GLOUCESTERSHIRE
LOCAL MEDICAL COMMITTEE

ANNUAL REPORT
2019 - 2020

LMC CHAIRMAN'S ANNUAL REPORT-APRIL 2019-MARCH 2020

It's been another year of change. We have seen a big change in the LMC office with Dr Penny West, Lizzie Barstow and Lesley Mansfield taking over from our very long-standing office team. This has been a challenge for all, and I would like to thank Penny, Lesley and Lizzie for managing such a smooth changeover, and their enthusiasm for developing new processes and projects. I hope that you will find the team ever more responsive to the issues and problems that practices face.

We have seen the emergence of Primary Care Networks (PCNs) this year. These were facilitated by the CCGs cluster initiative, but due to size stipulations Practices rapidly had to change alliances in some areas to develop networks. This all took place remarkably rapidly once again showing how responsive practices are. This has been the PCN development year, though it may not have felt it for some. PCNs prime aim is to stabilize General Practice. This remains key and is linked to the Partnership Review chaired by Dr Nigel Watson of Wessex LMC. PCNs have grown at different speeds over the county, but to their credit almost all have managed to recruit a Pharmacist now.

Then as we know just before Christmas came the 20 pages of draft PCN specifications. This resulted in an outcry. Over 4000 responses were received, and I thank everyone who took the time and trouble so rapidly to respond. Gloucestershire response was featured in the Guardian article covering the matter. As we know now the amount expected has dwindled. However, the expectations remain a big one. The specifications need to be closely and carefully considered. For instance, the use of digital technology is encouraged in Care Home work, meaning that Digital ward rounds can be carried out. We will monitor the Care Home enhanced service, as it does seem to expect much more than the specifications so should remain, though this has some way before full agreement. A neighboring LMC in Bucks Berks and Oxfordshire have carefully analysed the new specifications and the hours to do full justice are still very considerable. It is up to the PCNs to make the specifications work to the PCNs and patients' advantage whilst maintaining and enhancing life in General Practice. The concern remains that the focus of practice resilience and survival will get lost in the desire to help other organizations. Some of the ARRS roles will save time and work for GPs and nursing staff, but some will create work with more bloods and appointments being made or carried out due to more close adherence NICE guidelines.

The fully funded ARRS to a banding limit is very welcome. The number of additional staff per PCN after several years is enormous, 6 Pharmacists, 3.5 First contact Physios, 2 Paramedics, 2.5 Physician associates 5 Social prescribers and 2 Pharm Tec's per PCN by the end of four years from now. This will be difficult to accommodate in practices without expansion for many. Legal agreements between practices seem to be a necessity in view of the budgets and potential employment risk that this will cause.

The IIF funding and freed up £1.50 a head will help to stabilise practices, but we must be careful not to take on more than is in the specifications. We are skilled professionals in short supply and must guard against other organizations eager to be helped out by us. The specifications, down from 20 to 3 shorter pages need careful consideration. Digital ward rounds at Care homes for example are acceptable, and if you don't manage to recruit a full complement of pharmacists then you can't do the Structured medication reviews.

At long last it does look like some funding and recognition that General Practice is worth supporting seems to have happened. Time will test if this is the start of a new rosier era. The big shame is that NHS England don't seem able to trust practices to receive the funding directly saving some bureaucracy and giving practices more freedom to determine their own needs rather than population, which can be very different as we know.

The needs and demands in General Practice continue to rise. The profession needs to stay together; we can achieve much more that way. This is especially true with PCN directors. They need all the support they can get. The LMC is well placed to offer that with local support, as well as the ability to glean responses to queries from the LMC national network as well as personal contacts we have with regional LMCs and GPC members.

The LMC will continue to support practices and Clinical Directors in trying to keep things going. We continue to sit on the PCN development group with some of the CDs the CCG and NHSE.

It is hard against this background of both expressed anxiousness chatter and frightening research to be anything but negative. However, there are some promising things happening. The launch of the CNSGP or "State backed indemnity" has saved many from worry, and many more from considerable financial outlay. Please ensure that you do maintain cover, it would be false economy and folly not to pay.

We have seen the pace of practice mergers and take overs increase, careful planning and different GP led teams within the merged organisation seem to be features where things go well, but there's no denying it's a lengthy and difficult process. The LMC is happy to support practices in this where problems occur. It is worth noting that the large patient satisfaction surveys carried out annually consistently show greater satisfaction with many smaller practices. Patient knowledge for both GPs and their staff counts for a lot and is an unquantifiable resource.

Gloucestershire became one of a handful of second wave Integrated Care Systems (ICS). We are fortunate to have two GPs active in the ICS as well as Dr Seymour. The full impact of the ICS is yet to be seen but approaching matters in a joined-up way must yield efficiencies and better relationships across the health and social care system.

We continue to meet regularly with Gloucestershire NHS foundation trust. We have developed useful conduits to try to ensure improvements in the primary secondary Care interface. There remains much more to do. GHFT will be adopting an electronic prescribing service which we can only hope will improve this aspect of care between the services. Advice and guidance usage continue to be high. There ought to be sets of FAQs as it's hard not to imagine that the same questions are often asked albeit with different nuances.

The Cinapsis service has just started in earnest. Many clinicians welcome the dialogue with a clinical hospital colleague. We have had little complaint to the office regarding its functionality as yet, but the number of GPs using it are probably not up to full utilisation. There could be capacity issues at the Trust, but this hasn't occurred as far as we are aware. The Single point or other facility will need to remain for surgical and especially for impoverished mobile phone signal areas and other outages.

We were very pleased to have achieved a long-standing goal of a blood and ECG testing service for patients with eating disorders. This is necessary countrywide but we are one of the first to have this established, I pay tribute to the exec team of Phil Fielding and Roz Bounds for this as well as the newly formed GHC with whom we meet regularly to try to continue improvements to practices the community and patients.

We have seen a very successful maternity workshop arranged by the LMC for GPs, it was oversubscribed, and the feedback was very positive. We are looking at more training opportunities. One of our committee members Laura Halden is involved in the training plans at the Training Hub and links to this are essential. The funding for the maternity workshop came from the training hub, which we are grateful for. It is interesting though to see that some LMCs have been allowed more funding, which has resulted in some notable training programs for practices in those areas.

Several privately-run small units for patients with specific needs usually complex mental health are in the county. Please let the office know if you have one in your area. We have worked hard with the CCG and GHC to get memoranda of understanding with these homes. It's been very easy for the role of general practice to gradually stretch too far and compromise patient and practices safety in the process.

PropCo/ NHS property service (NHPS) continue to cause considerable worry for practices who have them as a landlord. The message continues to be don't sign anything and let NHSPS know that you are in dispute over the service charges. Do continue to pay the rent that you have done though.

Pensions remains a huge problem. The combination of terrible delays in pension statements, poor accuracy of pension figures with swinging "late payments interest "for GPs who have unknowingly exceeding the low thresholds have been very upsetting. Its extraordinary that such poor performance in financial setting can result in no noticeable regulatory action.

Its worthwhile reiterating that practices with non-medical partners need careful advice as sudden increases in pension payments themselves can cause trouble.

The problems of annual allowance and tapered relief with a total pension restriction are all causing GPs considerable difficulties, indeed propelling many into early retirement. A BMA survey suggested 42% of GPs had reduced their hours. The defined benefit is the real problem, and the GPC/ BMA are working tirelessly to resolve this. You may have seen that this year 2019/20 an agreement has been reached to mitigate GPs from Annual allowance infringements. This is a shift but is rather too late for many.

For both NHPS and pensions the GPC have launched test cases in law. We await the results of these with great interest.

We don't know what impact Brexit will have. We were supposed to have adopted the falsified medicine directive, but this hasn't happened. It would be a big cost to NHSE to implement and a huge burden for all practices, as even personally administered items such as Depo Medrone and flu imms would have had to be scanned. This hopefully will not materialise.

Firearms licenses have become a very difficult topic in recent months. The BBC coverage gave a fair indication of the problem. We are trying hard to revert back to the process that existed until December and continues throughout the South West in all other forces.

Phlebotomy has not been an easy issue for Practices. Most of the Stroud and Forest Area have not had uplifts for years and welcome the additional funding. Some areas have received no funding at all, Other areas though stand to lose significantly. We remain concerned that the funding is tied to a Primary Care offer whose exact contents tend to alter annually, and the exact stipulations even this year are as yet unknown.

At the time of writing Coronavirus/ Covid-19 is starting to impact in our area with the first cases in Gloucestershire occurring after travel to Italy over the weekend of 29th Feb. The LMC will continue to monitor the situation and advise on matters as soon as we are able to. This is a fast-moving scenario, of considerable concern. The information we have are from the

emergency preparedness group which we are members of, direct links with the CCG and nationally through the GPC and LMC national information services. Very senior figures are amongst these groups with much and experience. This though could well test us all.

My tenure at GPC is up for election currently. I am the only candidate from Gloucestershire standing. I hope to continue representing the interests of General practice on the committee and feeding matters back to the LMC committee and you all. It has been a privilege to serve as LMC Chair and GPC representative. I am pleased to have been elected again as Chair for the next two years.

Dr Tom Yerburgh, LMC Chair 4 March 2020

tom.yerburgh1@nhs.net

LMC SECRETRAY'S ANNUAL REPORT - APRIL 2019 TO MARCH 2020

OVERVIEW

We have seen interesting times, with the NHS Long term Plan resulting in the development of Primary Care Networks led by Clinical Directors. Gloucestershire has 14 networks and 19 clinical directors. Two LMC members are also Clinical Directors. Networks were formed on geographical, not ideological grounds. This presents challenges, especially to smaller practices. There is a proposed merger between two surgeries who belong to different networks. The clinical directors meet with the CCG regularly. The publication of the PCN draft specifications for 2020 caused widespread unease, and after analysis they were rejected by all LMCs. Revised specifications were published in February 2020, with a special conference called to debate the issues on 11 March. The LMC is watching developments with interest and exists to support the best interests of all GPs.

Primary Care Support England (PCSE). PCSE/Capita continues to be a concern to us. The LMC continues to miss the updates we used to receive when GPs joined or left a practice, but at least the levy is paid on time and in full. However, recent liaison with PCSE gives some hope that they are putting their house in order. Tracy Bird is a helpful individual. We were able to expedite provision of pension for a GP who sadly died in service this year.

Integrated Care Systems (ICS). In February 2018 the CCG revealed that Gloucestershire had been selected to form part of the second wave of ICSs. As part of this there would be a Board comprising the Chief Executives of all the related health and social care organisations. Of course, General Medical Practice (GP) has no Chief Executive. During the year the LMC worked with the CCG and GDoc Ltd (the provider company owned by all the practices in the county) to develop an arrangement whereby a suitable representative of general medical practice could sit on that Board. In brief, the seven Locality Provider Leads were co-opted onto the Board of GDoc and the Chief Executive of GDoc was co-opted, *ex officio*, onto the LMC. Formally, it will then be for the LMC to send a representative to the ICS Board, but in practice it is intended that this should be the Chief Executive of GDoc Ltd, in her capacity as an LMC member. GDoc merged with GHAC on 31st December 2020.

Recruitment. As has been the case for many years, few people respond to job adverts in general practice. Thankfully the situation in Gloucestershire is less dire than elsewhere in the country, but we must not be complacent; the troubles afflicting general practice affect us all. There have been mergers and take overs this year due to recruitment issues.

Premises.

- NHS Property Services Ltd (PropCo). The impasse over the NHS Property Services' proposed lease has continued. None of our ten affected practices have signed up as they are still waiting for a credible explanation of the invoices they have been receiving and an acceptable form of lease to be negotiated nationally.
- New builds. The programme of new builds and renovations continues to accommodate the new housing estates being built.
- Practice Closures. Again, none this year, unlike elsewhere in the country.

Practice mergers and take overs

- The Park Surgery in Cirencester and the Lechlade Medical Practice merged to form the Upper Thames Medical Group.
- St Peter's Road Surgery and the Avenue Surgery merged to form the Cirencester Health Group.
- Romney House Surgery in Tetbury was taken over by the Phoenix Surgery in Cirencester and they formally merged in April 2019.

- The Alney Practice (the merged Cheltenham Road and College Yard & Highnam Surgery) in Gloucester City brought forward the closure of the College Yard branch surgery from

  April 2019 to 1st November 2018 because of an unexpected illness in a senior partner and difficulties of recruitment.

- As planned, the three practices in the Aspen Centre and the Saintbridge surgery in Gloucester City merged to form the Aspen Medical Practice.
- The Church Street practice in Tewkesbury now runs the Crescent Bakery and West Cheltenham Medical Practice (formerly known as Springbank). They added the Marybrook Surgery in Berkeley under a short-term APMS contract, following the collapse of that partnership.
- Culverhay Surgery formally took over Marybrook.
- Royal Well, St Catherine's and St George's Surgeries at St Paul's Medical Centre in Cheltenham have some shared partnership liabilities, though retain separate GMS contracts at the time of writing.

Two other mergers are being discussed. If these proceed, there will be 71 practices in Gloucestershire (Compared with 75 in 2019).

G Doc Ltd merger with Gloucester GP Consortium Ltd

There was a merger of G Doc Ltd with Gloucester GP Consortium Ltd, the company which owns and runs Gloucester Health Access Centre and Matson Lane surgeries.

The merger took place with effect from 1 January 2020. The consequence of this is that, at that date all of the property and liabilities (including all contracts) of GHAC and Matson Lane surgeries transferred to G Doc Ltd.

THE LMC

LMC Elections. The new Executive Committee formed in March 2020, led by Dr Tom Yerburgh.

Dr Chris Morton stepped down and the North Cotswolds is now represented by Dr Alison Macrae. North East Gloucester is vacant.

New LMC Secretary. Dr Penelope West started in post 1st April 2019.

Office management. A review of office processes was undertaken. Porter Dodson Solicitors, recommended by Somerset LMC, were engaged to provide staff contracts and handbooks. The LMC purchased a clean copy for free distribution to practices, and most have taken this up. New employees at the LMC were offered the NEST government pension scheme

LMC Offices Staffing. Two new administrators, Mrs Lesley Mansfield and Mrs Lizzie Barstow were appointed in May 2019 and the office is fully functional.

Support to GPs.

- GP Safe House website. This is still functional and advertised monthly in our newsletter.
- Personal support. There has been a continued need for senior LMC members to help and support our constituents. The LMC was able to fund a number of support sessions for a GP in distress to help enable return to work.
- Employment law As well as the above, LMC has made links with Primary Care Law to bring people and sponsorship together to allow CDs and Business Managers to benefit from a 2-day employment law seminar.
- Maternity workshop for GPs LMC made a successful bid from funds from the CCG Training Hub to run our first event in January 2020. It included life coaching and practical information on contractual issues and appraisal. 20 delegates and 7 babies attended. There was very positive feedback and we hope to run more events.

- LMC Newsletter A fun competition with a small prize has been added. It has been well received.

Budgetary issues.

- The LMC Rate is the amount of money paid, without superannuation, to GPs doing LMC work. This year it stood at £88 an hour. In setting the rate annually at our March meeting the LMC has to balance opposing considerations: the LMC needs to provide adequate remuneration to senior GPs to get involved with the LMC, especially as other organisations are seeking the same people; on the other hand, we must always provide value for money.
- GPDF has confirmed that for 2019/20 they will not be raising the 'voluntary' levy beyond the current 6p per patient.

The changes in office staffing have proved cost effective.

NATIONAL ISSUES

General Practice Defence Fund (GPDF). The GP Defence Fund has been reorganised, with GPC members no longer on the Board, thus avoiding the suspicions of conflicts of interest that might otherwise have taken root. Dr Phil Fielding is this LMC's representative at their shareholder meetings. We look forward to seeing the GPDF provide closer support to LMCs.

- They have already commissioned and delivered consolidated updates of the various regulations covering most aspects of general practice work.
- It may be that they will support a practice if a test case is brought to settle what 'excessive' means when seeking an exception to the Data Protection Act 'no fee' rule for SARs.

LMC Conferences. The UK LMC Conference was held in Belfast. The event was marred by allegations of bullying and sexual harassment. An investigation was conducted by Daphne Romney QC. Her recommendations were accepted and approved for action at the English LMC Conference in London in November 2019. Press attention was attracted by a carried motion that home visits should stop to allow GPs to reclaim the working day. The Health and Social Care Secretary rejects such a change to the contract.

GPC. Avon and Gloucestershire are now represented on the GPC by our Chairman, Dr Tom Yerburgh. He is well placed to ensure that our voices are heard in the right quarters. He is also the GPC representative to the consultants committee and deputy policy lead for clinical and prescribing at GPC. The Gloucestershire and Avon seat is being contested at the time of writing.

General Data Protection Regulation (GDPR). The new EU regulation was brought into UK law by the Data Protection Act 2018 in May. A probably unintended consequence is that practices are no longer able, with few exceptions, to charge for supplying copies of the medical record. Practice managers are complaining about the administrative burden and cost of supplying notes due to Subject Access Requests (SARS).

General Practice Forward View (GPFV) funding streams. These continue to flow. One particular stream was to train a small band of practice managers to provide support and review meetings to their peers. After a slow start these meetings are now taking place.

Covid 19 (Corona virus) A new respiratory virus has arisen in the Wuhan province of China with cases in many countries. The world Health Organisation declared it a public health emergency of international concern. There are 51 UK cases (2 in Gloucestershire) at the time of writing. It is at the containment phase. National pandemic planning and preparation is underway, and the situation is changing. Elaboration is outside the scope of this report. The emphasis is on calm, sensible hygiene, and interagency cooperation.

REGIONAL ISSUES

The South West Regional LMCs continue to meet quarterly for exchange of views.

Gloucestershire contributed to a 'Beyond the Basics' course for Clinical Directors-a joint venture with the other SW LMCs. Some NHS 'names' scheduled to speak could not, due to parliamentary

purdah with a general election pending on 12/12/2019. We learned about regional differences. In Somerset, Clinical directors meet the LMC, but not the CCG. In Gloucestershire we have the opposite arrangement.

LOCAL ISSUES – OF LONG STANDING

Earwax removal. The enhanced service granted last year has not been repeated. 'Self-care' is now the order of the day, but the CCG recognises that sometimes micro suction will be required where irrigation fails.

Leg Ulcers. The service introduced in 2016-17 run by Gloucestershire Care Services continues but where the patient is unable to access the service the CCG does pay practices to provide the treatment. However, there are instances where the demand and costs involved exceed the remuneration available.

Phlebotomy. The Acute Trust served notice on providing an outpatient phlebotomy service for primary care outpatients. A CCG 'proposal' with a 'contribution' would mean winners and losers in the face of historic inequities in provision and funding. Cheltenham and Cirencester practices would be worst affected, and we continue to negotiate to try and achieve the best deal for as many practices as possible.

Services and commissioning.

2GT + GCS=GHC

Together Trust (2GT) merged with Gloucestershire Care Services (GCS) to become Gloucestershire Health and Care (GHC) in October 209. This new organisation has a broad remit which includes mental health, district nursing, community dentistry and sexual health service. Helen Goodey is a non-executive director. The LMC has formed good links with this new organisation, with a quarterly meeting to discuss areas of concern.

GHFT LMC meets with Gloucestershire Hospitals Foundation Trust quarterly. We have good working links with Prof. Pietroni, the new Medical Director. Discussions are underway regarding the future of the A&E services in Cheltenham and Gloucester.

- The Primary Care Offer (PCO). This was RAG rated green clinically, amber financially this year, as large, bitty, and onerous. The CCG declares a deficit of £2.1 million.
- Public Health Offer. The offer for 2020/23 is for 3 years. We meet with public health on February 13, 2020. An uplift has been negotiated from April 2020.
- Continence assessments. Continence assessments pre-treatment are agreed not to be core work for GP practices.
- Minor Operations Enhanced Service. Practices will now be able to refer their patients to neighbouring practices for minor operations.
- Flu vaccinations of housebound patients and pregnant women. The LMC insisted that district nurses should let the practice know when they had vaccinated a housebound patient. The LMC persuaded the CCG to look into the vaccination of pregnant women by community midwives.
- Mental Health Issues. At the LMC's urging:
    - Adult ADHD. The CCG agreed to commission an adult ADHD service – previously an ADHD child ceased to receive care at the age of 18. While such children could be expected to 'grow out of it' they might not necessarily have done so by their 18th birthday.
    - ECGs and blood tests for Eating disorders. The CCG and 2GT agreed that this is not appropriate for GPs to assess and so a service was set up to deliver this.
    - Private mental health establishments Care of these patients can impact severely on general practice. The LMC is pursuing the memorandum of understanding approach to clarify roles and responsibilities.

LIAISON WITH OTHER ORGANISATIONS

Concierge This is a private GP organisation which offers a home visiting service. The LMC has received concerns from GPs, met the Medical Director to try and solve some problems, and is watching developments closely.

Coroner's Office. A new process for reporting deaths to the Coroner is now in operation. Notifications are made electronically, using Ardens templates, or a Word document supplied by the Coroner. There are plans for a new 'Medical Examiner' system.

District Valuer assessments. These seem to be very slow at times. One practice in particular had not had an up to date valuation for 4 years which was preventing the new partner from signing the partnership agreement. We have made representations to GPC regarding this.

Gloucestershire Constabulary attempted to introduce a new process for firearms licensing without the agreement of general practice. We await a national agreement between the BMA and the Home Office.

INFORMATION MANAGEMENT AND TECHNOLOGY

CINAPSIS GHFT has introduced Cinapsis, which is an electronic way of seeking advice and guidance from consultants. This was supported by the CCG. Use was extended and promoted to get GPs to use it for acute referrals also. It depends on having a functioning smart phone and internet and has received a mixed reception. LMC has been quick to respond to concerns that the system has not been fully evaluated, one size does not fit all, and to ensure that the SPCA remains as a safety net.

Joining up your Information (JUYI). Is still not fully in service.

IT single domain This remains problematic. IT outages which were not fully understood have caused disruption and delays.

Patient online access to notes This is supposed to be fully functional by April 2020. However, there are many practical problems, some predictable and some unforeseen.

SUMMARY

General practice has seen major changes in the last year. The newly formed Primary Care Networks and their Clinical Directors mean that working at scale is now a reality. Appointment of allied health professionals (Physiotherapists, pharmacists, paramedics, physician assistants and social prescribers) pose many challenges. It must be remembered that PCNs are there to solve the problems of general practice-not those of other organisations.

Dr Penelope West

Medical Secretary Gloucestershire LMC

04 March 2020

penelopewest@gloslmc.com

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

ACCOUNTANTS' REPORT

FOR THE YEAR ENDED 31ST DECEMBER 2019

We have prepared the annexed accounts from the books and records of the Gloucestershire Local Medical Committee, and from the information and explanations supplied by the Treasurer.

We have not carried out an audit.

GRIFFITHS MARSHALL

Chartered Accountants

Beaumont House
172 Southgate Street
Gloucester
GL1 2EZ

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

RECEIPTS AND PAYMENTS ACCOUNT

FOR THE YEAR ENDED 31ST DECEMBER 2019

		2019			2018
		Voluntary	Statutory	Total	
		£	£	£	£
EXPENDITURE					
Donations:					
Royal Medical Benevolent Christmas Fund		300		300	
Cameron Fund Christmas Appeal		300		300	
General Medical Services Defence Trust		41,300		41,300	45,800
Retirement gift		95		95	308
Secretary's remuneration			76,245	76,245	67,963
Secretary's expenses, etc.			854	854	948
Catering		1,931		1,931	2,117
Accountancy fees			1,920	1,920	1,920
Legal fees			900	900	
Bank charges and interest			82	82	84
Locum fees and mileage expenses			136,678	136,678	127,955
Training and support			4,244	4,244	11,497
Clerical assistance and office expenses			41,496	41,496	57,758
Corporation tax			319	319	284
Office rent, etc.			11,491	11,491	11,682
		43,926	274,229	318,155	328,316
INCOME					
Voluntary levy		38,000		38,000	38,000
Statutory levy			280,000	280,000	273,000
Training income			-	-	5,185
Other income	Taxable		1,887	1,887	1,799
	Council recharge		-	-	357
	Conference costs		1,325	1,325	860
		38,000	283,212	321,212	319,201
SURPLUS/(DEFICIT)		(5,926)	8,983	3,057	(9,115)
CASH AT BANK AT 1ST JANUARY 2019		29,696	43,607	73,303	82,418
CASH AT BANK AT 31ST DECEMBER 2019		23,770	52,590	76,360	£ 73,303

Memo:

Clerical assistance and office expenses		**2019**	**2018**
	old	20560	50444
Admin salaries	new	11424	
		9512	7314
Other office running costs		41496	57758

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF THE GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST

FOR THE YEAR ENDED 31ST DECEMBER 2019

We have independently examined the accounts of the Trust as set out on pages 2-3 as required by the Charities Act 2011.

The Trust has elected both to prepare the accounts on the receipts and payments basis and to subject its accounts to independent examination rather than audit.

Our responsibilities are to:

- identify whether or not proper accounting records have been kept;

- check that the Trust accounts agree with the accounting records;

- look for possible significant errors in the accounts;

- check that the accounts have been properly prepared in accordance with the Charities Act 2011 in so far as these apply to the receipts and payments basis;

Where matters arise from this examination that give cause for concern it is our duty to report it.

Our report:

No matters have arisen during the course of our examination where we have to give an adverse report.

L BEAVEN

GRIFFITHS MARSHALL

Chartered Accountants

Beaumont House
172 Southgate Street
Gloucester
GL1 2EZ

GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST

RECEIPTS AND PAYMENTS ACCOUNT

FOR THE YEAR ENDED 31ST DECEMBER 2019

	2019	2018
	£	£
INCOME		
Dividends received	125	112
Bank interest received	9	6
	134	118
EXPENDITURE		
Accountancy fees	-	-
	£	£
NET RECEIPTS FOR THE YEAR	134	118

GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST

BALANCE SHEET

31ST DECEMBER 2019

	2019	2018
	£	£
ACCUMULATED FUNDS		
Balance as at 1st January 2019	12,134	12,016
Net receipts for the year	134	118
Balance at 31st December 2019	£ 12,268	£ 12,134
Represented by:		
INVESTMENTS		
1,100 25p ordinary shares in Foreign & Colonial Investment Trust plc	1,026	1,026
(Market value £8,382 - 2018 £7,117)		
CURRENT ASSETS		
Balance at bank: Lloyds TSB	11,242	11,108
	£ 12,268	£ 12,134

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE ATTENDANCE BY ELECTED MEMBERS AT MEETINGS 01 APRIL 2019 – 01 MARCH 2020

Name	Possible	Actual
Dr S Alvis (Retired July 19)	2	2
Dr M Armstrong	2	2
Dr P Baker	5	4
Dr H Baxter	5	3
Dr J Bayley	5	4
Dr K Bhargava	5	4
Dr R Bounds	5	4
Dr M Chada	5	5
Dr P Fielding	5	5
Dr L Halden	5	4
Dr R Hodges	5	4
Dr J Hubbard	5	5
Dr B Lees	5	4
Dr C Morton	5	5
Dr J Ropner	5	4
Dr R Rutter	5	5
Dr V Tiffney	5	4
Dr T Yerburgh	5	5
Mr M Thatcher	5	4

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

MEMBERSHIP AS AT 31ST MARCH 2020

Constituency and Elected Members

North Cotswolds:

DR. A MACRAE	Mann Cottage Surgery, Moreton in Marsh

South Cotswolds

DR. V TIFFNEY	Cirencester Health Group

Cheltenham Bishops Cleeve & Winchcombe:

DR. P FIELDING	Royal Well Surgery, St. Paul's Medical Centre,
DR B LEES	Leckhampton Surgery, Cheltenham
DR J ROPNER	Berkeley Place Surgery, 11 High Street,Cheltenham

Forest of Dean:

DR H BAXTER	Newent Doctors Practice, Holts Health Centre
DR R BOUNDS	Lydney Health Centre, Lydney

Gloucester City:

DR R HODGES	Aspen Medical Practice, Aspen Centre, Gloucester
DR M CHADA	Quedgeley Medical Centre, Olympus Park
DR L HALDEN	Hucclecote Surgery,5 Brookfield Road

Stroud:

DR. R RUTTER	Stroud Valleys Family Practice
DR. T YERBURGH	Acorn Practice, May Lane Surgery, Dursley
DR. M ARMSTRONG	Cam & Uley Family Practice, 42 The Street
DR. K BHARGAVA	Beeches Green Surgery, Stroud

Tewkesbury:

DR P BAKER	Church Street Medical, Tewkesbury

Non-Principal Rep:
DR. J HUBBARD

Officers of the Committee:

CHAIRMAN:	DR. T YERBURGH
VICE CHAIRMAN:	DR. R HODGES
TREASURER:	DR. P FIELDING
EXECUTIVE OFFICER	DR. R BOUNDS
EXECUTIVE OFFICER:	DR J HUBBARD
LMC MEDICAL SECRETARY:	DR P WEST

Practice Manager Representative
MR MARK THATCHER - Overton Park

Acute Trust Representative
PROF M PIETRONI / ALEX D'AGAPEYEFF

2gether NHSFT Representative
DR A UPPAL

Elected Conference Representatives:
DR R BOUNDS
DR. B LEES
DR T YERBURGH

GPC Representative
DR. T YERBURGH

LMC MEMBER REPRESENTATION TO COMMITTEES
2019 / 2020

GPC Regional Representative

Dr T Yerburgh

Annual Conference Representatives 2019/20

Dr B Lees
Dr R Bounds
Dr P Fielding
Dr T Yerburgh

Gloucestershire Dispensing Quality Scheme

Member: **Dr K Bhargava**

Gloucestershire Medicines Meeting Committee

Member: **Dr K Bhargava**

Gloucestershire Controlled Drugs Local Intelligence (GDLIN)

Member: **Dr T Yerburgh**

Maternity

Member: **Vacancy**

Local Enhanced Services Review Group

Member: **Dr J Hubbard**

Dementia/Community Care

Member: **Dr R Hodges**

Out of Hours

Member: **Dr J Ropner**

TRUSTS

NHS 111 Clinical Governance Trust

Member: **Dr J Ropner**

LMC WORKING PARTIES & ADVICE

LMC Executive Committee

Members: **Dr R Bounds**, **Dr P Fielding**, **Dr R Hodges**, **Dr J Hubbard**, **Dr T Yerburgh**

LMC Pastoral Support

Dr R Bounds
Dr P Fielding
Dr J Linsell
Dr T Yerburgh

PROFESSIONAL LIAISON

Acute Trust

Members: **Dr P Fielding**, **Dr R Bounds**, **Dr R Hodges**, **Dr J Hubbard**, **Dr T Yerburgh**

Winfield Hospital Medical Advisory Committee

Member: **Vacancy**

Gloucester Medical Staff Committee

Member: **Dr J Hubbard**

PAG (Performance Advisory Group) (Area Team)

Member: **Dr L Halden**

GDoc Limited

Member: **Dr P Fielding**, **Dr J Bayley**

GPFV (General Practice Forward View)

Members: **Dr P Fielding**, **Dr R Hodges**, **Dr T Yerburgh**

South West Regional LMCs

Members: **Dr T Yerburgh plus one Exec**

IM&T Meetings

Member: **Dr J Hubbard**