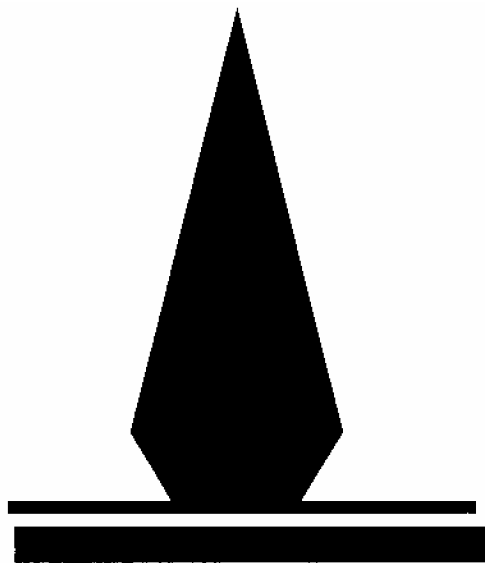


**GLOUCESTERSHIRE
LOCAL MEDICAL COMMITTEE**

**ANNUAL REPORT
2009 - 2010**



CHAIRMAN'S INTRODUCTION

The overall trend, in health as in everything else, is towards getting more for less. This has been made all the more pressing by the banking crisis in 2008. To avoid the worst effects of that the government ploughed enormous sums into the economy this year, and must now retrench. Although the NHS funding is allegedly ring-fenced we have already this year seen pressure on practices to achieve more and more with little or no increase in resources. In doing so the PCT is not being malicious – just trying to ride the economic storm. I am sure that this trend will continue for some years. I do not expect anything much to change after the General Election. All parties have expressed support for extended opening hours. Whichever party wins, they will be under the same financial pressures.

That said, this past year has shown some progress. The Doctors and Dentists Review Body (DDRDB) did recommend an increase and the GPC managed to negotiate a split that allowed some actual increase in practice remuneration, while further eroding the MPIG's Correction Factor. GPs demonstrated that, as ever, they are amazingly resilient and adaptable. The time may come, however, when GPs' family pressures will bring a change in that willingness to go the extra mile. I hope the government (of whatever stripe) will recognise this before it is too late.

I am, as ever, most grateful for the unfailing support I get from your committee, its officers and our office staff, and I look forward to another 2 years as your Chairman. I commend this report to you.

LAY SECRETARY'S NOTES

All years are busy, since people are more inclined to find cures rather than just let the body cure itself, but 2009/2010 was particularly busy. The Labour government was nearing the end of its term in office and was anxious to be seen to be doing something positive for NHS patients. An outbreak of pandemic 'swine flu' gave rise to fears of greatly increased death-rates but so far it has proved to be a relatively mild disease. Not so the efforts made to contain it; had such coordination and resources been available in 1665 they would have stopped the plague in its tracks. Also the winter provided the coldest weather and the deepest snow for years.

NATIONAL INITIATIVES

Darzi Clinics. Whether they needed them or not every PCT in the land was forced to commission a 7-day-a-week, 8.00-until-8.00, primary care facility. Gloucestershire's most needy population was deemed to be in Gloucester City and a local consortium of GPs won the contract. The Gloucester Health Access Centre (GHAC) accordingly opened in St Michael's Square in February 2009 but moved in February 2010 to a permanent site in Eastgate Street.

Extended Hours. The Government was convinced that workers were unable or unwilling to take time off for medical appointments. They therefore wanted at least half of all practices to open in the early mornings, or evenings, or weekends (to reflect the wishes of the majority of their patients). The Government then put immense pressure on PCTs to achieve this. The Labour Party's stated aim for the next year (given that they win the general election) is for extended hours to be offered to all patients (though not necessarily by all practices).

Quality and Outcomes Framework (QOF). In 08/09 the government introduced new measures within QOF called PE7 (ability to obtain a consultation within 2 days) and PE8 (ability to obtain a GP consultation more than 2 days ahead). Performance was to be measured by a patient survey. Thus for the first time the performance of practices against QOF targets would not be measured by objective but by subjective means. As feared, the patient survey did produce marked drops in performance that were not necessarily a fair reflection of true practice

performance. Though the Department of Health encouraged PCTs to provide some sort of financial assistance for those practices hardest hit this did not happen.

Swine Flu Pandemic. In Mexico a flu virus migrated from pigs to humans and then spread world-wide since humans had no immunity to it. The actual death toll was slight, but the threat that it might mutate into something more deadly drove a considerable effort to plan for a worst case. The government made available huge stockpiles of Tamiflu (originally procured against an outbreak of avian flu that never materialised). A vaccine was also procured on the basis that everyone would be given it as it became available. High priority groups were all that could be treated in the time available, but many of those refused to accept the vaccination. As a result practices, which had been promised a reduction in their PE7 and PR8 thresholds if they achieved just over 50% vaccination of the high priority patients, were unable to do so.

Choose and Book. However good Choose and Book might be in theory, it displayed several holes in practice, not all below the waterline. National funding under the DES ceased so the PCT introduced a LES giving practices a reward for using the system. The PCT also provided a clearing house to convert paper bookings into C&B electronic bookings where necessary.

GP Practice Remuneration. A complex formula was agreed between the GPC and the NHS Employers which split the DDRB award into 19 parts and applied them in different ways. This allowed the Government to reduce the size of the Conversion Factor (which with the Global Sum makes up the Minimum Practice Income Guarantee (MPIG)) while still giving GP practices some small increase in actual income.

LOCAL INITIATIVES

PMS Review. The PCT had inherited from the three previous PCTs several different PMS contracts, and wished each of our 30 PMS practices either to move to one new PMS contract for the county or to revert to the nGMS national contract. The PCT also wanted to know what they were getting for their growth money. They had not in the past been reviewing contracts annually, as they should, but wanted to do so now. Further, they were not prepared to commission new work from GMS practices with the extra money they had been given by government until they had finalised the position with PMS practices. The negotiations lasted all year. It proved very difficult to unpick the various strands of payment, particularly in the old West Gloucestershire area where records had been inadequate. Several iterations of financial spreadsheets were produced until the LMC was able to judge them fair and representative. In the end, as a result of the PCT offering relatively favourable conditions and, for some practices, a PMS conversion factor akin to an MPIG, 26 practices chose to return to a GMS contract. At the time of writing the PCT and LMC are negotiating the terms of a county-wide PMS contract to which the 4 remaining PMS practices can transfer. The new arrangement redistributes the existing growth monies between the thirty current PMS practices such that:

- Those earning below the average PMS pounds per patient will be brought up to that level,
- Practices that wish it will be commissioned to carry out Level 4 anticoagulation and near patient testing.
- Those not yet commissioned to carry out Implanon will be given it.
- Vascular screening (health checks for those aged between 40 and 74) will be commissioned from all practices. (This will also be commissioned from existing GMS practices, but using different fund.)
- Some practice-specific services will be locally commissioned.

- Some of the existing growth money will be used to provide pace of change payments over 3 years to avoid destabilising practices with too sudden a reduction in funding.
- Appraisal fees may be reinstated using the surplus.
- Any balance will be split between the current PMS practices in proportion to their list sizes to carry out the clinical work required by the county joint strategic needs assessment (JSNA).

Hospital Initiatives

- Project UTOPIA. The Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT) decided to create a single point of access for unscheduled referrals to hospital – through the A & E department. An unscheduled referral centre was set up for practices to phone. Extra consultants were taken on so that patients could be seen and assessed as early as possible, thus reducing wasted waiting time in the hospital and leading to savings through an early discharge, if appropriate. However there were significant teething problems which are still ongoing, not least the bottleneck in A&E.
- Fraud Prevention. Secondary care and primary care are governed by different rules as regards treatment of temporary residents and foreign visitors. However the hospitals would like to know from practices whether a person being referred may have to pay for their own treatment. They held a seminar for all practice managers to put this over.

ONGOING CONCERNS

Out of Hours. There has been a proliferation of services in the NHS, leading to a lack of clarity for patients on where they should seek help. During core hours there are GP practices. Just out of core hours many GP practices are opening extended hours (which differ for each practice) for pre-booked appointments. There is the new GHAC open 8.00 to 8.00, 7 days a week. There is also the Accident and Emergency wing at hospitals and the Out of Hours service itself. Superimposed 24 hours a day, 7 days a week, is NHS Direct, a national phone-in system. There was much adverse comment in the media about standards in the OOHs service. Doctors remain convinced that: they do not want to take it back; that 6% of their income is not enough to run the service as it now stands; that the concept of 'emergencies only' has been lost.

Mental Health. Improved Access to Psychiatric Therapies (IAPT) was introduced, with some success. To fund it the Primary Care Adult Treatment Team (PCATT) was closed.

Health Visitors. There remains an increasing shortage of health visitors. The policy of targeting the few that remain on centres looking after particularly needy populations was opposed by those practices which felt, justifiably, that they were losing a valuable member of their primary care team to the detriment of their patients.

Premises. The GHAC premises in Eastgate House were completed. Seventeen other projects were on the stocks but had not progressed so far as having a brick laid. Many and varied were the reasons. The PCT remains committed to carrying out the priority works identified in 2007, but does not deny that progress needs to speed up.

REPRESENTATIONAL MATTERS

Salaried GPs. Nationally there was a move to form a breakaway representational group for salaried GPs, separate from the BMA. This reflects a fear that the profession could have such divergent interests that it could split. Locally we

recognised that partners were over-represented in the LMC and that more salaried GPs were needed to even things up.

Membership. Our registrar member, Dr Dom Kanga, was replaced by Dr Emma Preston. We were also lucky enough to fill our Gloucester City vacancy with a salaried GP, Dr Bob Hodges. There remains an imbalance of the sexes: although the numbers of GPs in practices is broadly equal between the sexes, male representation on the LMC is far higher than female. The committee ends the year with two vacancies in Cheltenham which we would be happy to fill by co-option of volunteers (ideally salaried, female and one of them from a PMS practice).

Finances. The LMC's expenses this year were less than budgeted, partly because of a reduced number of sub-committee meetings, and the income was slightly increased, partly as a result of a refund of some of our GP Defence Fund contribution. We can forecast a welcome 5.3% reduction in the statutory and voluntary levies for 2010/11.

SUMMARY

Your Local Medical Committee is strong, relatively well recruited, adequately funded and ready to serve you in whatever way it can. If you think anything is missing from our service, do let us know.

M J D FORSTER
Lay Secretary

**TO THE TRUSTEES OF THE
GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST**

FOR THE YEAR ENDED 31ST DECEMBER 2009

We have independently examined the accounts of the Trust as set out on pages 2 to 3 as required by the Charities Act 1993.

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 account records;
- Check that the accounts have been properly prepared in accordance with the Charities Act 1993 insofar 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.

ARNOLD & CO

Chartered Accountants

Annandale House
105 Eastgate Street
Gloucester GL1 1PY

February 2010

GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST

RECEIPTS AND PAYMENTS ACCOUNT

FOR THE YEAR ENDED 31ST DECEMBER 2009

	2009	2008
	£	£
INCOME		
Dividends Received	71	68
	<hr/>	<hr/>
	196	68
EXPENDITURE		
Accountancy Fees	-	-
	-----	-----
NET RECEIPTS FOR THE YEAR	£ 196	£ 68
	<hr/> <hr/>	<hr/> <hr/>

GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST

BALANCE SHEET

31ST DECEMBER 2009

	<u>2009</u>	<u>2008</u>
	£	£
ACCUMULATED FUNDS		
Balance at 1st January 2009	10,999	10,931
Net Receipts for the Year	196	68
Balance at 31st December 2009	<u>£11,195</u>	<u>£10,999</u>

Represented by:

INVESTMENTS

1,100 25p Ordinary Shares in Foreign & Colonial Investment Trust plc	1,026	1,026
(Market Value £3,003 – 2008 £2,508)		

CURRENT ASSETS

Balance at Bank: Lloyds TSB	10,169	9,973
	<u>£11,195</u>	<u>£10,999</u>

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

ACCOUNTS' REPORT

FOR THE YEAR ENDED 31ST DECEMBER 2009

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.

ARNOLD & CO

Chartered Accountants

Annandale House
105 Eastgate Street
Gloucester GL1 1PY

February 2010

GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

RECEIPTS AND PAYMENTS ACCOUNT

FOR THE YEAR ENDED 31ST DECEMBER 2009

	<u>Voluntary</u>	<u>2009</u> <u>Statutory</u>	<u>Total</u>	<u>2008</u>
	£	£	£	£
EXPENDITURE				
Donations:				
Royal Medical Benevolent Christmas Fund	300	-	300	-
Cameron Fund Christmas Appeal	300	-	300	300
General Medical Services Defence Trust	27,245		27,245	33,300
Secretary's Remuneration	-	61,673	61,673	59,711
Secretary's Expenses, etc.	-	856	856	825
Catering	2,174	-	2,174	2,672
Professional Charges	-	2,266	2,266	2,203
Bank Charges and Interest	-	115	158	268
Locum Fees and Mileage Expenses	-	97,468	97,468	103,832
Clerical Assistance and Office Expenses	-	43,447	43,447	50,361
Corporation Tax	(220)	-	(220)	2,443
Office Rent etc	-	11,582	11,582	12,299
Retirement Gift	-	-	-0	50
Office Equipment	-	-	-	1,444
	29,799	217,407	247,206	264,822
INCOME				
Voluntary Levy	36,000	-	36,000	35,500
Statutory Levy	-	234,129	234,129	220,500
Sessional GP Subscriptions	225	-	225	200
Interest received	61	-	61	882
	32,286	234,129	270,415	257,082
SURPLUS / (DEFICIT)	6,487	(16,722)	23,209	(7,740)
CASH AT BANK AT 1ST JANUARY 2009	3,321	35,638	38,959	46,699
CASH AT BANK AT 31ST DECEMBER 2009	£ 9,808	£52,360	£ 62,168	£ 38,959

**GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE
ATTENDANCE BY ELECTED/CO-OPTED MEMBERS*
AT MEETINGS APRIL 2009 – MARCH 2010**

<u>NAME:</u>	<u>POSSIBLE:</u>	<u>ACTUAL:</u>
DR. A SEYMOUR	11	11
DR. P FIELDING	11	11
DR. S STEINHARDT	11	11
DR. S ALVIS	11	11
DR. J BAYLEY	11	9
DR. N BOOKER	11	10
DR. I BYE	11	11
DR. R COKER	11	9
DR. P FELLOWS	11	9
DR. R GALE	11	9
DR. C GOOD	11	11
DR. M HAYES	11	8
DR R HODGES	7	7
DR. D KANGA*	4	3
DR. T MORGAN	11	6
DR. C MORTON	11	9
DR. L PATTERSON	11	6
DR. E PRESTON*	7	4
DR. A RIGBY	11	7
DR. J SALTER	11	9
DR. I SIMPSON	11	11
DR. N SIVA	11	10
DR. T ULAHANNAN	11	9
DR. T YERBURGH	11	10
MRS J KNIGHT+	6	5

*(Trainee Rep)

+(Practice Manager Rep Sept 09 – April 10)

GLoucestershire Local Medical Committee MEMBERSHIP AS AT 31ST MARCH 2009

Constituency and Elected Members

Co-opted Members*

North Cotswolds:

DR. C MORTON White House Surgery, High Street, Moreton-In-Marsh

Cheltenham Bishops Cleeve & Winchcombe:

DR. P FIELDING Royal Well Surgery, St. Paul's Medical Centre,
DR. R COKER Overton Park Surgery, Overton Park Road, Cheltenham
DR. T MORGAN*^(resigned 20.04 2010) Overton Park Surgery, Overton Park Road, Cheltenham
VACANCY
VACANCY

Cirencester, Fairford & Tetbury

DR. I J SIMPSON Phoenix Surgery, 9 Chesterton Lane, Cirencester
DR. L PATTERSON The Park Surgery, Old Tetbury Road, Cirencester

Dursley, Wotton-Under-Edge:

DR. T YERBURGH Acorn Practice, May Lane Surgery, Dursley
DR. S ALVIS 42 The Street, Uley, Dursley

Forest Of Dean:

DR. P R FELLOWS Severnbank Surgery, Tutnalls Street, Lydney
DR. C GOOD The Surgery, Drybrook
DR. M HAYES Yorkley Health Centre, Lydney

Gloucester City:

DR. A SEYMOUR Heathville Medical Practice, Heathville Road
DR. N SIVA Quedgeley Medical Centre, Olympus Park, Quedgeley
DR. S STEINHARDT The Surgery, 5A Brookfield Road, Hucclecote
DR. J BAYLEY Rosebank, Stroud Road
DR. R HODGES* Cheltenham Road Surgery,

Stroud:

DR. J SALTER The Health Centre, Beeches Green, Stroud
DR. I BYE Locking Hill Surgery, Locking Hill, Stroud
DR. N BOOKER Prices Mill Surgery, New Market Road, Nailsworth

Tewkesbury:

DR. A RIGBY The Church Street Practice, Tewkesbury

Non-Principal Rep:

DR. R GALE

Trainee Representative:

DR. E PRESTON* Rosebank Surgery Stroud Road, Gloucester

Officers of the Committee:

CHAIRMAN: DR. A SEYMOUR
VICE CHAIRMAN: DR. P FIELDING
TREASURER: DR. S STEINHARDT
FOURTH OFFICER: DR. C GOOD
LMC LAY SECRETARY: MR M FORSTER

Consultant Representative:

DR. T ULAHANNAN Gloucestershire Royal NHS Trust

Elected Representatives:

LMC Conference 2009:

DR. S ALVIS
DR. J BAYLEY
DR. T YERBURGH

LMC Conference 2010:

DR. S ALVIS
DR. J BAYLEY
DR. T YERBURGH

LMC REPRESENTATION TO COMMITTEES 2009 / 2010

G.P.C. Representative

Dr. P Fellows

Annual Conference Representatives 2009/10

Dr. S Alvis
Dr. J Bayley
Dr. T Yerburgh

Local Support Panel

Members: Dr. P Fielding Dr. C Good Dr. A Seymour

LMC QOF Assessors

Members: Dr. I Bye Dr. P Fielding

Choose & Book

Member: Dr. A Rigby / Dr. P Fielding (subsidiary)

PBC

Members: Dr. P Fielding Dr. M Hayes

IM&T Steering Group

Members: Dr. A Rigby Dr. N Siva

Gloucestershire Research Ethics Committee

Member: Dr. P Fielding

Gloucestershire Dispensing Quality Scheme

Member: Dr. T Yerburgh

Substance Misuse Treatment Shared Care Monitoring Group

Member: Dr. T Yerburgh

Breast Screening Steering Group

Member: Dr. L Patterson

Gloucestershire Chronic Disease Management Committee

Member: Dr. L Patterson

Gloucestershire Controlled Drugs Local Intelligence (GDLIN)

Member: Dr. S Alvis

Gloucestershire Control of Communicable Diseases Committee

Member: Dr. S Alvis

Gloucestershire PCT Antibiotic Management Committee

Member: Dr. S Alvis

County Infection Control Committee

Member: Dr. S Alvis

Countywide Sexual Health Group

Member: Dr. R Coker

GP Appraisal Steering Group

Member: Dr. P Fielding

Cervical Cytology Working Party

Member: Dr. R Coker

Chlamydia Screening Pilot Group

Member: Dr. R Coker

Gloucestershire Thoracic Advisory Committee

Member: Dr. N Booker

Maternity Services Liaison Committee

Member: Dr. R Gale

Teenage Pregnancy Partnership Board

Member: Dr. J Bayley

Pandemic Flu

Member: Dr. P Fielding

Mental Health Shared Care Monitoring Group

Member: Dr. J Salter

Crisis and Home Treatment Project Team

Member: Dr. J Salter

TRUSTS

Local Diabetes Services Advisory Group

Member: Dr. N Booker

Gloucestershire Palliative Care Network

Member: Dr. N Booker

Executive Committee of the Gloucestershire GP Education Trust

Member: Dr. P Fielding

LMC WORKING PARTIES & ADVICE

LMC Executive Committee

Members: Dr. A Seymour Dr. P Fielding
Dr. S Steinhardt Dr. C Good

LMC / PCT Liaison (Negotiators)

Members: Dr. I Bye (Chair) Dr. A Seymour Dr. C Good (Dep)
Dr. P Fielding Dr. S Alvis Dr. S Steinhardt

LMC Pastoral Support

Dr. P Fielding Dr. N Booker Dr. C Good Dr. A Rigby
Dr. A Seymour Dr. I Simpson

PROFESSIONAL LIAISON

Gloucester Hospital Medical Staff Committee

Members: Dr. N Siva Dr. J Bayley (Deputy)

Cheltenham Hospital Medical Staff Committee

Member: Dr. C Morton

Winfield Hospital Medical Advisory Committee

Member: Dr. J Bayley