included work undertaken by Alpha Action consulting to help cover the period (approximately 8 months) between one staff member leaving and replacing her.

4. There was a substantial, unbudgeted, increase in costs for sending representatives and staff to the Annual Conference of LMCs, which is now divided between a UK-wide conference and an England-only conference.
5. The LMC has continued to retain the services of LMC Law to provide legal advice to merging practices and forming federations. As this is critical to supporting the work of the resilience team, these legal costs (£36,000) were apportioned to the Proactive Functions, as were the staff costs of the Resilience Team. The £147,000 income from other sources has gone a very long way towards paying for the work of the resilience team.
6. Despite making significant investment in an IT upgrade, there has been a small overall under-spend on the budget set for computers and the telephone lines.

As always, the audited accounts are available for viewing at the LMC offices in Aston Stevenage.

*Dr Peter Graves* - Chief Executive

*Dr Jeremy Cox* - Treasurer



## LMC SUBCOMMITTEE REPRESENTATIVES

Please contact your LMC Ltd representative on any local concerns and give them your views on LMC Ltd policies and activities

HERTFORDSHIRE LMC REPRESENTATIVES		
<p><b>Dacorum</b> Dr A Hybel Dr K Mirza Dr E Power Dr R Walker</p> <p><b>Hertsmere</b> Dr V Carpenter Dr M Ingram</p> <p><b>North Herts &amp; Stevenage</b> Dr J Cox Dr A Cruickshank Dr V Ramkisson Dr A Savage</p>	<p><b>South &amp; East Herts</b> Dr R Aziz Dr C Calisir Dr K Bramall-Stainer Dr V Verma (1 vacancy)</p> <p><b>St Albans &amp; Harpenden</b> Dr D Chatterjee Dr J Freedman Dr B Rees</p> <p><b>Watford &amp; Three Rivers</b> Dr D Beale Dr R Eliad Dr S Hodes Dr N Mehta (1 vacancy)</p>	<p><b>Welwyn &amp; Hatfield</b> Dr F Cranfield (1 vacancy)</p> <p><b>Locum GPs</b> Dr S Chatfield Dr A Janjua Dr V Kapil Dr O Starr</p> <p><b>Trainee GPs</b> Dr P Shah</p> <p><b>Co-opted under the constitution</b> Dr J Bartlett Dr P Simic</p> <p><b>GPC Representative</b> Dr V Carpenter</p>
BEDFORDSHIRE LMC REPRESENTATIVES		
<p><b>Bedford</b> Dr B Mehta (4 vacancies)</p> <p><b>Central Bedfordshire</b> Dr A Esteki Dr N Hannan Dr W Hollington Dr S Hughes Dr A Kapur Dr C Marshall (3 vacancies)</p>	<p><b>Luton</b> Dr U Duffy Dr C Harris Dr I Mirza Dr J Ratneswaran Dr S Swain (1 vacancy)</p>	<p><b>Sessional GPs</b> Dr P Gledhill Dr J Kirkham Dr J Lockley Dr R Raha</p> <p><b>Co-opted under the constitution</b> Dr M Alabi Dr M Attias</p> <p><b>GPC Representative</b> Dr S Poole</p>



## LMC SECRETARIAT CONTACT DETAILS

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