



Beds & Herts LMC Annual Report 2019/20



Bedfordshire & Hertfordshire
Local Medical Committee Ltd

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Foreword from our LMC Chair, Dr Simon Hughes

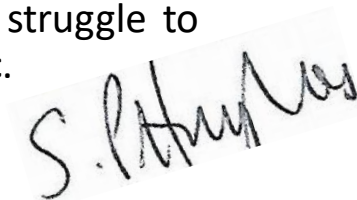
These are strange and uncertain times and it seems a very long time ago since our last AGM. It has been very difficult for GPs and their staff and the LMC recognises how much extra Practices have been doing and in such different ways to help patients many of whom are also struggling in ways we just couldn't have imagined this time last year.

The LMC too has had its difficulties. We said goodbye to Peter Graves at the end of 2019 when he retired from the role of CEO and we are grateful for all he achieved for General Practice in Beds and Herts in the last 15 years. As you know the appointment of Karen Livingstone, his replacement, didn't work out as we had hoped, and it was with regret that we came to joint decision to part company at the end of March. We wish Karen well in her future career. As you can imagine this was an unsettling time for the Office Team. The Board however has great confidence in all in the Office and we are especially grateful to Mike Harrison and Nicky Williams for taking on the role of Joint CEO in the interim period before we are in a position to appoint a permanent CEO. The Board feels that now, during the current crisis, is not the right time to advertise and recruit someone new.

The LMC, committees and exec committees have continued to function but in a remote way. The Office team have become extremely adept at working very effectively using remote means.

I believe we have a very strong platform, due to the high levels of knowledge and expertise in the Office and in those who support them, from which to continue to support GPs in the current crisis and in the future to help develop and sustain Practices which understandably may struggle to differing degrees in the coming months including once we come through the pandemic.

I wish you and your staff all well. The LMC will do whatever it can to help you.

A handwritten signature in black ink, appearing to read 'S. Hughes', is positioned below the main text block.

Executive Summary from our Co-CEO, Michael Harrison & Dr Nicky Williams

Overseeing the preparation of this year's Annual Report is a task that neither of us would have foreseen, much like the huge change in General Practice that has happened in the past few months.

At the beginning of the year we were making plans for CEO succession, expansion of Business Fundamentals, diversification of the pastoral care team into mentoring and enhanced support on Practice Resilience. Then, the world turned on its head and we have all had to embrace new ways of working, different roles and responsibilities as well as the ability to respond quickly to rapidly changing needs.

Despite the challenges that we have faced, both internally and externally, the LMC Office remains 'open' with all staff well and adapting to working remotely. We continue to be available for advice and support on individual, practice and network issues. This would not have been possible without the dedication and resilience the office team have shown over the past months and the support we have received from our members.

We are truly grateful for this assistance in helping us to take on the Chief Executive responsibilities, ensuring that the LMC is able to function in providing General Practice with the quality service that members deserve.



Michael Harrison, Co-CEO



Dr Nicky Williams, Co-CEO





Advice, Guidance & Support for GPs & Practices

Advice, Guidance & Support for GPs & Practices

- We gave advice, guidance and support to practices on a wide range of topics, including: practices' GMS contracts; partnership queries; interactions with other bodies such as Trusts, other providers, and other practices; practices' responsibilities to patients; ethical questions. And, from February onwards, about COVID-19.
- We made a robust and comprehensive response to the first draft of the 20/21 PCN DES, expressing our members outrage and dismay at what was being proposed.
- We summarised the final version of the 20/21 PCN DES as well as all the other GMS contract changes in order to help practices understand what was expected of them.
- We produced a paper setting out the pros and cons of the 20/21 PCN DES and have spoken to a number of PCNs and practices about the PCN DES.





Representation, Advocacy & Negotiation

Local Representation and Negotiation

- We discussed, and where appropriate challenged, the CCGs about their local funding mechanisms such as the HVCCG Enhanced Commissioning Framework, the ENHCCG Consolidated Funding Framework and the PMS reinvestment schemes in Luton and Bedfordshire.
- We provided support to the PCN Clinical Directors and hosted several meetings where the CDs could meet to discuss their local issues and concerns away from the CCG.
- We reached agreement in Hertfordshire for GPs to be paid for completing safeguarding reports.
- We recruited six new representatives to the Hertfordshire LMC.
- Working alongside Cambridgeshire LMC, we agreed with our local constabularies new forms for firearms licences, clarifying that this is private work for which practices may charge, that practices may refuse to do this work, and that practices are passing on facts from a patient's record and are not providing a medical opinion.
- With one of the Local Authority Overview and Scrutiny Committees we reported on delayed responses from East of England Ambulance Trust, especially when an ambulance was called to a patient in a surgery. We also began discussions with EEAAT about their new Inter Facility Transfer process and the information required from clinicians when calling an ambulance to the surgery.
- We publicised the new legal requirements regarding Coroner notification that came into effect in Autumn 2019. Before COVID-19, we had begun to speak to the two county coroners about their local processes. Once COVID-19 came in, our discussions focused on death verification.



National & Regional Representation

- Representatives from Bedfordshire and Hertfordshire LMCs attended the Annual Conference of English LMCs in November.
- We submitted motions for the Special Conference of England LMCs in March but did not attend due to COVID-19. The final motion proposed the profession should reject the PCN DES and this was carried (83 votes to 53).
- At the request of GPC we hosted a GPC Roadshow on the new contract changes for 20/21, which was attended by 60 GPs and practice managers.
- We responded to national consultations on Digital-first Primary Care, and on Statutory Guidance to police on Firearms Licensing.
- The views of local GPs continued to be represented at national level by Dr Violaine Carpenter (elected GPC representative for Hertfordshire) and Dr Diana Hunter (elected GPC representative for Bedfordshire).



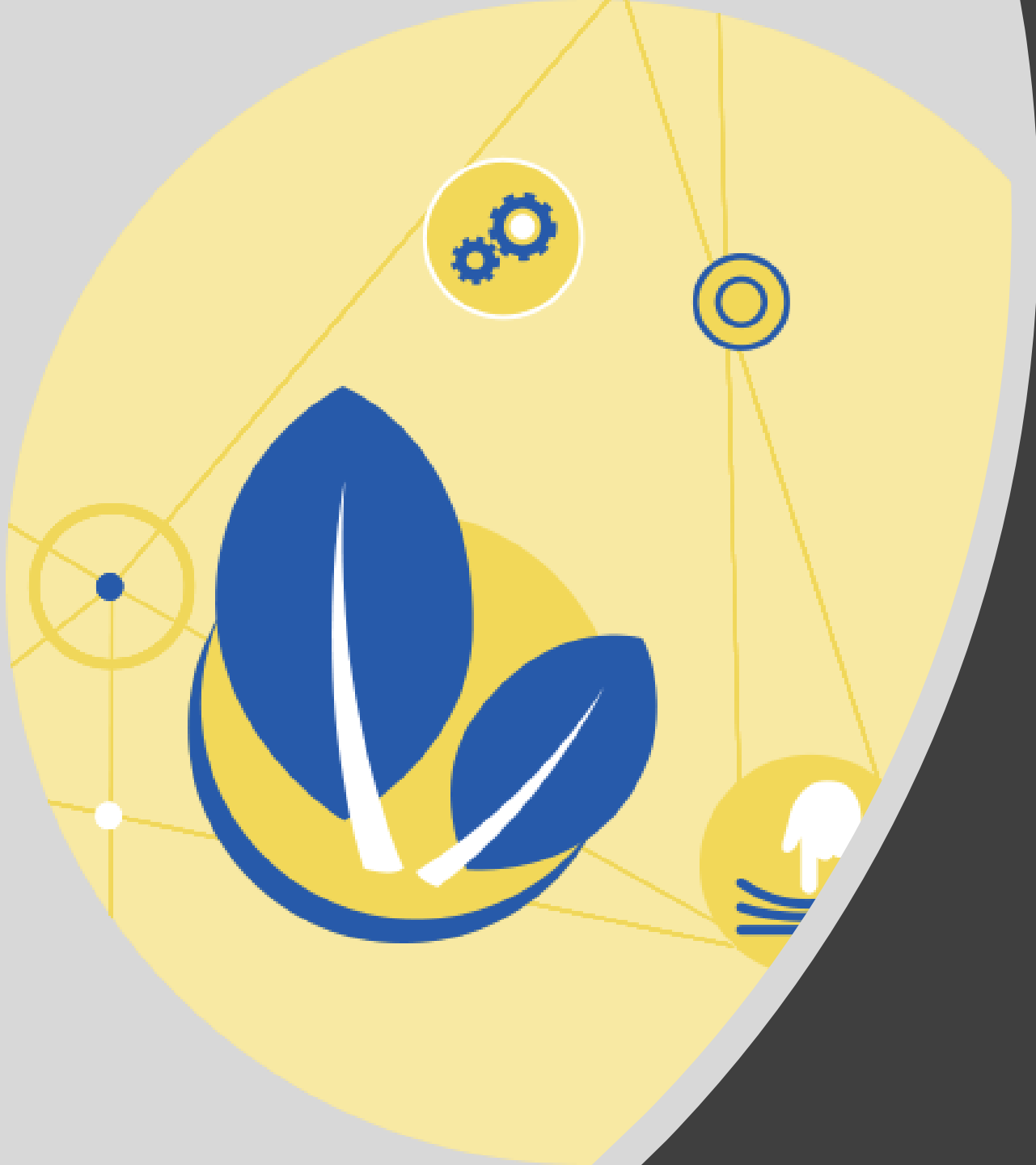


LMC Committees

LMC Committees & Representative Activity

- We welcomed six new LMC Reps to the Hertfordshire Committee: Dr Ketan Bhatt (Watford & 3 Rivers), Dr Asif Faizy (Watford & 3 Rivers), Dr Nicola Phillips (St Albans & Harpenden), Dr Keith Remedios (South & East Herts), Dr Aneela Sattar (South & East Herts) and Dr Jay Vyas (Hertsmere).
- We said goodbye to Dr William Hollington, Dr Vineeta Verma and Mary Bishop.
- We updated the LMC constitution to align it across the three separate committee constitutions and to improve flexibility to allow the committee to react to the rapidly changing General Practice landscape.
- We discussed the vision of Primary Care and PCNs within STPs/ICSs at our Combined LMC meeting, and pressed BLMK for timetables for their merger plans and the involvement of practices in these plans.
- We granted full voting rights to the Practice Manager representatives on the LMCs.
- We discussed the new pharmacy contract for 20/21 and its implications for practices with representatives of both Local Pharmaceutical Committees.
- We had begun a series of presentations from, and discussions with, community services providers about the running of local services and how they could be more supportive of practices. COVID-19 disrupted us from hearing from the final of the local community services providers.





Programmes

Resilience Programme

- We launched our Practice Development Programme (funded by BLMK STP), a new support package for practices which focuses on three key areas of a successful partnership:
 - a) Partnership dynamics
 - b) Practice operations
 - c) Practice finances



- We conducted in-depth analysis of the data we gained from the Practice Healthcheck Questionnaire to help understand what makes a resilient practice. [Full Report available here.](#)
- We continued to provide practices with support via the General Practice Resilience Programme.
- We ran a series of facilitated partnership away days aimed at supporting practices to develop their long-term plans.
- We conducted research into the [roles and obligations of a GP partner.](#)

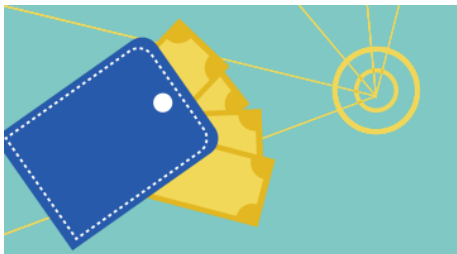
Education Programme

- 58 training courses were organised in the period April 2019 to March 2020 with approximately 750 delegates in attendance. QOF for non-clinical staff, Introduction to Asthma and COPD for Nurses and Mindful Consultations for GPs were added to the training programme.
- The number of courses was slightly lower this year (compared to 61 courses, 900 delegates in 2018/19), due to a review of the training offer. We also had to cancel a higher rate of courses. This is largely due to CCGs / STPs providing more funding for training and some of our providers imposing stricter booking deadlines, which has meant we have had to cancel courses earlier to avoid cancellation charges.
- We designed and delivered a pilot Peer to Peer Appraisals training course for Practice Manager's, funded by NHSE.
- We organised and delivered three Level 3 safeguarding children conferences and an adult safeguarding Domestic Abuse seminar in partnership with East & North Herts CCG and Herts Valleys CCG with nearly 300 GPs and Nurses in attendance.
- For the seventh year running in partnership with HPFT, we redesigned the format of the modular mental health programme into a series of half day updates each covering three key areas. This attracted a wider audience, with more are planned throughout the year.
- In March we delivered a GPC Roadshow on GP contract changes with 60 GPs and PMs in attendance.



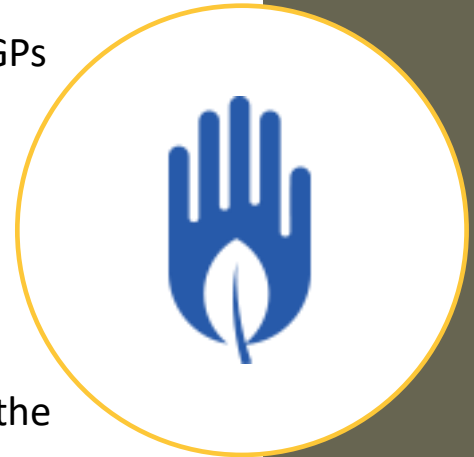
Business Fundamentals Programme

- In late 2018, we designed a modular programme of business essentials for GPs which included partnership structures and governance, workforce and operational development, information and financial management and strategic planning, leadership and resilience.
- The pilot for GPs in Beds, Luton and Milton Keynes with huge thanks to funding from the BLMK ICS Training Hub, was completed in June 2019. In September we began a second course for GPs which included additional key areas and we are currently trialling a new programme for Managers, which started in January.
- Herts and West Essex STP kindly funded a programme for GPs which was completed in March and an updated second programme started in January, with more planned.



Pastoral Care

- The pastoral care team has continued to support many GPs in difficulty during the past year and expects to help many more as the stress of the COVID-19 crisis continues to take its toll.
- We have increased the team with six new members in order that we will be able to support our GPs particularly during the pandemic.
- We have developed stronger networks between the team to support each other.
- The team has helped inform the development of the mentoring programme and was involved in the launch of the pilot.



New Mentoring Programme

- In summer 2019 we designed a new Mentoring Programme which was launched in October as a pilot, thanks to funding from Herts & West Essex STP and the BLMK ICS. The programme was identified from a gap in local provision to support recruitment and retention, with the target cohort being GPs in their first five years. Each mentee was offered up to 8 hours of mentoring over 6 – 8 months.
- The BHLMC mentoring programme drew on the expertise of GPs with specialist training and experience from our existing Pastoral Care team. Mentors therefore were initially identified from this established network who were suitably qualified and trained to deliver mentoring. This meant we could be more responsive to delivery schedules, as systems and processes were already in place. Most importantly, mentees could be referred into the pastoral care service if they required more specialist support.
- 20 mentees were job matched, both geographically and professionally with GP Mentors, therefore there was a shared understanding of their local general practice environment.
- The pilot is still underway, so we are currently evaluating the process. We hope there will be more funding available to deliver further mentoring for newly qualified GPs and Nurses under the New to Practice / Fellowship programme.

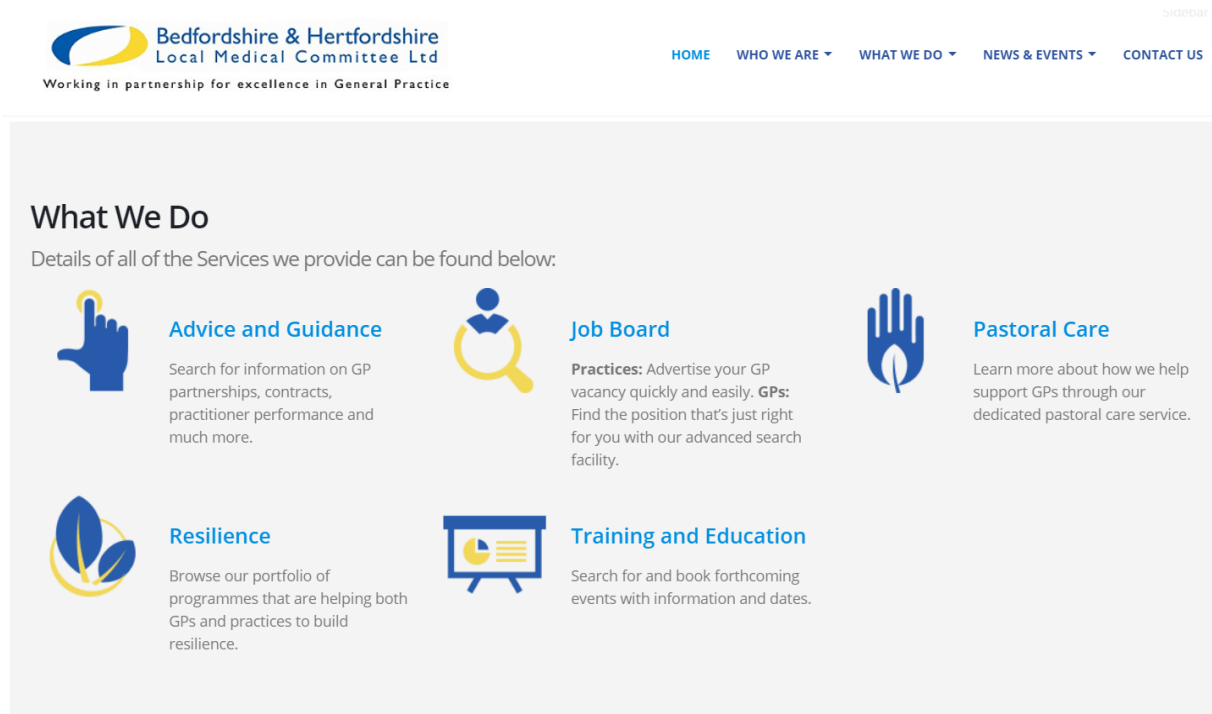




Communications

Communications

- We launched a new Website to improve functionality and to make it more user friendly.
- We started sending a Weekly Update to Practices to summarise key information in one short and concise document.
- We created a new look Job Board which allows more editing and formatting for practices to personalise content and tailor the needs of the job role, making searching easier for job hunters.
- We expanded our offer from GP vacancies only to all practice staff vacancies.





Finance Report

Summary of Accounts: Mar 2019 to Apr 2020



**Total Income:
£1,172,316**

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



**Total Expenditure:
£1,174,879**

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 £872k through the collection of the statutory levy.



**Year End Reserves:
£713,671**

This is a decrease of £2,626 on the reserve held at the end of FY 2018/19.



Please see Appendix 1 for detailed financial breakdown



Appendices

Appendix 1: Finance Report

Executive Summary: April 2019 to March 2020



Figure 1: Income & Expenditure Review

	2019/20	2018/19
Total Income	£1,172,316	£1,114,319
Total Expenditure	£1,174,879	£1,053,684
Tax on Bank Interest	£63	£195
Surplus (Deficit)	(£2,626)	£60,440

Figure 2: Balance Sheet

	2019/20	2018/19
Reserves at start of financial year	£716,297	£655,857
Surplus (Deficit)	(£2,623)	£60,440
Reserves at end of financial year	£713,671	£716,297

Appendix 1: Finance Report

Executive Summary: April 2019 to March 2020



Figure 3: Income Breakdown

	2019/20	2018/19
Statutory Levy	£872,258	£866,048
Resilience Funding	£103,490	£143,147
Education	£165,359	£84,567
Misc. Income & Bank Interest	£31,209	£20,557
Total	£1,172,316	£1,114,319

Appendix 1: Finance Report

Executive Summary: April 2019 to March 2020



Figure 4: Expenditure Breakdown

	2019/20	2018/19
Staff costs (inc. on costs)	£745,636	£659,560
GP sessional payments, honoraria and expenses	£125,883	£110,856
Venue costs (inc. catering)	£49,886	£36,086
External consultants & training facilitators	£136,005	£109,431
Secretariat non-staff costs	£117,469	£137,751
Total	£1,174,879	£1,053,684



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