

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

LOCAL MEDICAL COMMITTEE

LMC

GLOUCESTERSHIRE

ANNUAL REPORT 2021 - 2022

GLOUCESTERSHIRE LMC CHAIRMAN'S REPORT 2021/22

It has once more been a difficult year for all of us in general practice.

Throughout the pandemic as we know we've continued to see Patients face-to-face and, in many cases, have gone more than the extra mile to continue the fantastically successful Covid vaccination program in the county.

We have been sadly the recipient of a significant amount of misinformation from the media as well sadly as some politicians. It is not too difficult to imagine where the media stories originate from. Despite this adverse publicity in fact Gloucestershire have continued to have at least 55-60% of appointments face-to-face, higher than the UK average and that is increasing rapidly now. The demand has reached an all-time high and has put enormous pressure on all practices in many ways which we all understand and fully appreciate. The national patient survey once again demonstrated very high satisfaction ratings for Gloucestershire Practices despite this.

Although the hope was that the pandemic would be reaching a conclusion by the end of summer 2021 the new variants have demonstrated how adaptive viruses are, it is humbling for us to see the speed and the effect that viruses can have on humanity.

Sadly, it is very clear it will be a very long time before hospital services will be able to be back to the sort of response that was available before the pandemic. The Government's paper "The NHS plan for elective care" was very short on detail for General Practice, though helplines maybe helpful provided they have sensible messages on rather than exert the current pressure on practices reception secretarial and other admin staff.

NHS England have not treated practices well in recent times. Although it was obvious that QOF would be a significant challenge for 2021/22 NHS E insisted on it being present and fully operational and added further impact and assessment fund requirements to the PCN DES. Practices have continued to offer chronic disease checks as much as possible to affected patients despite the pandemic. Not all the relevant QOF boxes have been ticked though, and the PCN IIF adds further complexity to our lives. It will be a significant task to get back into the habit of QOF mentality once more. Two years have passed since patients were seen routinely face-to-face and opportunistic health screening or monitoring such as blood pressure assessments have not been able to be done as readily. Patients have in many cases been rather neglectful of their health for obvious reasons and parameters such as HbA1c control will be especially difficult to get back on track. "The Winter access fund" was a particular low. The money promised has not been delivered and the expectation over unreliable appointment data was simply disgraceful. The CCG responded in an appropriate manner and the PCN CDs with the LMC played their part in helping some sense to the matter. It is tragic though that this money failed to fully materialise across the country.

The end result of the secretary of State for Health's announcement was universal condemnation and, in the BMA, taking an indicative ballot for industrial action. This is not something to be taken lightly but clearly reflects the difficult state that General Practice is in. The promised 6000 GPs has failed to materialise, indeed there are less. We see a partnership review taking place in parliament by the health select committee. Gloucestershire LMC responded to the call for submissions.

Sadly, therefore there has not been the investment or nurturing required in general practice to recover from the pandemic. We await the final negotiations for changes in this year's contract, but the omens are not favourable especially with the background of an excess NHS England requirements over the past year and media stories. The PCN DES runs for five years, until April 2023, and contract discussions over what happens next, and much more will be taking place soon. The current contract does not limit workload which has become a danger for all, including patients and colleagues at times.

The LMC continue to raise problems that you experience and raise to us in day-to-day practice. Many of these revolve around the primary secondary care interface. It's extremely disappointing that hospitals are still not able to send prescriptions electronically for patients and many services seem unaware that an FP 10 can be sent by post to the patient's pharmacy or the patient. This causes need less pressure in primary care as the patient is sent to obtain the secondary care advice prescription often before the communication from the hospital has arrived.

We are concerned that certain hospital specialties such as haematology and rheumatology are recruitment difficulties for senior medical staff. This appears to be a national problem which Gloucestershire is not isolated from. It is not right though that such gaps in service provision are merely passed to general practice as additional risk and work without any resources allocated and despite significant savings in the acute trust in staff pay. As an ICS we hope that such joined up thinking and working will allow a much more equitable transfer of resource for the workload carried out. We would need a guaranteed resource long-term in order to recruit and retain staff. The considerable work derived from advice and guidance has also been highlighted. General Practice cannot take on this work without a significant increase in resource and workforce.

The investment into general practice continues to be directed primarily at primary care networks. It's essential that PCNs remain aware of the importance of maintaining practices structures and funding. The ARRS posts have been helpful, though they need to be open to all staff including GPs and Nurses. The supervision though can be an additional cause of work.

Mental health sadly has become a very major problem as a consequence primarily of the pandemic. This too has had a very great impact on general practice. We hear that referrals for eating disorders have almost doubled and numbers of referrals to an already underfunded adult ADHD assessment service are so high that the trust is finding it hard to cope. There really needs to be far greater resource going into mental health. Against this background it's particularly disappointing that the ARRS mental health workers have yet to be appointed over a year since they were heralded for primary care networks. Much needs to be done in addressing mental health. With secondary care services struggling to provide the necessary resource to help it is a particular concern. It is also worrying that patients with conditions such as eating disorders are expected to be dealt with more in General Practice without any funding coming to help address this. Eating disorders is a complex area of mental health with increased mortality and morbidity attached to it. It cannot be right for primary care to be taking this on without significant help from secondary care and the rest of the health service.

There is a secondary care ECG and blood assessment service for these patients which was set up in the county following a coroner's case in Cambridgeshire which highlighted follow-up for serious eating disorders as a notable problem.

This year is a year of change for the local health community. The CCG will cease to exist in July, though that was planned in April as the Integrated care system takes over. The CCG has worked carefully over a number of years for the transition to an ICS so it should be a smoother transition than in many areas. We can but hope that the ICS will bring a more seamless service for patients between the community and hospitals but not by-passing work unfunded to General practice. There is a harmony between the sectors that has been altered to the great detriment of Practices. Unless a change in mentality happens then the future of NHS General Practice must sadly be at risk.

At the LMC change also has taken place with the retirement of Dr Penny West as Medical Secretary. We will be welcoming Nicola Wright to become our operations manager. Nic is a very experienced Practice manager in Cheltenham and brings many skills to the job. I would like to thank Penny for her tireless work over a tumultuous time in health care as the Pandemic hit. Thanks go too to our Office Manager Lesley Mansfield who has kept things running smoothly during the changeover, as there has been an interregnum of 2 months at the LMC office.

The Covid vaccination program has been an outstanding success in Gloucestershire. The CCG placed their faith in practices to deliver this through primary care networks and their CDs. As well as general practice the CCG have worked tirelessly in supplying workforce and ARRS roles appropriate to this task. We are the only county with no mass vaccination Centre and the fact that we have achieved the highest rate of vaccination coverage throughout the country is testament to the ability of general practice and the system as a whole to work together for the best of patients. Patients trust general practice and trust local services. We must never forget that and must constantly remind the authorities that unless the additional value that general Practice is appreciated very soon Health services will suffer immeasurable harm.

At the time of writing, we face in Europe the first time that a country has been invaded since the Second World War. This will have very grave implications for health services throughout Europe as funding is directed towards supporting European partners as well as providing a huge amount of help for refugees. We watch with bated breath as history develops in front of our eyes. We hope to

goodness that sense will prevail but sadly history is not always positive in the short term in that regard.

Best wishes to you all,

Tom Yerburgh
Chair Gloucestershire LMC

ANNUAL REPORT - APRIL 2021 TO MARCH 2022 – SECRETARY’S REPORT

OVERVIEW

General Practice continues to battle with the of the Covid-19 pandemic. The vaccination campaign locally was a resounding success, which deserves the utmost respect. A new covid variant, omicron, has emerged. It is more transmissible, possibly less deadly, though time will tell. There is a massive campaign to get the population to have booster vaccines. The profession is challenged by NHSE, Government and mass media campaigns that GPs return to 'normal' provision of care. Some of this has amounted to vilification and abuse, which has damaged morale.

We are concerned about the volume of work shifting from secondary to primary care, and that pay for enhanced services requires an uplift to keep pace with inflation and staff costs'

Primary Care Support England (PCSE). PCSE/Capita continues to be a concern to us. We publish avenues of support, and information of how to escalate problems in our monthly newsletter.

Integrated Care Systems (ICS). This will be the biggest major change in the organisation of the NHS since the Health and Social Care Act Of 2012. We are watching developments with interest and are pleased to hear that deeper LMC involvement is likely to be encouraged. We held an LMC Development Day to discuss in June 2021 and have provided an LMC opinion regarding how general practice should be represented going forwards when CCGs are disbanded in April 2022.

Recruitment. Recruitment continues to be an issue in Gloucestershire as elsewhere. This is true for GPs, and all other practice staff.

Premises

NHS Property Services Ltd (PropCo). The impasse over the NHS Property Services' proposed lease has continued. We hope an acceptable form of lease can be negotiated nationally. In September 2020, the BMA advised that Practices should not sign any new agreements that will compromise their existing legal protections and status. Practices should pay charges only when they are satisfied regarding the legal basis of the charges and their accuracy. Practices do not need to always have written lease to be protected. The link below has some very useful information.<https://www.bma.org.uk/advice-and-support/gp-practices/gp-premises/service-charges-for-gp-premises>

New builds. The CCG was committed to an estates programme pre-covid. New builds and renovations continue to accommodate the new housing estates being built.

Practice Closures. Again, none this year, unlike elsewhere in the country.

Practice mergers and take overs

- Rosebank and Bartongate practices in Gloucestershire have merged
- 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.
- Corinthian and Portland surgeries in Cheltenham are planning to merge their contracts
- Drybrook surgery in the Forest of Dean had a sole partner who after considering options sold to an outside agency and remains in post as a salaried doctor.
- On 1st March 2021 Gloucester City Health Centre (L84052) changed its name to Severnside Medical Practice and move to new premises
- Stroud Valley Family Practice and Locking Hill Surgery will merge their contracts on 1st April 2022

G Doc Limited is owned by all the GP practices in Gloucestershire; any profits made are reinvested into local primary care. G Doc operates Gloucester Health Access Centre and its branch surgery, Matson Lane. Since January 2021, it has also run Lydney Practice, following a request from the Lydney partners to merge. As well as the practices, GDoc provides the Countywide Improved Access Service at weekends, the Covid Virtual Ward, the Parachute Nursing Service, spirometry and micro suction. They also provide GP and nursing cover for practices who are short of staff.

THE LMC

LMC Elections. The Executive consists of Dr Tom Yerburgh (Chair) Drs Bob Hodges (Vice Chair), Jethro Hubbard (Treasurer), Laura Halden and Mamta Chada. The Executive is due re-election in early 2022.

LMC Office Dr Penelope West retires as Medical Secretary on 30th December 2021.

The new incumbent will be Nicola Wright. Her title will be Operations Manager. She starts in post on 15 March 2022.

Administrator, Mrs Lesley Mansfield continues in post. Mrs Lizzie Barstow left the LMC due to family relocation to Belgium. We ran a fully functional office with a flexible mixture of office and home working in accordance with covid lock down rules. At the time of writing, the office has had zero sickness or unauthorised absence.

Office management. The Office purchased an updated staff handbook from Porter Dodson Solicitors, to include a policy for homeworking. The LMC purchased a clean copy for free distribution to practices.

Support to GPs.

- GP Safe House website. This is still functional and advertised monthly in our newsletter. There are many routes to help, including the office enquiries form, and e mail or phone call to the Chair or Medical Secretary.
- 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. We would actively encourage LMC Officers to consider taking on support roles.
- Employment law as well as the above, LMC 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.
- LMC Newsletter A fun competition with a small prize was added. It has been well received. Since Covid, the winner chooses a charity, and the LMC makes a £10 donation.
- Training and Education in Gloucestershire this is the province of the Training Hub which is separate to the LMC.
- Budgetary issues.
- The LMC Rate is the amount of money paid, without superannuation, to GPs doing LMC work. This year it was £92 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.

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 Tom Yerburgh 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.
- We have participated in a working group to help develop information resources and new member packs for LMC Officers.

GPC Dr Vautrey, Chair of GPCE resigned in November 2021. The GPC is now led by Dr Farah Jameel of Camden. Avon and Gloucestershire are represented on the GPC by our Chairman, Dr Tom Yerburch. 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.

Morale in general practice is currently very poor. The BMA has balloted practices regarding potential actions, such as withdrawing from the PCN DES to disrupt vertical integration

LMC Conferences LMC England Conference was held on 25/26 November 2021. We were advised that the ballot showed that over half of UK practices would be willing to withdraw from the PCN DES.

REGIONAL ISSUES

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

LOCAL ISSUES

Leg Ulcers. This has been discussed regularly, due to inequity of access. At present, there is no commissioned service for the city of Gloucester. We have worked with the CCG and GHC to address this. We hope that a service will be set up this spring (though the second wave of the pandemic has hindered plans.

Phlebotomy. A phlebotomy DES for primary care bloods was included in the Primary Care Offer. A clause within it stated that General Practice would help with secondary care bloods *if they had capacity*. Because of covid, the Acute Trust attempted to do more remote work without the infrastructure to support it. There were multiple examples of inappropriate work transfer. The CCG accepted that provision of secondary care bloods must be reviewed, and the result was a phlebotomy (secondary care) enhanced service. Many practices employed extra phlebotomists to do the work. Efforts were then frustrated by a shortage of blood bottles in September 2021, leading to a backlog of work.

Child Health Information System (CHIS) Some practices have complained about repeated requests to supply data to CHIS. The LMC was able to engage with the local CHIS team, and the result was a piece of work at the Aspen Centre to discover how processes could work better. This is encouraging.

Services and commissioning.

GHC

Together Trust (2GT) merged with Gloucestershire Care Services (GCS) to become Gloucestershire Health and Care (GHC) in October 2019. 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. It runs over a hundred separate services, some of which ceased during covid, were re-booted, then struggled again in the second wave of the pandemic.

GHFT

The LMC meets with Gloucestershire Hospitals Foundation Trust at least twice a year. We have good working links with Prof. Pietroni, the Medical Director. Discussions are underway regarding the future of the A&E services in Cheltenham and Gloucester. We have regular correspondence about work shifting.

- The Primary Care Offer (PCO). This was RAG rated amber clinically, amber financially this year. The LMC is concerned that phlebotomy and the PCN DES were contained within the PCO, giving practices an offer, they could not refuse. This caused loss of choice and autonomy, and anger from some.
- Public Health Offer. The offer for 2020/23 is for 3 years. We meet with public health on February 13 2020. An uplift was negotiated from April 2020. There was discussion about funding for contraceptive procedures which practices could not deliver due to covid. Public Health refused to pay. The CCG was more sympathetic about this issue, and we were thankful for this.

- 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.

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. An MoU was agreed between a practice who had issues and the Priory. This has been successful.

LIAISON WITH OTHER ORGANISATIONS

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

Coroner's Office. The emergency Covid Act 2020 relaxed some of the rules around death certification. The LMC has strengthened working relationships with our Coroner, Katy Skerrett, Coroner's Officer Barry Sweeney, Undertakers and Police. Dr Penelope West was part of the Mortality Planning Cell for the County. Processes have worked well in Gloucestershire, with events managed in a peaceful and dignified way.

Gloucestershire Constabulary A national agreement between the BMA and the Home Office has been reached and implemented by Gloucestershire constabulary.

NHSE Appraisals stopped altogether in the first wave of the covid pandemic. In Gloucestershire they have resumed in a voluntary, virtual, supportive, streamlined way. The local aim is for a blend of kindness and pragmatism, keeping the best interests of GPs firmly in sight.

Performance Advisory Group (PAG) Thanks to a history of many years of good working relationships, The LMC is viewed as a positive presence at PAG. Dr Laura Halden handed on the baton to Dr Penelope West. We continue to insist that any GP referred to the PAG receives a letter from the LMC to offer support, and we keep our listening ears open.

CQC Face to face CQC inspections are currently in abeyance. The LMC maintains contact with the local Inspector to remind them of the pressures on GPs and Practice Managers. Every telephone and electronic request for submission of information distracts practice personnel from other important matters.

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 we ensured that the SPCA remains as a safety net. As the acute trust does more virtual working, they are promoting 'Advice First' and 'Advice and Guidance'. This has worked well for dermatology. Haematology had significant problems. The rheumatology service is also a concern.

IT Expertise Dr Paul Atkinson who works for the CCG was co-opted onto the LMC so that his expertise is available nationally. It may be that the GPC will call upon him.

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 was supposed to be fully functional by April 2020. However, there are many practical problems, some predictable and some unforeseen.

SUMMARY

Dr Penelope West MB BS BSc DA MRCGP LLM

Medical Secretary Gloucestershire LMC

23 December 2021

penelopewest@gloslmc.com

[Declaration of interest Dr Penelope West is also an appraiser for NHSE and will retire from that role on 31 March 2022.](#)

ACCOUNTANTS' REPORT

FOR THE YEAR ENDED 31ST DECEMBER 2021

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 2021							
				2021		2020	
				Voluntary	Statutory	Total	
				£	£	£	£
EXPENDITURE							
Donations:							
	Royal Medical Benevolent Christmas Fund			600		600	-
	Cameron Fund Christmas Appeal			600		600	-
	General Practice Defence Trust			18,900		18,900	3,500
	Retirement gift			30		30	646
	Secretary's remuneration				75,971	75,971	79,248
	Secretary's expenses, etc.				150	150	27
	Catering					-	922
	Accountancy fees				1,920	1,920	1,920
	Bank charges and interest				84	84	79
	Locum fees and mileage expenses				143,724	143,724	124,729
	Training and support				3,864	3,864	3,973
	Clerical assistance and office expenses				23,949	23,949	25,932
	Corporation tax				311	311	2,212
	Office rent, etc.				11,225	11,225	11,306
					20,130	261,198	281,328
							254,494
INCOME							
	Voluntary levy			29,497		29,497	38,000
	Statutory levy				279,968	279,968	280,000
	Training income				2,000	2,000	1,000
	Other income	Taxable			1,756	1,756	11,795
		Development projects			1,500	1,500	-
		Conference costs				-	2,498
					29,497	285,224	314,721
							333,293
SURPLUS/(DEFICIT)							
				9,367	24,026	33,393	78,799
CASH AT BANK AT 1ST JANUARY 2021							
				56,702	98,457	155,159	76,360
CASH AT BANK AT 31ST DECEMBER 2021							
				66,069	122,483	188,552	£ 155,159
Memo:							
	Clerical assistance and office expenses		2021	2020		Training and support costs	
	Admin salaries		17,508	18,623		Safe house	1,820
	Other office running costs		6,441	7,309		Sedgwick	1,860
			23,949	25,932		Brammal Stainer	184
							3,864

**GLOUCESTERSHIRE MEDICAL BENEVOLENT
TRUST**

BALANCE SHEET

31ST DECEMBER 2021

	<u>2021</u>	<u>2020</u>
	<u>£</u>	<u>£</u>
ACCUMULATED FUNDS		
Balance as at 1st January 2021	12,400	12,268
Net receipts for the year	136	132
Balance at 31st December 2021	<u>£</u> <u>12,536</u>	<u>£</u> <u>12,400</u>

Represented by:

INVESTMENTS

1,100 25p ordinary shares in Foreign & Colonial Investment Trust plc	1,026	1,026
(Market value £10,186 - 2020 £8,657)		

CURRENT ASSETS

Balance at bank: Lloyds TSB	11,510	11,374
	<u>£</u> <u>12,536</u>	<u>£</u> <u>12,400</u>

**GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE ATTENDANCE BY
ELECTED MEMBERS AT MEETINGS 01 APRIL 2021 – 01 MARCH 2022**

Name	Possible	Actual
Dr M Armstrong	5	3
Dr S Shyamapants	4	3
Dr H Baxter	5	3
Dr J Bayley	5	5
Dr K Bhargava	5	5
Dr D Shahid	5	5
Dr M Chada	5	5
Dr R Gracie	5	3
Dr L Halden	5	5
Dr R Hodges	5	5
Dr J Hubbard	5	5
Dr J Jackson	5	5
Dr B Lees	5	5
Dr A Macrae	5	2
Dr M Karunaratne	1	1
Dr J Ropner	5	4
Dr R Rutter	5	5
Dr V Tiffney	5	4
Dr T Yerburgh	5	5
Mr M Thatcher	5	5
Dr P Atkinson	5	4

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

MEMBERSHIP AS AT 31ST MARCH 2022

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 J JACKSON

West Cheltenham Medical

DR R GRACIE

Cleevelands Medical Centre, Cheltenham

DR B LEES

Leckhampton Surgery, Cheltenham

DR J ROPNER

Berkeley Place Surgery, Cheltenham

Forest of Dean:

DR H BAXTER

Newent Doctors Practice

DR D SHAHID

Severbank Surgery, Lydney

Gloucester City:

DR R HODGES

Aspen Medical Practice, Aspen Centre,

DR M KARUNERATNE

Rosebank Health Surgery, 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,

DR. K BHARGAVA

Beeches Green Surgery, Stroud

Tewkesbury:

DR S SHYAMAPANTS

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. J HUBBARD

EXECUTIVE OFFICER

DR. L HALDEN

EXECUTIVE OFFICER:

DR M CHADA

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. B LEES

DR T YERBURGH

Dr M Chada

Dr J Hubbard

LMC MEMBER REPRESENTATION TO COMMITTEES 2021 / 2022

GPC Regional Representative

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 T Yerburgh

Dementia/Community Care

Member: Dr R Hodges

Out of Hours

Member: Dr J Ropner

TRUSTS

NHS III Clinical Governance Trust

Member: Dr J Ropner

LMC WORKING PARTIES & ADVICE

LMC Executive Committee

Members: Dr M Chada

Dr J Hubbard

Dr L Halden
Dr R Hodges

Dr T Yerburgh

LMC Pastoral Support

Dr B Lees
Dr J Hubbard
Dr M Chada
Dr T Yerburgh

PROFESSIONAL LIAISON

Acute Trust

Member: Dr J Hubbard

Winfield Hospital Medical Advisory Committee

Member: Vacancy

Gloucester Medical Staff Committee

Member: Dr J Hubbard

PAG (Performance Advisory Group) (Area Team)

Member: Dr R Rutter

GDoc Limited

Member: Dr J Bayley

PCN Development Group

Member:
Dr T Yerburgh

South West Regional LMCs

Members: Dr T Yerburgh plus one Exec

IM&T Meetings

Member: Dr J Hubbard