



Bedfordshire & Hertfordshire
Local Medical Committee Ltd
Working in partnership for excellence in General Practice

Building Resilience

ANNUAL REPORT 2017

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MESSAGE FROM DR JONATHAN FREEDMAN, CHAIR OF THE LMC LTD BOARD:

This is my last contribution to the LMC Annual Report as Board Chair, as I am stepping down later this year after seven years in this role. The title and central theme of this Report is around building resilience. I've been thinking a lot about what this means and was struck by a quote from Bill Richardson, American politician and former US ambassador to the United Nations. "Resilience is all about being able to overcome the unexpected. Sustainability is about survival. The goal of resilience is to thrive". There is a strong argument that the challenges we are facing in General Practice are not entirely unexpected (although many choose to have their heads in the sand) however, with continued political uncertainty we can be far from certain what is going to come next – other than more challenge!

I especially like this quote because I don't want to see general practice clinging on by the skin of its teeth, I want us to thrive and once again see applications for GP training and jobs far outstripping places. I'm really proud that our LMC has taken the initiative by fully understanding the 'brutal facts' and to again quote Pete's favourite author, Jim Collins, coming up with a 'Big Hairy Audacious Goal' (BHAG)! This BHAG is supported by our business plan and is dependent on all of us accepting the need to be open to working differently and - most importantly - collaboratively. As an LMC we are leading the way in critically analysing how we work, both internally and through our committee structures.

I am grateful to everyone for their friendship, advice and support during my time as Chair and, in particular, to Pete who has been a constant during my tenure. As a result of his passion and vision he has given us all the opportunity to shape our own futures and to truly thrive.

CHIEF EXECUTIVE'S REPORT

Once again, 2016 to 2017 has been a challenging year for everyone working in the NHS especially GPs and their loyal staff. It is without doubt that workload has gone up substantially while workforce, in many places, has declined. For most practices, to say it has been a struggle would be an understatement; for a few (albeit too many) contract termination has been the only solution for them. Further, we have seen how the collapse of one practice within a town has a detrimental 'domino effect' on the others.

However, that isn't the universal picture. Some practices, locally and further afield, are thriving, expanding and delivering a wider range of diverse services. Why is there such a disparity?

During the last year we at the LMC, have focused our efforts and resources in building up a detailed picture of the reality and trying to explain the widening gap between struggling and thriving practices. The work has three main strands:

1. Obtaining a detailed understanding of where practices currently sit regarding their finances, premises, workforce, workload and a range of other criteria;
2. Understanding the future aspirations of training GPs;
3. Understanding the reasons why one practice is able to recruit clinical staff and yet the practice next door isn't.

Through this work, we are slowly building up a comprehensive list of actions that practices will need to undertake to build resilience and be able to face the future with optimism. Our aim is not only to support struggling practices to develop more resilience but also to move stronger practices into a position of maximum stability; in some areas this means we have been working with all the practices in a town.

At the beginning of 2016 we purchased specialist legal advice on behalf of our practices. By doing so, we have slashed the legal costs for practices that have decided to go down the avenue of working collaboratively or merging; as a result, we have facilitated the development of at least four merged practices – one was achieved in just 6 weeks!

We promised at the beginning of the year that we would become a 'project-focused' organisation and I believe this has really taken shape during 2016-17. I am proud to say that Beds and Herts LMC is the only LMC that is working so intensively in an *evidenced-based* way with its practices to support change and development for a sustainable future.

Meanwhile, behind the scenes, I have been representing the views of general practice at strategic meetings at CCG, STP (Sustainability and Transformation Partnership) and higher levels. If general practice is to be the provider of community medical services in the future, the voice of GPs must be heard: at the same time, the services provided must be fit for the future. So our resilience and development work remains essential.

To achieve our aims, every member of the office team and the Board, has been through a thorough review of his or her roles, resulting in some changes in emphasis and new responsibilities. Further, I am delighted that we have been joined by a new staff member, Michael Harrison, with a clinical, academic and business background to lead the new projects and support work.

Even the committees were scrutinised over the year; during the coming months the frequency of meetings will reduce and many will be held on-line.

I believe this hard work has placed Beds & Herts LMC in a prime position to offer more help and support: LMC representatives are being encouraged to take on specific roles to enhance the work and we are using freed-up resources to employ GPs and practice managers (not necessarily LMC representatives) to help us spread good

DID YOU KNOW:

The majority of individuals (84.8%) rate their overall experience of their GP surgery as good, with 42.9% rating their experience as very good.

Source: GP Patient Survey 2017

practice. In other words, GPs and practices are getting more direct useful evidenced-based help and better value from their levy.

Throughout the year the Board of the LMC has fully supported the new work streams really committing us to finding solutions and preparing general practice for an uncertain future in the NHS but one that is full of opportunities for those willing to come on the journey with us.

This Annual Report highlights some key achievements of the committees and most importantly the office team; I can't thank them enough for their commitment and hard work during the year. However, the Annual Report is never able to truly reflect the constant work that goes on behind the scenes and the continued pressure we put on local and national NHS organisations to invest in general practice and support the development of strong primary care, which we know is not only the cornerstone of the NHS but is critical to its future sustainability and success.

PAN BEDS & HERTS HIGHLIGHTS

- We were involved in the local process for implementing the GP Resilience Programme funding that was announced with the publication of the GP Forward View. With our involvement, all practices in Beds and Herts had an opportunity to submit expressions of interest, and the majority of the money allocated for Central Midlands in 16/17 was spent in Bedfordshire and Hertfordshire.
- We continued to work with PCSE over ongoing problems faced by practices, having said a sad goodbye to the PSU.
- We held the CQC to account about the long delays in producing reports for practices following inspection, particularly given the rigid and inflexible deadlines CQC imposes on practices. We received an apology from CQC and they have now set themselves tighter targets for producing reports.

Dr Peter Graves - Chief Executive

MEDICAL DIRECTOR'S REPORT

For the past few years I have been writing a report for the LMC Annual Report as the Chair of the Hertfordshire Sub-Committee. That task is considerably easier than this one as one tends to be reporting the more visible and therefore often more positive aspects of LMC activity.

As Medical Director I have been involved in the more supportive activities of the LMC; these have included supporting practices after CQC inspection failures and supporting practices in disputes both within the practice and with external bodies.

As you can imagine I cannot therefore report on individual cases but I think could fairly say that we have provided support and advice to many practices and doctors in what have been some of their worst professional moments. Not all the cases have been completely successful but many have and I have received some very kind and positive feedback from several doctors and managers.

In the end what I have learnt in this role is that the LMC will provide practitioners and their practices with help when they are in a crisis; this, in many cases, being of considerable assistance. It is, however, also the case that practices often come to us as a last resort, for reasons that I can understand; this meaning that circumstances have often become extremely difficult.

I have also been very engaged in the GP resilience programme work that the LMC has started and that is discussed elsewhere in the report but on a personal level I have been very proud of the fact that the LMC decided to take this work on, won funding from NHS England and has started to really analyse what is going on in general practice and look for solutions that will make our profession sustainable in the next number of years.

This is not easy work and I have been very impressed by the willingness of LMC staff to go the extra mile and to put in long hours to get the programme up and running in a timely and appropriate fashion.

Dr Jeremy Cox - LMC Medical Director

HERTFORDSHIRE REPORT

Now is a time of great need for GPs to have a voice. I believe that all GPs feel the strain caused by increased workload, a reduced workforce, premises problems and financial pressures. The GP Forward View promises a lot of investment but the Hertfordshire Sub-Committee recently declared that there was little evidence of positive change at grassroots level. The LMC is engaging with a resilience programme for practices and will endeavour to engage with all practices to understand how general practice can best empower themselves to succeed in the current challenging climate. I urge each of you to familiarize yourself with your local LMC representative to enable us to understand your views going forward. In the meantime we will continue to work on your behalf through our lively committee meetings.

Dr Bethan Rees - Chair of Hertfordshire LMC

- We worked with HCT to get rid of the District Nurse medication administration charts for simple medications, and have continued to work with HCT to refine the chart for syringe drivers and just in case medication.
- We continued to be involved in monitoring the pathology contract for practices in East and North Herts and agreed with the provider a new system for urine samples.
- We worked with and supported ENHCCG in its data sharing programme, as the LMC agrees that this is essential for good patient care, but we objected to attempts to force practices to sign up before they were ready and had confidence in the governance.
- We worked with HVCCG on a paper setting out the GMS obligations for patients in care homes to clarify what is over and above GMS and needs either to be provided through an enhanced service or to be privately purchased by the care home itself. The workload associated with care homes is increasing and is becoming unsustainable for some practices with a disproportionate number of care homes in their area, or homes that look after very complex patients, and we continue to work

with CCGs to try to find solutions.

- We carried out a ballot of practices on behalf of HVCCG to determine support for the CCG to take on delegated commissioning. Practices voted to go to delegated commissioning and HVCCG has continued to include LMC representation at the private and public parts of their Primary Care Commissioning Committee.
- We rejected early iterations of CCG policies proposing restricting prescribing of Over the Counter Medicines because of the conflict with a GP's contractual and professional duties, and are pleased that the proposed local policies do not attempt to ban such prescriptions.
- We worked with HVCCG on guidance for the prescribing of Hepatitis B for occupational purposes to support practices in refusing this work when requested by patients.
- We met with the Ambulance Trust to discuss their Response Plans. These are put in place when a patient misuses 999 (e.g. where they have called 999 over 30 times in a year) and while they are recognised to be a sensible way of managing misuse of emergency services, GPs were unhappy about being asked to sign that they agree the plan, rather than just noting that it is in place. The Ambulance Trust recognised why this would be problematic for GPs and is proposing new wording that now asks GPs to acknowledge the plan.
- We continued to press NHSE or the CCG to produce PGDs for the travel vaccines that are commissioned under the Additional Service, and even provided them with PGDs that have been produced in other parts of the country. After over a year where none of the commissioners would accept that they have any responsibility or duty to provide these, despite it being clear that this was increasing workload for general practices, we have finally had a breakthrough as it looks as if Herts Valleys CCG will produce them. I hope to be able to report in next year's annual report that this has been achieved.

Rachel Lea - Practice Development Manager

BEDFORDSHIRE REPORT

It has been a challenging year. *The Prescription for General Practice* followed by *The GP Forward View* allowed us to hope that NHSE and indeed the Secretary of State for Health might actually have realised that if the NHS wasn't to go down with all (remaining) hands on board they needed to do something to revive General Practice. At an NHSE workshop I listened to Chaand Nagpal on behalf of GPC and Arvind Maden from NHSE focussing on the ten High Impact Action areas. It all seemed sensible, rational, and doing the best with the resources we had and we were promised a grand roll out. Like the hugely expensive rocket saved for the end of the firework display it turned out to be a damp squib - too little too late even if it delivered but, in reality, little of the promised funding or training has been seen to have an impact on the ground here or elsewhere.

It has been stimulating though gruelling to have been part of the team involved in developing the LMC strategy and trying to not only continue reaching out to practices sadly already struggling but to help others assess their resilience and work on forward planning. For too long those of us wedded to the partnership model from day one of the establishment of a mandatory VTS for GP training failed to appreciate the myriad reasons newer trainees view their future in a very different way. Now we hear you loud and clear but what isn't so clear is whether there is any consensus about what a future model will be and how we can deliver the one thing which seems to be a common theme - a service led by GPs but presumably a breed of GPs who will have the dynamism and interest to split clinical and business training from an early stage in their training so they acquire the skills needed to help lead GP federations, consortia or simply loosely linked groups of practices.

In my VTS days I was told a partnership was like a marriage so one should choose carefully. In addition we have traditionally nurtured "our" lists and seen ourselves as competing for patients with neighbouring practices. Now we have more patients than we can cope with and with practices handing back contracts there will be more and more people clamouring for appointments with those of

us remaining. If we are to survive we need to work with other practices - a challenge when, as in any marriage, there has to be some compromise. This is hard enough to negotiate in our small partnerships without thinking about dealing with what is in some ways an extended family! However, what is clear is that despite the unrelenting pressures on us there is still a strong feeling that since, if General Practice falls, the NHS falls, we have to find a way - or ways - for us to work together without feeling a loss of autonomy. Unless we have misread things and the consensus is that we will move to a totally salaried service in which we will increasingly be forced to work to algorithms and KPIs, we need to work out how a flexible and increasingly non-aligned workforce can continue to offer the sort of service we all believe our patients need and deserve whilst protecting our own physical and mental health.

The LMC - hosted Facing the Future with Optimism event on 11th May gave us an excellent opportunity to hear from people who had already developed solutions which can help us to manage workload better, work together, and use technology to improve time management among other things. It was refreshing to have come away full of enthusiasm and seeing how the ideas presented could work in our own practice. The future may not be rosy but the message I took away was that there is still hope.

Dr Christiane Harris - Chair of Bedfordshire LMC

- We worked with both CCGs to ensure that reinvested PMS monies continued to come out to practices in schemes that were accessible to all.
- We brought to the attention of both CCGs the concerns that GPs had about the new OOH service and put pressure on the CCGs to do what they could to address these, i.e. to look again at the clinical model and at the funding levels for the service.
- We supported both practices and individual GPs caught up in the collapse of Horizon, a federation of which Bedfordshire practices were members.
- We worked with practices in Bedford, in particular, to help them to see ways of working more collaboratively

**FINANCE REPORT
(APRIL 2016 TO MARCH 2017)**

The LMC Ltd remains a company limited by guarantee, not shares. This means there are no shareholders; no dividends or bonuses are paid to anyone. Any surpluses generated during the year are ploughed back into the company for the benefit of constituent GPs and their practices.

We run a number of accounts:

- 1) the 'Statutory Account' to receive the Statutory Levy to use for our statutory obligations to local GPs;
- 2) the 'Managing Change Account' that receives a small amount of income from various other sources (including sponsorship and a small amount of commission from the companies on our 'Preferred Providers' list) and is used to support activity on behalf of GPs which we do not consider 'statutory obligations';
- 3) 'Education Account', from which our educational activities are run.

SUMMARY

During the financial year, the Statutory and Education Accounts made small surpluses. Despite paying a new member of staff, for a short period, and despite recognising that the budget was designed to utilise some of our working capital, we did not spend all of the income from the statutory levy. Any surplus in the Education Account is re-invested back into researching new courses, running courses that are at risk of being cancelled due to low numbers and into delivering other events such as conferences and roadshows that are free of charge to delegates. The Managing Change Account however was significantly over-spent with regard to income, but we carried forward £102k from last year to allow this to happen. The LMC Ltd Board has continued to support all the work we have been doing to support practice resilience.

to try to assist them in becoming more resilient, given the especial problems in Bedford town of practices closing and terminating their contracts. We have worked with the CCG and NHS England over a number of years highlighting the growing pressure on practices in Bedford town in particular.

- We have supported practices looking to merge by giving practices advice on what their options are in terms of their NHS contract and possibilities around mergers. We have also helped practices to work with the LMC lawyers to go through the various practical issues to be addressed when looking to merge.
- We have supported practices in NHS Property Services (NHSPS) premises where NHSPS has presented those premises with significant increases in charges for premises and with new leases with potentially serious liabilities falling on the practices as tenants.
- We have highlighted to both CCGs clinical deficiencies in the way the eating disorder service seems to be commissioned and is run and delivered. We have made it clear to the CCGs that these problems are potentially dangerous for a very vulnerable group of patients and need to be addressed as a matter of urgency.
- We highlighted to NHS England how frustrated practices were with the slowness of the process to agree practice rent reviews. NHS England has looked at this process and tried to reduce some of the complexity and put more resources into speeding it up.
- When Bedfordshire CCG was looking to introduce restrictions on the prescribing of gluten-free products and of self-care medication, we made sure that the CCG proposals were in line with the rules and protocols for GPs prescribing and respected GPs need to be able to prescribe where something was in the formulary and the GP determined it was a clinically appropriate prescription for the patient.

Carl Raybold - Business Manager

STATUTORY LEVY ACCOUNT:		
Year -	2016 - 2017	2015 - 2016
Total Income	£837,402	£799,637
Expenditure	£800,306 *	£731,648
Inc. - Exp.	£37,096	£67,989

* (£139,487 below budget)

MANAGING CHANGE ACCOUNT:		
Year -	2016 - 2017	2015 - 2016
Total Income	£62,973	£76,399
Expenditure	£80,358	£66,460
Inc. - Exp.	(-£17,385)	£9,939

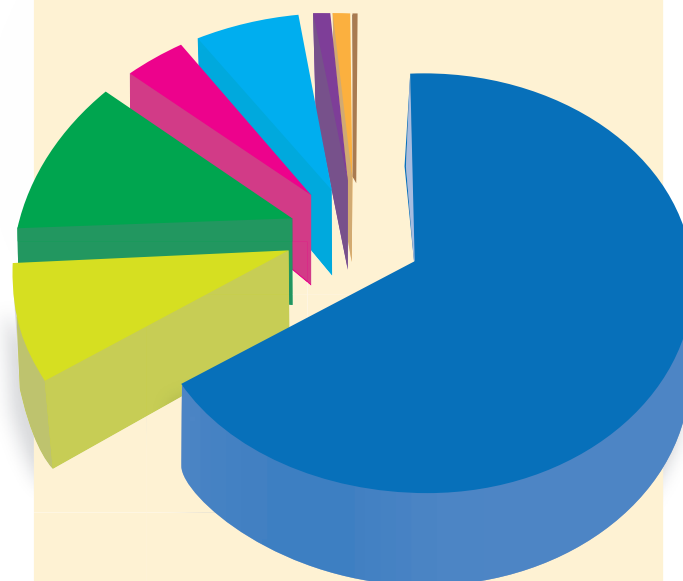
EDUCATION ACCOUNT:		
Year -	2016 - 2017	2015 - 2016
Total Income	£50,790	£54,318
Expenditure	£33,613	£53,810
Inc. - Exp.	£17,177	£508

STATUTORY ACCOUNT

An under-spend on staff salaries of £78,492 (plus commensurate under-spend on pension payments of £22,058) was due to the departure of a new staff member. However, it was necessary to continue some of her work and this was undertaken by a management consultant who had worked with us earlier in the year. She specifically focused on areas like Board development and writing certain papers (including some of the Business Plan) as well as work on the practice development project. Thus some of the under-spend on salaries was offset by an over-spend on professional fees. The pie-chart opposite shows how the statutory levy is spent.

Just like practices throughout the country, payment of the Statutory Income has continued to be slightly problematic since the demise of PSU; we continue to work with PCSE to reconcile the final figures – the audited accounts show we received £6,000 more than we were owed.

STATUTORY ACCOUNTS APRIL 2016 TO MARCH 2017:



- 65% Total staff costs, inc. salaries, pensions and on - costs = £521,956**
- 9% Office Expenses = £71,461**
- 13% Payments to Chairs & Representatives = £100,210**
- 4% Meeting Expenses = £32,269**
- 7% Professional Fees = £56,914**
- 1% Other services for GPs and Practices (inc. pastoral care) = £4,948**
- 1% Computer & website = £11,763**
- 0.10% Other incidental expenses**

MANAGING CHANGE ACCOUNT

For the first time the LMC overspent on the Managing Change account. This was predicted and taken from the £100k carried forward from 2015/16. However, it was disappointing to see such a large overspend here when much of this is as a result of a delayed payment from East & North Herts CCG. Despite continuous and repeated reminders, £10,000 remained outstanding at the end of the year for work we have been doing towards integrating health and social care services, GP engagement and involvement in the STP.

VOLUNTARY LEVY

Further misunderstanding at PCSE regarding the amount of Voluntary Levy (VL) to be collected during 2016/17 resulted in significant shortfall. We notified practices of this position early in the year but decided it was unnecessary to collect the shortfall. The reason for this is that, at the AGM, members voted to withhold some of the VL payment to the General Practitioners Defence Fund (GPDF - which funds some of the activity of GPC) in order that this money could be put to better use locally.

AUDITED ACCOUNTS

The LMC Ltd is audited every year by Wagstaffs Chartered Accountants. The full audited accounts were presented at the AGM and are available to view at the LMC offices.

Dr Peter Graves
Chief Executive

Dr Jeremy Cox
Treasurer

EDUCATION REPORT April 2016 to March 2017

In the 2016/17 financial year, 47 training courses were organised of which 6 were cancelled due to low interest. 518 delegates attended with 79% from Hertfordshire and 21% from Bedfordshire. New courses were added this year which included HCA Clinical Skills and introductory courses to Diabetes, Asthma, COPD, Spirometry, Phlebotomy and Travel Health as well as updates including Cervical Smear Taking. The courses that were cancelled included Infection Control, Spirometry and Phlebotomy Updates which may have been due to funded, alternative provision elsewhere.

In this year, 9 conferences were organised.

The **Sexual Health in Primary Care** event in partnership with Hertfordshire County Council and Herts Aid was unfortunately cancelled due to low interest.

One of two **Mental Capacity Act** conferences in partnership with Herts Valleys and East and North Herts CCGs was delivered with 27 GPs in attendance, but the other date in March was cancelled due to not having enough delegates for it to run (two similar courses were delivered successfully the year before).

The **Level 3 Safeguarding Children - Hidden Abuse** Conference, also in partnership with the Hertfordshire CCGs, attracted 158 GPs and Lead Nurses across 3 different venues on 3 different dates and was considered very useful and informative.

The **Collaborative Working in Luton** event in June 2017 in partnership with Luton CCG, was well attended with 50 GPs and Practice Managers hearing examples of new models of care across the country and discussing practical ideas that could be implemented in their own locality.



The **Only Together** Conference invited influential GPs leading the GP federations in Hertfordshire, Chief Executives from the main hospitals, community, mental health and social care providers as well as CCG senior executives, colleagues, patient representatives and Alistair Burt MP, then Minister of State, Department of Health, Minister for Care and Support. The Canterbury, New Zealand, *Total Health and Social Care Integration* programme demonstrated that it is possible to provide better care for patients by reducing demand on hospitals and improving integration between primary and secondary care services. The 70 delegates who attended were encouraged to work in groups, each table facilitated by a senior leader, to discuss what integration means in Hertfordshire and what the next steps would be to get the process started. Follow up meetings were then implemented to sustain the momentum of discussions and formulate actions.

Outside this financial period but worthy of note, our main **LMC Conference Facing the Future with Optimism** was organised on the 11th May at the Fielder Centre in Hatfield. 140 GPs and Practice Managers from across Bedfordshire & Hertfordshire attended a fully packed agenda opened by Professor Chris Ham, Chief Executive of the King's Fund and followed by a local showcase from practices and federations who have demonstrated how to improve patient care, decrease GP workload, and increase capacity. Lea Vale Medical Group in Luton, Lea Valley Health Federation, Newport Pagnell Medical Centre and

Primary Care Home were among the presentations as well as our final key note speaker, Sarah Longland, Practice Manager in South Derbyshire, who shared her experiences of new models of practice and management including super partnerships and federations.

How you rated the LMC Conference 2017 – Facing the Future of Optimism				
	Excellent	Good	Average	Poor
Organisation of the conference	83%	17%		
Format of the conference (types of delivery)	64%	34%	2%	
Content of the conference (variety of topics)	79%	19%	2%	
Exhibitors	62%	35%	3%	
Venue	54%	26%	20%	
Catering	81%	19%		
Event Overall	77%	22%	1%	

There were 21 exhibitors showcasing, many from our Portfolio of Approved Business Consultants as well as some new exhibitors who demonstrated innovative solutions in saving practice time. The late morning session offered one to one appointments with ACAS, 7 interactive table discussions and 4 workshops on a variety of topics including legal, digital, finance, insurance and indemnity, practice management, workforce, and mergers and acquisitions. It was a tight schedule but delegates were able to receive a brief taster of information to follow up in more detail afterwards.

Thank you to all our partners who have helped fund these events and contributed their time to deliver presentations. Also a big thank you to all the delegates and practices who made the time to attend and came with such enthusiasm and positivity.



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		
Dacorum Dr A Hybel Dr K Mirza Dr E Power Dr R Walker	South & East Herts Dr R Aziz Dr C Calisir Dr V Verma (2 vacancies)	Welwyn & Hatfield Dr F Cranfield (1 vacancy) Locum GPs Dr S Chatfield Dr A Janjua Dr V Kapil Dr O Starr Trainee GPs Dr P Shah Co-opted under the constitution Dr J Bartlett Dr P Simic GPC Representative Dr K Bramall-Stainer
Hertsmere Dr V Carpenter Dr M Ingram	St Albans & Harpenden Dr D Chatterjee Dr J Freedman Dr B Rees	
North Herts & Stevenage Dr J Cox Dr A Cruickshank Dr V Ramkisson Dr A Savage	Watford & Three Rivers Dr D Beale Dr R Eliad Dr S Hodes Dr N Mehta (1 vacancy)	
Bedfordshire LMC Representatives		
Bedford No current reps (5 vacancies) Central Bedfordshire Dr A Esteki Dr W Hollington Dr S Hughes Dr A Kapur Dr C Marshall (4 vacancies)	Luton Dr U Duffy Dr C Harris Dr I Mirza Dr J Ratneswaran Dr S Swain (1 vacancy)	Sessional GPs Dr P Gledhill Dr S Jaiswal Dr J Kirkham Dr J Lockley Dr R Raha Co-opted under the constitution Dr M Alabi Dr M Attias GPC Representative Dr S Poole

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