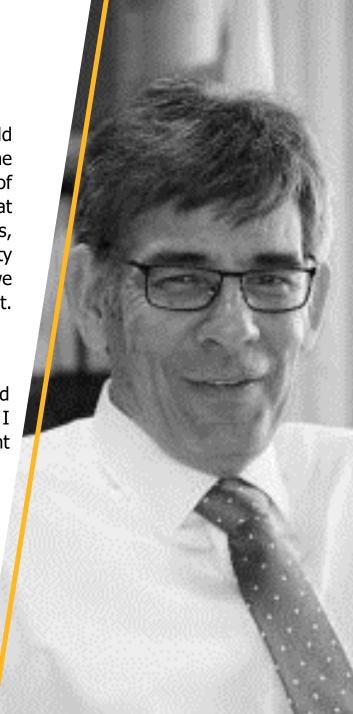




As you will be aware, our ambition for the last two years has been to build practice resilience, and answer some difficult questions, like, why are some practices thriving and prospering whilst others have reached the point of terminating their contracts? At last the picture is emerging. We can show that strong practice leadership shown by the GP Partners and senior managers, backed by good, professional business practices and a culture of responsibility for high quality care, shine out from those beacons of excellence. Further, we are beginning to understand why some practices can recruit and others not. Our next challenge is to embed this in more and more practices.

During the last 12 months we have been building on our experience and driving forward with the aim of giving practices optimism for the future. I believe we are slowly but surely seeing practice resilience moving in the right direction – the 'green shoots of spring' are visible.

The 2019 contract changes, with the emergence and development of Primary Care Networks, has slowed the resilience work down a little but, once again, just like General Practice, we have had to respond in order to support our practices through yet more transition.







However, behind all this, my personal focus has been around development of the LMC to ensure it is in the right place to hand over the tiller to my successor. I am having difficulty believing that this is the last Annual Report for Beds & Herts LMC Ltd I will oversee.

As I face retirement, I have reflected over the past 15 ½ years that, I have to say, I have enjoyed enormously. Not only has it been rewarding and fulfilling, it has been a real honour to work for GPs throughout Bedfordshire, Luton and Hertfordshire. I doubt a single patient would recognise my input, but hopefully most practices will have benefitted in some way and, therefore, achieved a little bit more for their patients because of the work of the fantastic team here at the office in Stevenage. I will miss the team enormously and I cannot thank them enough for all their support – and the same is true for the LMC Board and the Committee members.

Paper

Dr Peter Graves, Chief Executive



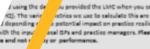
Strengthening Practice & GP Support



We developed and refined the Resilience Assessment Tool to help practices identify areas of strength and weakness.

We improved our understanding of what makes a

resilient practice - 138/197 GMS practices completed



metries that the calculating your practice resilience some impact the overall some as this is dependent on the on a brief over bone of why this has been included and (in the individual for a small some care. A tick indicates a high some (green be area (prange background) is overa indicates a line.

we also includiagrams to show how your practice compares to the mpleted the d.

Inco Program

I dicated a correlation between clinical hours by

into the burn and overall resilience of the business. Practices where part

than 14 hours

J.000 patients per week were everall more resilient than those
own few ours per 1,000 patients per week. The average number of hours
own the Hext

Lock responses was 11.1.

a is less stable for expensive and puts increased pressure on the partners/contract is tend not to yout additional activities such as frome visits or paperwork. The is showed on average practices are relying on locums for 17.5% of their GP session

e number of sper week per 1,000 patients provided by the nursing team within pract is \$1.1.

singly, practice on complaying a wider range of clinical professionals who are able to deliver son and that are able to deliver son and that are able to deliver son the first that are able to deliver and the pressure of a practice between pressure of the CP contract holder(s) both in terms of workload and finance, but does not record for the deliver primary medical services. The average haum per 1,000 patients per week to be a contract that are supported by and non-OP clinical specialists for practices in the region is 25.2.

his is to it formark precision against how much they are diversifying the workforce - scening has been an comparison with the average so practices where GPs deliver a significantly higher or lo report of the total clinical specialist staff hours will seem lower than those at the average.

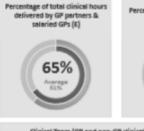
that are corrying a lot of GP vacancies are likely to be under greater pressure in terms of wor emaining staff and financial impact of employing locums. On average, 7.5% of GP sessions we 4.40% of practices were corrying at least one GP vacancy.



We facilitated access to expert legal advice for merging practices – 4 more merged practices take off.

the Practice Healthcheck Questionnaire.

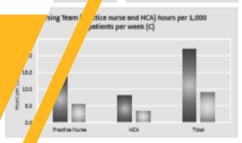


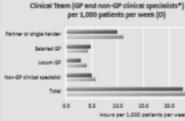






We continued to learn from workforce surveys – more advice shortly to be published for practices about attracting clinical and admin staff.





* N p clinical apocialists include nurse practitioners, advanced nurse practitioners, minor illness nurses, pharmacists, paramedics and physicians ass

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Advocacy & Negotiation



Dr Nicky Williams, GP in East & North Herts, joined the team as one of two Medical Directors, increasing GP input at the LMC offices and influence at liaison and GP commissioning meetings.



We challenged CCGs at commissioning meetings on production and implementation of local incentive schemes, premises plans and primary care contract management.



We continued to be a GP voice at the strategic level.



National Representation

LMC representation at national LMC Conferences to decide new policies for GPC such as:

Measures to address ambulance delays and to review the performance of NHS 111



Continuing to challenge underfunding of General Practice



Advocated measures to support the GP Partner Status





Local Negotiations



We worked with Herts LPC to support and promote guidelines for pharmacists to prevent an increasing trend to use dosette boxes, and to improve communications when medicines are not available.



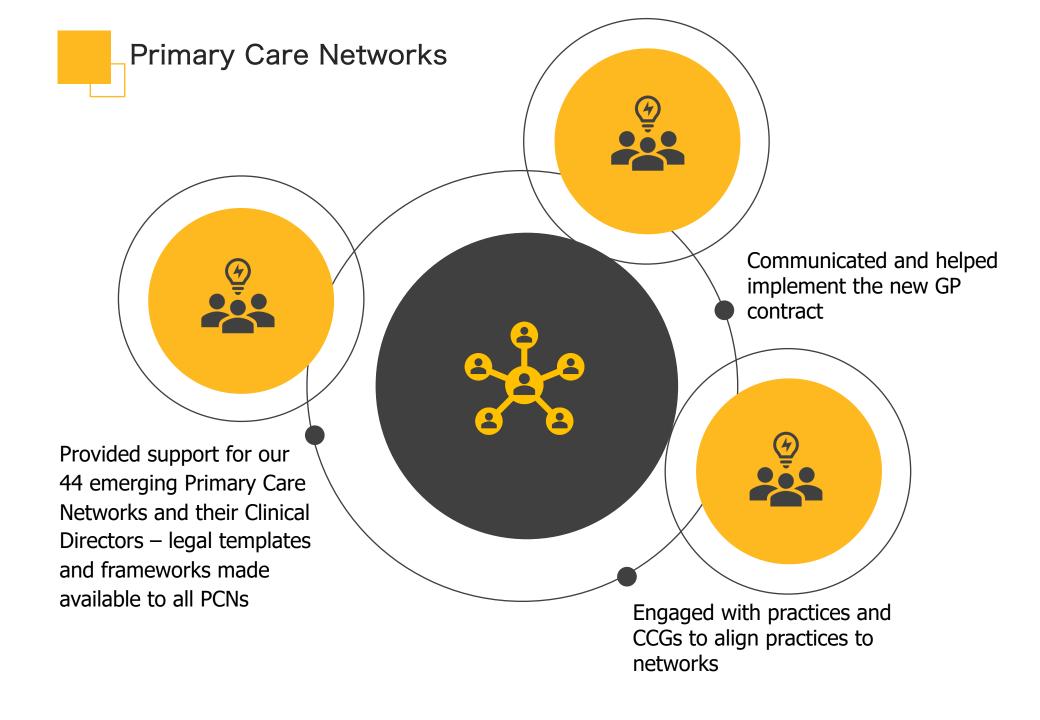
We developed and published home visiting guidelines to aid practices in their management of both their housebound and wider populations.



We negotiated compensation for East & North Herts GPs following increased work burden due to major IT failure at Lister Hospital.



By continually challenging the CCGs, we finally saw improvements to the Eating Disorders Service in Bedfordshire and Luton.



Education and Training



61 training courses delivered in 2018/19–887 delegates attended. New programmes to be offered in 2019/20



New Business Fundamentals programme designed and launched. Pilot delivered with 5 more programmes planned in 2019/20 thanks to funding from BLMK ICS and H&WE STP



Modular Mental Health Programme, in partnership with HPFT, for the 6th year running



3 Safeguarding Conferences in partnership with Hertfordshire CCGs

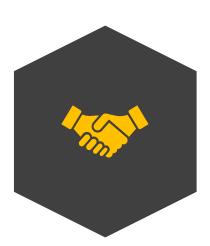


2 LMC Roadshows to deliver and discuss National and Local priorities— 157 GPs and PMs in attendance



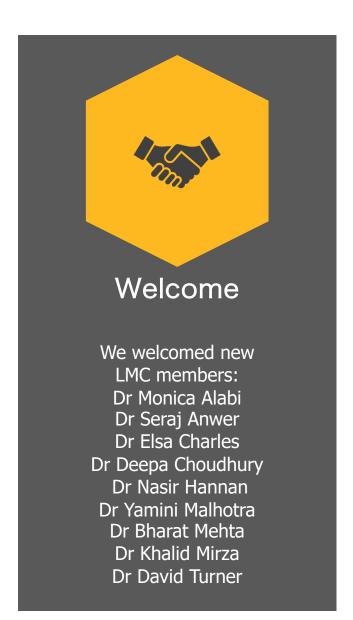
Wider involvement and collaboration on workforce projects and stronger representation at STP Workforce and Education meetings

Committee Members



Thank You

We said goodbye to the following LMC members:
Dr Mike Attias
Dr Katie Bramall-Stainer
Dr Dev Chatterjee
Dr Jeremy Cox
Dr Mike Ingram
Dr John Lockley
Dr Nikesh Mehta





New Members

We are always open to new LMC members. Please contact the LMC office if you want to know more about being an LMC member.

Internal Changes





Appointment of and preparations for the new Chief Executive, Karen Livingstone who joins us in November.



Review of the LMC constitutions to modernise the committees and to make them fit for the future – shortly to go out for consultation.



Board development and training to ensure the LMC is fit-for-purpose, more strategic, cross-county in its focus, and continues to deliver high quality services for our constituent GPs.



Michelle Storey joined us in July 2018, not only as a new voice on the phone but also to support the work of the team, particularly in the administration of training and events.





Total Income: £1.12m

This figure was made up of statutory levy, resilience project income, and training and education income.



Total Expenditure: £1.06m

The graph to the right shows how much we spent on each of the five LMC functions.



Statutory Levy: 44p per patient

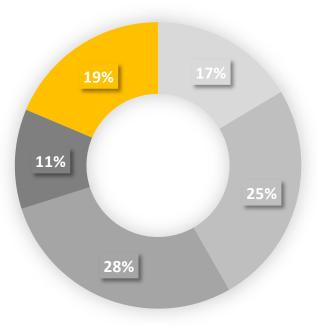
We raised a total of £866k through the collection of the statutory levy.



Year End Reserves: £716k

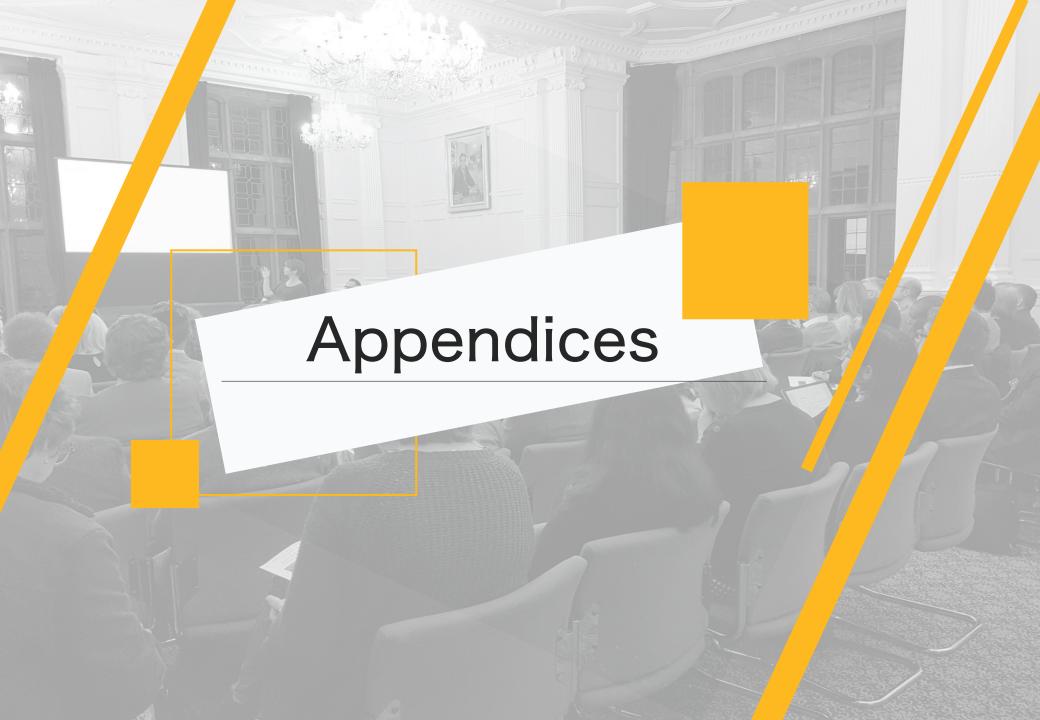
This is an increase of £60k on the reserve held at the end of FY 2017/18.

LMC Expenditure



- General & Office
- Statutory Work
- Pro-active Work
- Education & Training
- Reactive Support (inc. Medical Director)

A detailed breakdown of the LMC finances can be found in appendix 1.



We are pleased to present the 2018 to 2019 Finance report that was signed off at the AGM held on 5th June 2019.

Executive Summary

- 1. Total statutory levy income (@44p per patient) = £866,048 (77.6% of total income) £57,437 above predicted.
- 2. Total income = £1,115,749 (including part of the Voluntary levy transfer and bank interest)
- 3. The net surplus for the year on all income and expenditure (after tax of £195 and as shown in the audited accounts) = £60,440. This surplus has mainly come about by part-year effect of staff employment (under-budget by £18,818) underspends on the key project areas ('Managing Change').
- 4. Total reserves = £716,297
- 5. A total of £244,857 income received in the financial year 2018 to 2019 has been deferred into 2019 to 2020 as the work has not yet been completed. This starts the 2019 to 2020 year in a very strong position, removing pressure on the Statutory Levy. However, it potentially creates pressures on income in subsequent years.

1. Overview

	Income	Expenditure	IncExp
Income			
Stat levy income	£866,048		
Managing Change/GPRP income (plus part of VL transfer)	£162,676		
Miscellaneous income & deposit acc. interest	£2,458		
Education income	£84,567		
Total Income	£1,115,749		
Expenses			
General office and statutory expenses		£742,921	£125,585
Managing Change		£193,133	(£30,457)
Education		£119,060	(£34,493)
Total (gross) Income – expenses		£1,055,114	£60,635
Tax on bank interest		£195	
Net surplus			£60,440
Total reserves			£716,297



2. Project Expenditure

During 2016, the LMC determined that it would become project and outcome focussed, giving those that pay for our services, namely GPs, far more transparency about where the levy goes. We have, therefore broken all our expenditure down into 3 project areas plus the general and office expenditure, and the statutory work of the committees and office team.

The 3 project areas consist:

Proactive work – identifying those practices most at risk and working to help them improve the situations that are putting them under most pressure. This area includes work on recruitment and retention and understanding why new doctors join one practice and not another. Expenditure in this area also includes the retainer for LMC Law, who provide advice and assistance to merging practices, federations and, recently, forming PCNs, either free or at significantly discounted prices, as well as constantly providing us with legal advice.

Education — this area not only includes the significant number of courses and training seminars we run, but also the highly successful 'Business Fundamentals' programme, the pilot sponsored by BLMK ICS Training Hub. We are in the process of organising further programmes in BLMK and across the Herts and West Essex STP.

Reactive and Medical Director activity – we employed two new medical Directors during 2017 and 2018, thereby strengthening our pastoral care team and moving towards mediation services.



3. Year End Position

- 1. At the year end, we came in £47,997 under the budget we set last April, mainly due to the staff underspend of £23,001 (due to delays replacing and recruiting new staff) and £22,631 from an underspend on the total committee costs. However, a number of budget lines were over-spent:
 - a. Computers (over-spent by £7,507): this includes one-off capital expenditure on new PC following the shift to cloud-based computing, which shouldn't recur for several years.
 - b. Stationery and publications (over-spent by £1,983), mainly costs for replacing old printers for a new printer/scanner
 - c. Telephone, fax and internet costs (over-spent by £7,300): to upgrade to cloud-based computing, it was necessary to invest in a fibre-optic telephone line. We are now looking to offset the increased expenditure by utilising a VOIP telephone system in the near future.
 - d. Staff training (over-spent by £5,251), for essential training, mentoring and coaching of staff members.
 - e. Office Repairs and Maintenance (over-spent by £5,763): some modifications to the office were undertaken to offer Mike Harrison and Dr Nicky Williams some privacy when talking confidentially to practices.
- 2. A full review of the on-going contracts with suppliers is underway, including the website maintenance contract, the photocopier and telephone system contracts. To date, it looks likely that removing several of these will reduce annual expenditure by £4,000.
- 3. It should be noted that Statutory income not only exceeded expectation but was probably higher by approximately £30,000 than it would have been, had we not shifted to a quarterly payment of levies, following list size reconciliation.
- 4. During 2018 to 19 a total income of £356,690 was generated and received from sources other than the Statutory Levy. This was mainly from Educational activities and from Bedfordshire, Luton and Milton Keynes ICS and East & North Herts CCG commissioning us to undertake intensive resilience work and run the 'Business Fundamentals' course again. It also included £100,000 that was transferred from the Voluntary Levy account for clearly specified, non-statutory local projects to support practices, as agreed by the committees. However, as this was confirmed so late in the year, some of it wasn't completed by the end of the financial year. Therefore, £244,857 of this income has been deferred into 2019 to 2020.
- 5. Voluntary Levy: during 2018 and 2019, we continued to collect 5p per patient from practices towards the Voluntary Levy.



4. Conclusion

For the financial year 2018 to 2019, the LMC Ltd has, once again, achieved a surplus of £60,440 on a total income of £1,115,749. This will be added to the reserves, giving a total of £716,297.

£244,857 of the total of £356,690 income received from sources other than the Statutory Levy (including £100,000 Voluntary Levy income agreed by the committees to utilise locally), has been deferred into the 2019 to 2020 financial year. This means that the pressure on the Statutory Levy is reduced at the outset of the financial year 2019 to 2020. As a result of this strong position, the Board and representatives at the AGM agreed not to increase the Statutory nor Voluntary levies for the financial year 2019 to 2020.

Dr Peter Graves, Chief Executive & Dr Jeremy Cox, Treasurer

