



**THE REPORT OF  
SURREY AND SUSSEX LMCs  
2007**

**COVERING THE LOCAL MEDICAL COMMITTEES OF  
CROYDON, KINGSTON & RICHMOND, SURREY,  
EAST SUSSEX AND WEST SUSSEX**

## **ANNUAL REPORT 2007**

### **CHAIRMAN'S REPORT**

I am delighted to introduce to you the annual report of the Surrey and Sussex LMCs.

Surrey and Sussex LMCs supports the Local Medical Committees of Croydon, Kingston and Richmond, East Surrey, West Surrey, East Sussex and West Sussex. In total, it supports and represents the needs of 2,200 GPs working in the south east of England. Over the years, it has grown as an organisation and is now the third largest confederation of LMCs in the UK. It is there to respond to the ever increasing challenges that General Practice, and in particular General Practitioners, are expected to meet. The Health Service is always in a process of change and Surrey and Sussex LMCs and each of the constituent LMCs are there to advise and help individual GPs and Practices, whether it be a simple contractual query or a potential Practice break up!

Over the past year Dr James Gillgrass has continued to lead Surrey and Sussex LMCs as Chief Executive and he has been the driving force behind the development of the organisation. However, this is the final year that James will act as our Chief Executive as he has decided to devote more time to own Practice, the practice that he established and has developed. The burden of being a half-time Practitioner, as well as Chief Executive of such a demanding organisation as the LMCs is too much for any one individual. James has therefore decided to 'return to his roots' and return to full-time General Practice at the end of 2007. However, it is difficult to keep an old dog down and James will continue in his role as GPC representative for the Croydon and Surrey constituency and will therefore continue to attend LMC meetings in Croydon and Surrey. James has been pivotal in the development of Surrey and Sussex LMCs and the high profile and respect enjoyed by Surrey and Sussex LMCs is due, in a large part, to his vision, enthusiasm and leadership. For this we sincerely thank him and we wish him well for the future.

During the past year James has been ably supported by Drs Patricia Phillips and Julius Parker as Medical Directors providing, amongst other things, the essential pastoral role for our constituents. Their role is both demanding and very varied and both have proved themselves more than a match for the tasks in hand.

In anticipation of the departure of James Gillgrass, we have been very lucky to secure the services of Julius Parker as the new Chief Executive. In keeping with a strategic plan to increase the amount of 'medical manpower' in the office, he will take on the role for 4 days a week as well as working in General Practice for one day a week. In turn, Dr Richard Brown will succeed Julius as a Medical Director. Richard is a very experienced GP from Wiltshire and brings with him a knowledge and experience of the Royal College of General Practitioners. He is most welcome as a new member of our team and will have specific geographical responsibilities in West Sussex and Croydon.

The non-medical directors have played a vital part in the success of the organisation: Tracey Amatt, Director of Liaison and Development has been in the front line representing the interests of constituents in meetings at all levels and has been both instrumental and innovative in driving forward the profile and role of Surrey and Sussex LMCs. Anne Benney, Deputy Chief Executive and Director of Finance, has played a vital role behind the scenes organising the office, managing the accounts and providing support to us all.

I must, of course, not forget our Executive Assistants without whom the organisation would fall apart. During the year Susan Burge retired after 4 years of very efficient, loyal service. She was known for her sense of humour and will be missed. In her place we have welcomed Marian Morrison, 'gamekeeper turned poacher' as she has previously worked for PCTs. She has quickly settled into her new role and she has joined Christine Lowe and Liz Perry based at the Dorking Office. Liz Gosman has continued to act as research assistant and is responsible, together with Dr Julius Parker, for the production of the popular and informative LMC Line.

Over the past year the workload of the LMCs has continued to rise, as has the profile of the organisation. We remain a victim of our own success but intend to meet the challenge. I know that the Secretariat have worked tirelessly over the past year and I would like to take this opportunity, on behalf of the Executive Committee to thank them all for their contribution in supporting the work of all the constituent Local Medical Committees.

Finally I would like to thank my LMC colleagues, both Chairmen and Members, who have given up their valuable time to represent the views of their fellow GPs at the variety of meetings held throughout the year. I would remind you that the Local Medical Committee is the only body representative of all GPs and without such representation the needs and views of GPs will go unheard. We are always looking for new LMC members to help shape the future of General Practice and if you are interested please contact the office.

**Dr John Doyle**  
**Chairman, Executive Committee for the Confederation**  
**of Surrey and Sussex LMCs**

## CHIEF EXECUTIVE'S REPORT



It has been usual for me to begin my report with a comment about the numerous changes seen in general practice over the last twelve months. This year is different because the process has been more about consolidation than change. That is not to say that there has been no change, far from it, but the pace of change does seem to have been slower than in the previous three years. Surrey and Sussex LMCs as always has been there to initiate change when necessary, support change when appropriate and to guide and support the process of consolidation.

The work of the office in Dorking and the work of the five Local Medical Committees that it supports are different but inevitably intertwined and complimentary. The office provides support to the LMCs by preparing minutes, agendas and papers for meetings whether they are full LMC meetings or liaison meetings with PCTs. Members of the Secretariat guide each LMC through its meetings providing unparalleled expertise and experience to help inform discussions on a wide variety of topics. In addition to its Committee responsibilities the office provides much valued support to individual GPs and to practices as well as working with the PCTs and other organisations on a range of issues.

The Committees themselves deal less with the individual GP or practice but more with the matters affecting the profession as a whole. Discussions are not only held about local issues but also about national issues with information and decisions being passed on to the GPC, PCT or other organisations as appropriate.

In order to provide this high level of service and to widen the scope of services provided, it has been necessary for the organisation to expand. Additional secretarial time this year, and from the beginning of next year additional Chief Executive and Medical Director time, will allow Surrey and Sussex LMCs to continue its development and maintain its position as one of the leading LMC organisations in the country.

By the time that this report reaches you I will have returned to general practice and will be pursuing a number of new opportunities. I will continue my medico-political interest as a member of Croydon LMC and as the GPC representative for Surrey and Croydon.

Dr Julius Parker will have taken over from me as Chief Executive and so I would like to take this opportunity to thank him for his work as a Medical Director and to wish him well in his new role.

I would also like to thank all the staff in Surrey and Sussex LMCs for their loyalty and support over the last 4 years. The achievements of the organisation since 2003 reflect their dedicated hard work and I would like to wish Anne, Tracey, Pat, Julius, Christine, Liz Perry, Liz Gosman and Marian all the very best in the future.

Finally I would like to thank the LMC Chairmen, LMC members, and GPs and their practices in the area, all the very best for the future. Much will continue to change but the LMC will continue to be there to support you just as it has been for the last 96 years.

**Dr James Gillgrass**  
**Chief Executive, Surrey and Sussex LMCs**

## LMC CHAIRMEN'S REPORTS

### Croydon LMC



Another year has passed and still we struggle to get anywhere with Practice Based Commissioning. The LMC has spent much time in discussion with the PCT around Enhanced Services and agreement has been reached in several areas. The Diabetes LES caused particular difficulties and I hope the agreed LES will give practices the opportunity to develop their service whilst awaiting a service redesign. The North and C4 PBC boards have been reformed and have developed their corporate governance structure considerably and I hope will be able to take advantage of the potential opportunities that exist in PBC.

We have started to invite honoured guests to our LMC meetings, Mayday Hospital Chief Executive and Medical Director have attended and these discussions have been useful to all; next year Caroline Taylor, Croydon PCT Chief Executive, will be joining us. This is something we intend to develop as it provides helpful liaison.

The agreement with Public Health that allows them to use Miquet data for projects such as the Virtual Wards has run well this year and discussion over what can be used has taken place regularly at our regular liaison meeting. I hope that the data extraction is not causing practices any problems; if it does please let us know.

I suspect we are in for a lively year, access, Darzi, PBC to name but a few issues! We will continue to work closely with the PCT in all these areas, our coterminosity must be the envy of other LMCs.

In last year's report I mentioned that the LMC's role on the performance panel was curtailed; I am pleased to tell you that, following discussions with Public Health, I am now once again an ex-officio member of Croydon's Independent Contractor Performance Committee. It is important that we are involved in this work.

Finally, no report would be complete from me without a word or two about our departing Chief Executive, James Gillgrass. I would like to pay tribute to all his hard work in this role and I am delighted that he has been made a co-opted member of the LMC so his skills and knowledge will remain with us in Croydon. James remains a GPC member and I am certain that having such an influential and well informed "backbencher" will be of enormous value to us all.

**Dr Peter Boffa**  
**Chairman**

## Kingston & Richmond LMC



It has been another busy year for the LMC and our particular thanks to the office and especially to James and Julius for sorting through the numerous issues that have arisen. Significant pieces of work have taken place around performance and with assisting doctors who have run into trouble. We have run a series of very successful courses through the year that have been popular with members of other LMCs and I would encourage Kingston & Richmond members to avail themselves next year.

It is with great sadness that we see James Gillgrass returning to his practice, and on behalf of Kingston & Richmond members, we wish him every success and we know in Julius we have a very capable successor.

**Dr Jeremy Harris**  
**Chairman**

## Surrey LMC



I am delighted to commend to you the annual report of Surrey LMC.

In my last report to you I referred to the continued pace of change following the introduction of the new GMS contract with the introduction and implementation of Choose and Book, Choice, Practice Based Commissioning and Referral Management Systems to name but a few, and in Surrey, we have experienced PCT reorganisation with all the PCTs in Surrey merging to form one Surrey-wide PCT. As a consequence East and West Surrey LMCs have merged to form Surrey LMC.

We have tried to work in collaboration with the PCT and as such Liaison meetings have been the mainstay of our interaction with the PCT. However, progress in many areas has been stifled by PCT vacancies, with consequent insufficient staff to carry out their duties. The PCT have done their best to fill these vacancies but have been hampered, in part, by Department of Health rules regarding the filling of vacancies. This has resulted in many PCT staff working under considerable strain with vacancies continuing to exist more than 6 months into the financial year.

One important area has been the lack of financial information made available to us. We have understood the difficulties experienced by the PCT with the amalgamation of 5 different accounting systems in a setting of post vacancies. This has put members of the Finance department under a great deal of strain. However, we were alarmed to learn on 7 September, at a Surrey-wide LMC/PCT Liaison Meeting and after many months of requesting details about 2006/07 Enhanced Services Floor underspends, that the former Guildford & Waverley PCT had established an enhanced services budget approximately £620,000 less than their allocated Enhanced Services Floor. The Guildford and Waverley Board supported this position without any

consultation with the LMC (which is required under nGMS Regulations). At the time, this shortfall was considered by the LMC to be an underspend and there had been an expectation that it would be rolled over into 2007/08. However, we learnt that the former Board had agreed that this shortfall would be used against deficits and, therefore, they declared no underspend. Where former Surrey PCTs had recorded an underspend in 2006/07, there was agreement with Surrey PCT that they would be rolled over. However, as no underspend had been recorded by Guildford & Waverley PCT, Surrey PCT did not carry forward any underspend. We appealed this decision with the Strategic Health Authority but they supported the view taken by Surrey PCT as the error related to an organisation that no longer existed (Guildford & Waverley PCT). We have sought advice from the GPC who concur with the SHA. We are left with the position that this money has been lost to Primary Care.

Harmonisation of Local Enhanced Services (LESs) has been a major issue in Surrey. During this initial year existing LESs have been allowed to continue but progress to harmonise them has been slow and, at times, frustrating. However, much progress has been made over the last 3 months of the year and we should be in a position by the end of the year to issue to Practices notices of termination of LESs with specification for new harmonised LESs to allow the smooth transfer from one LES specification to another.

There has been a similar story with Practice Based Commissioning (PBC). PBC development is variable with some areas forging ahead with progress and working well but other areas in turmoil with a multiplicity of problems including lack of engagement, lack of financial information and lack of support staff. The PCT does see PBC as a mechanism for achieving savings and enabling service redesign but progress in some areas has been slow. This has contributed to a feeling of apathy amongst GPs with resultant disengagement. However, with the appointment of a PEC Chairman and plans for a relaunch, over recent months PBC has become more 'high profile'. Action is starting to back up words and the hope is that PBC will start to progress in all areas. Complications have arisen where there has been an overlap between PBC and Local Enhanced Services and this is an area where the LMC has given robust guidance. Problems with progress with LESs and PBC have caused a lot of disquiet and uncertainty amongst GPs and it is progress in both of these key by which GPs will judge Surrey PCT.

An adequate Premises policy and an Improvement Grant policy are both fundamental to the development of Primary Care. Surrey PCT has developed a transparent Premises policy and is in the process of issuing an Improvement Grant policy. This is an important step forward but progress has been stifled by lack of adequate communication with Practices. This has been recognised by the PCT and shortly they are to rectify this by issuing a regular newsletter. I think there is recognition by the PCT that if PBC is to succeed there needs to be adequate investment in Primary Care.

Choose and Book has remained a thorn in many people's sides. The idea may sound inviting but in practice there have been a host of problems with the system going down for long periods, the lack of named Consultants on the system and lost referrals. The issue of lost referrals has been compounded in some areas by the failure of the local Clinical Assessment Centre resulting in the report of a Serious Untoward Event. However, as is usually the case with any new initiative, others have had a very different experience. Choose and Book is working very well in some areas where both patients and practitioners are very happy with the system.

Health Dialogue, a company providing Health Coaching to patients in an effort to try and encourage healthy living, promote and improve self-care and reduce the need for hospital admissions has established a service in East Surrey. The LMC had significant concerns regarding some confidentiality issues. These were addressed prior to launch and we are yet to see if the service achieves its aims.

IT procurement and maintenance are important issues for General Practitioners particularly when there is a move towards the "Paperless Practice". Policies are up and running or near to completion but we are keen to ensure that the maintenance Service Level Agreement (SLA) is adequate and satisfies the needs of General Practitioners. We have an example of what could be regarded as a model SLA which we have shared with the PCT. In addition, monies allocated under the GP Systems of Choice have been identified and there are plans for these monies to be used appropriately.

Finally, Training in Primary Care, Appraisal and GP Performance Procedures are all issues that are taken very seriously although perhaps are not always 'burning issues'. Work continues to progress to ensure that all these areas are properly addressed.

**Dr John Doyle**  
**Chairman**

### **East Sussex LMC**



2007 has been another busy year for the LMC and the staff at Dorking have supported us admirably, despite the distance they have to travel to reach us!

LMC meetings have continued to be well attended with lots of lively discussion. The PCT/LMC Liaison meetings and Enhanced Services meetings have been constructive, with Brighton continuing much as before, but with new structures in place in the rest of the area with the amalgamation of PCTs.

In Hasting and Rother this has not been too difficult, but in East Sussex Downs there were such big differences between the two old PCTs that it is taking a long time to sort out Enhanced Services particularly. We have made a lot of progress.

In the eastern part of our area we have had 'Fit for the Future' debates over Maternity Services in Eastbourne and Hastings. The LMC arranged a meeting for all GPs at Wellshurst and virtually all GPs objected to single-siting despite the attempts of the PCT and the Obstetricians to persuade us.

PBC is making variable progress throughout the LMC area but again the LMC have input into the three PBC Boards. For PBC, Enhanced Services and Liaison meetings we have been particularly well supported by Tracey, but James and Pat have also looked after us well when they have come to meetings. We are sorry to be losing James back to his practice, but feel that the LMCs will be in good hands with Julius as our new Chief Executive.

**Dr Peter Williams**  
**Chairman**

## West Sussex LMC



West Sussex PCT has now been established for over one year, but it is only in the past few months that all the new staff dealing with Primary Care has been appointed. The lack of a directorate of primary care, with primary care functions split between three directorates, has led to difficulties for practices in trying to deal with the PCT. Fortunately, this has now been recognised by the PCT and it has now decided to establish a Primary Care Directorate.

West Sussex had been divided into 3 areas by the PCT with area directors for Commissioning, and Community and Primary Care in each area. I hope that the establishment of the new directorate will draw the primary care aspects together. We have not been informed as yet how the new structure will look.

The LMC has had some difficulty in establishing regular liaison meetings, but these have now started in each area on a bimonthly/trimonthly basis with a bimonthly PCT wide liaison meeting.

The PCT has been very slow to implement changes to Enhanced Services for this year particularly Access, and Choice and Booking Directed Enhanced Services. A Practice Based Commissioning incentive scheme has been agreed but implementation was slow.

The PCT carried out a review of the Local Enhanced Services in the first part of the financial year and caused a great deal of confusion by announcing that some would cease before they had any discussion with the LMC. This situation has now improved in that the cessation notice was withdrawn and an Enhanced Services Commissioning group has been set up with LMC, PBC and PCT membership to harmonise LESs across West Sussex. This is progressing well with most enhanced services having been reviewed but there is still a considerable amount of work to be done.

Several practice manager groups have complained that the PCT is setting impossibly short deadlines for return of documentation, and we have made representation to the PCT to improve this.

The PCT has decided that all practices will have a full QUOF visit this year and this is now in progress.

PBC does not seem to have progressed much this year. The LMC is seeking representation on the commissioning forum and PCT has agreed to this.

The LMC was invited provide a representative on the Estates subgroup which is developing a premises strategy for Primary Care. This now has the backing of the PCT Board.

In summary, this year has been difficult with the new PCT taking time to establish new structures and only latterly recognising the need for separate primary care directorate. I am looking forward to improved relationships for 2008, with a emphasis on working together to develop primary care.

**Dr Patrick Feeney**  
**Chairman**

## **LIAISON MEETINGS**

With the recent round of PCT mergers and reorganisations, the LMCs have had to play something of a 'waiting game' regarding the roll out of LMC/PCT Liaison Meetings, particularly with the larger PCTs. We are still evaluating the emerging schedule of Liaison Meetings to ensure that they are effective and useful; however, the current programme is as follows:

West Sussex PCT – 3 Area Meetings (2 quarterly and 1 bi-monthly) and 1 bi-monthly PCT-wide meeting

Surrey PCT – 3 bi-monthly Area Meetings and 1 monthly PCT-wide meeting

East Sussex Downs and Weald PCT – 1 merged bi-monthly meeting

Hastings and Rother PCT – 1 merged bi-monthly meeting

Brighton and Hove, Croydon, Kingston and Richmond and Twickenham PCTs remain unchanged.

The challenge for the LMCs is to ensure that Area LMC/PCT meetings remain local and do not duplicate the more strategic LMC/PCT-wide meetings. To facilitate this, practices are e-mailed with a draft agenda and previous minutes to encourage them to inform the LMC if there are issues which they would like discussed. We have been encouraged by the responses from practices to this initiative.

Other challenges which face liaison meetings are ensuring we have sufficient LMC membership to represent constituent practices and occasional conflicts regarding consultation with the LMC associated with PBC service redesign (see PBC).

The Guidance and Regulations require PCTs to consult with the LMC in a number of areas as follows:

- Appraisal and Assessment
- Variation and Termination of GMS Contracts
- Commissioning Services – investment in enhanced services, PCT provision of Primary Medical Services, planning the provision of services and changes in the way services are provided.
- Premises
- Practice Partnerships – splits, variations, new practices, breaches or failures of the practice contract and reprovision of additional services.

All chief executives and senior PCT staff have been reminded of their obligation to consult with the LMC. Liaison Meetings provide the appropriate forum for these discussions.

We are aware of the very difficult times that PCT/locality staff have had to face during the past year and we would like to thank those PCT staff who have continued to work with LMC throughout 2006/07.

## **ENHANCED SERVICES**

As with previous years, enhanced services remain the single biggest area of negotiation and the LMCs remain vigilant in monitoring expenditure and encouraging PCTs to spend to the floor. Indeed, investment in enhanced services has become more vital since they are one of the only funding mechanisms to pump prime PBC initiatives and facilitate secondary care transfer. Again, we are grateful to those enlightened PCTs who have prioritised and valued enhanced services.

Within Surrey, West Sussex, East Sussex Downs & Weald and Hastings & Rother where there have been PCT mergers, the new PCTs have established Enhanced Services Sub-Groups to harmonise and roll out enhanced services specifications across the counties. In some, but not all PCTs, this has been a long and sometimes painful process but the LMC has remained true to its objective i.e. to ensure that high quality, appropriately priced Local Enhanced Services (LESs) are available to all practices across the county and not just a lucky few.

## **PRACTICE BASED COMMISSIONING**

Surrey and Sussex LMCs have continued to take a keen interest in the development of PBC. We have previously expressed concern that LMC members who also sit on PBC boards may find themselves with a conflict of interest. We did not wish them to be exposed in this way and therefore wrote to all PCTs to ask if the LMC could have observer status on PBC Boards. As a result, we now have representation on PBC Boards in Brighton & Hove and Hastings & Rother. Invitations have also been extended by West Sussex and East Sussex Downs & Weald PCTs. The LMC is also represented on the South East Coast SHA PBC board.

Aside from concerns about conflicts of interest, the LMCs also believe that there is a distinct advantage in having an LMC representative present to provide regulatory advice and to ensure that there is appropriate communication to grass roots GPs who may not be actively involved in PBC.

## **QUALITY AND OUTCOMES FRAMEWORK (QOF)**

QOF continues to provide a challenge and an opportunity for GPs, as well as a tangible way of demonstrating the quality of our services to patients which we hope will bring them both short and long term health gains. Yet again, due to PCT mergers, the LMCs have had some involvement in ensuring a harmonized, sensible and equitable approach to QOF visits.

~~2005 wording: The number of sessional doctors is generally increasing within Surrey & Sussex LMCs. The LMCs recognise the importance of developing good relationships with them and as a result a number of sessional doctors have become LMC members. The LMC can provide the same advice and support to Sessional colleagues as it does to GP Principals.~~

~~Identifying and communicating with sessional doctors to ensure the LMCs adequately represent their interests is an area of development and included within the LMCs' long term strategy.~~**LMC MEMBERSHIP**

An up-to-date list of members as at 31<sup>st</sup> January 2008 is attached.

There have been the following changes in membership of the Committees:

### **Croydon**

Joined -  
Dr D Berry  
Dr M Clementson  
Dr A Fernandes  
Dr J Gillgrass  
Dr N Khan  
Dr P Jones

Retired - Dr D Pandya  
Dr Pswarayi  
Dr Rybinski  
Dr T Bamgboye  
Dr M Cashman  
Dr A Chadha  
Dr K N Tarrant

### **East Sussex**

Joined - Dr L Byrne  
Dr R Jarvis  
Dr M Sharp  
Dr R White

Retired – Dr H Carter

### **Kingston and Richmond**

Joined – Dr A Hughes  
Dr K O’Flynn

Retired – Dr V Balasingam  
Dr J M Edwards  
Dr M Udal  
Dr R Weeks

### **Surrey**

Joined – Dr S Barr  
Dr A Clarke  
Dr D Couper  
Dr M Hurst  
Dr S Senhenn

Retired – Dr S Carr-Bains  
Dr T Conaty  
Dr D Daulton  
Dr S Jefferies  
Dr C O’Shea  
Dr A Wells

### **West Sussex**

Joined – Dr B Allan  
Dr De Bono  
Dr J J Moore

Retired – Dr D M Hoare  
Dr A Holmes  
Dr R G Paterson  
Dr C Smith

## **WORKSHOPS AND CONFERENCES**

### Surrey and Sussex LMCs Second Annual Conference

2007 saw Surrey and Sussex LMCs hosting their second Annual Conference. Speakers included Dr Andrew Dearden providing a lively 'State of the Nation' address and update on presentations. Other speakers included Dr Paul Cundy on IT, Ms Linda Millington, Head of Media Relations at the BMA and Dr Ian Banks, President of the European Men's Health Forum. The conference was attended by around 150 delegates and yet again the feedback was very good.

### Legal Master Classes

Surrey and Sussex LMCs hosted a series of Legal Master Classes provided by Mr Darius Ferrigno in each of East and West Sussex and Surrey. In total there were nine workshops, including employment law updates, discipline, dismissal and grievance, managing absence, age discrimination and recruiting and managing salaried GPs. The majority of workshops were oversubscribed.

### Contracting Routes and Legal Structures for PBC Working

Following a significant number of queries to the LMC Office for advice about the different contracting routes available for PBC and the most appropriate legal structure for PBC consortia, Andrew Lockhart Mirams from Lockharts, the solicitors, provided a half day seminar in August. The seminar was 'sold out' within two weeks of advertising.

## **Future Events**

### Surrey and Sussex LMCs Third Annual Conference

In view of the success of our previous Annual Conferences we are already in the planning stage for another May Conference and have already booked a number of high profile speakers.

### Legal Master Classes

We anticipate hosting another series of Legal Master Classes in Spring 2008.

We anticipate that there will be at least two further topical workshops in 2008. The subject of these workshops has yet to be selected as we believe it is important to survey the environment in which general practice exists and choose an issue which is impacting practices at that time and evidenced by the queries the LMC secretariat receives in the Office.

## **LMC LINE**

The LMC Line continues to be well received. We will be building upon the briefings that have already been issued and use the Line as a conduit for more in-depth fact sheets on topical issues which practices can retain as guidance and which will be up-dated as necessary.

Dates of LMC/PCT liaison meetings are published each month in the LMC Line and constituents are reminded that their LMC representatives can use these meetings as an opportunity to raise any concerns on their behalf. Any issues which constituents wish to have raised should be notified to the LMCs office or to their LMC representatives in good time for the meetings.

## **GPC REPORT**

Another busy year for the GPC as it dealt with many issues affecting the profession, some matters planned or anticipated, others arising out of the blue.

Dr Hamish Meldrum was elected Chairman of BMA Council in June and stood down as Chairman of the GPC. At the July meeting of the GPC, Dr Lawrence Buckman was elected chairman and Dr Chaand Nagpaul was elected to the vacant negotiator's position.

The new GPC constituencies were established in time for the 2007 elections for regional representatives. The only local change was to move Croydon from the Croydon, Kingston and Richmond, and Merton Sutton and Wandsworth constituency to form a new constituency with Surrey. This gives constituencies of a more equal size. I was delighted to be re-elected to the GPC to represent the new constituency of Surrey and Croydon. Paul Cundy remains as the representative for Kingston and Richmond and Merton, Sutton and Wandsworth, and Clarissa Fabre continues as the Sussex representative.

The year began with negotiations between the GPC and the NHS Employers at an impasse but by the end of the year discussions had restarted. Evidence was submitted to the Doctors and Dentists Review Body as contract negotiations had failed – the result a 0% pay award for GPs. Nevertheless evidence has again been submitted for 2008 as it is believed that this route still represents the professions best opportunity for a pay rise.

Apart from contract negotiations, the members of the GPC have been exercised by a number of other important issuers during 2007. Modernising Medical Careers and the debacle around its implementation, the CMO's white paper on regulation of the profession, the patient experience survey, referral management schemes, the survey of GP opinion, the future direction of general practice – the list goes on and on.

The profession was under repeated and sustained attack in the media throughout the year. A great deal of time and effort was put into countering the frequent exaggerated or incorrect stories about GPs. Much of the burden of responding to these items fell on the shoulders of the negotiators and the BMA press department but GPC members across the country were also involved in defending the profession.

The profession continues to face threats in a number of areas whether it be private firms wanting to provide general practice – and being given the opportunity to do so, PMS reviews, extended opening hours, the development of poly-clinics or GP led health centres, increasing pressure on our clinical practice – another list which goes on an on.

The GPC will continue to represent GPs during 2008 fighting to ensure that the profession is not disadvantaged and the British general practice remains the jewel of the NHS crown.

## FINANCIAL REPORT 2006/2007

This financial year has seen a continued improvement to the finances of the Surrey and Sussex LMCs.

The Statutory Levy is raised from constituent practices in order to support general administrative expenses, staff salaries and committee work for all six LMCs. The Statutory Levy rate (27p) is lower than in many areas, and certainly much lower than in other similar-sized confederations. It has not been increased for 3 years.

A surplus of income over expenditure continues to be used to build up a contingency fund. This fund is held in a Treasury Reserve Account.

<b>Annual Accounts - Surrey &amp; West Sussex LMCs</b>			
<b>Income</b>		<b>Expenditure</b>	
	£		£
Statutory Levy		Salaries/NIC/Pensions	459,869
Croydon	91,975	Recruitment & Training	4,717
Kingston & Richmond	88,835	Honoraria	146,031
East Surrey	75,766	Travel Expenses	9,323
West Surrey	118,236	Meeting expenses	11,639
West Sussex	215,552	Rent & Rates	23,310
Surrey	88,367	Service Charges & Repairs	3,103
Other	1,466	Light, heat & power	2,062
		Stationery/Printing	8,360
		Telephone/Postage	5,124
		General Admin exps	1,042
		Legal & Audit fees	4,431
		Accountancy fees	5,003
		Office Equipment Rental	11,753
		Computing	3,516
		Equipment Repairs	799
		Insurance	831
		Depreciation	5,974
		Bankline charges	409
		Recharge to Voluntary Levy	(8,709)
		Contribution from East Sx	(48,123)
<b>Total</b>	<b>£680,197</b>	<b>Total</b>	<b>£650,464</b>

<b>Annual Accounts - East Sussex LMC</b>			
<b>Income</b>		<b>Expenditure</b>	
	£		£
Statutory Levy	213,875	Salaries/NIC/Pensions	71,716
		Honoraria	32,299
		Co-ordinating Expenses	4,450
		Rent & Rates	2,513
		Office closure costs	1,931
		Printing, Postage, Stationery	651
		Communications	1,160
		General Admin Expenses	574

		Accountancy Fees	2,047
		Depreciation	1,292
		Recharge to voluntary levies	(2,079)
Total	<b>£213,875</b>	Total	<b>£116,554</b>

**MEMBERS OF THE LOCAL MEDICAL COMMITTEES  
AS AT 31<sup>st</sup> JANUARY 2008**

<b>CROYDON</b>	<b>KINGSTON &amp; RICHMOND</b>	<b>SURREY</b>	<b>EAST SUSSEX</b>	<b>WEST SUSSEX</b>
Dr A Abbott	Dr C W S Alessi	Dr D Ackerley	Dr L Argent	Dr B Allan
Dr C J Barretto	Dr V Bal	Dr J Baldwin	Dr I Bayles	Dr T Atkinson
Dr D Berry	Dr J Betts	Dr S Barr	Dr R Brown	Dr D Clarke
Dr P B J Boffa	Dr P A Bowskill	Dr R Bray	Dr P J Bryden	Dr De Bono
Dr J Chan	Dr J Boxer	Dr D Couper	Dr L Byrne	Dr P J Feeney
Dr N Chaudery	Dr J A Bradley	Dr M Crow	Dr J Darwent	Dr P Geer
Dr M Clementson	Dr C T Brady	Dr A Davis	Dr A Duckworth	Dr B Goss
Dr F Collins	Dr G A Ezekiel	Dr D Desor	Dr R G Elias	Dr T Kimber
Dr J S Dhoat	Dr W E Griffiths	Dr J C Doyle	Dr C D A Fabre	Dr J Luke
Dr A Fernandes	Dr J N Harris	Dr S Emanuel	Dr G Folwell	Dr P Lyle
Dr J Gillgrass	Dr A Hughes	Dr C Fleetcroft	Dr T Gietzen	Dr G M Lyons
Dr K Kansagra	Dr D N Jebb	Dr M Hurst	Dr D Harper	Dr N R McCarthy
Dr N Khan	Dr I Johnson	Dr A Jones	Dr T Jardine-	Dr L Mendes
Dr P Jones	Dr J D Lawrence	Dr A Kamboj	Brown	Dr J J Moore
Dr McCrea	Dr G J Lewis	Dr S Kearsey	Dr R Jarvis	Dr J E Oliver
Dr RK Namasivayam	Dr P D Moore	Dr R S Lawrence	Dr E J King	Dr M Shipsey
Dr H D S Noronha	Dr K O'Flynn	Dr E R Littlewood	Dr F Levack	Dr P Vinson
Dr S V O'Hara	Dr A E Palacci	Dr J McGilligan	Dr S Lytton	
Dr D Pandya	Dr J Syed	Dr J E K Orr	Dr L Mandal	
Dr P C Phillips		Dr A Pitsiaeli	Dr P J Marriott	
Dr R Pswarayi		Dr P F Roberts	Dr P Meade	
Dr Rybinski		Dr S Senhenn	Dr X Nalletamby	
Dr M Simmonds		Dr P Sodhi	Dr H Nicholson	
Dr S Thiruchandran		Dr H G Towie	Dr A Pearce	
Dr M A Whitehead		Dr E Vijaykumar	Dr P J Pickering	
Ms V Bernard		Dr P R Wilks	Dr K Radia	
			Dr D A Redman	
			Dr M Sharp	
			Dr S Wadman	
			Dr R White	
			Dr P G Williams	
			Dr M Writer	

**SURREY AND SUSSEX LMCS OFFICE STAFFING  
AS AT 31<sup>st</sup> JANUARY 2008**

**Tel: 01306-876619  
Fax: 01306-876104**

Dr Julius Parker, Chief Executive  
[julius.parker@lmcs.info]

Joined the secretariat in August 2005  
Became Chief Executive in January 2008  
(pastoral responsibilities : Kingston &  
Richmond)

Dr Pat Phillips, Medical Director  
[pat.phillips@lmcs.info]

Joined the secretariat in August 2005.  
(pastoral responsibilities: Surrey and East  
Sussex)

Dr Richard Brown, Medical Director  
[Richard.brown@lmcs.info]

Joined the secretariat in January 2008  
(pastoral responsibilities: Croydon and West  
Sussex)

Each Medical Director works three days a week  
for the LMCs in addition to continuing their  
work in general practice

Anne Benney, Deputy Chief Executive and  
Director of Finance & IT  
[anne.benney@lmcs.info]

Joined the secretariat in January 1997.  
Responsible for the management of LMCs  
Office, staff & IT and LMCs finances

Tracey Amatt, Director of Liaison and  
Development  
[tracey.amatt@lmcs.info]

Joined the LMCs Office in January 2004.  
Responsible for leading negotiations & contacts  
with PCTs and LMCs and LMCs business  
development

Christine Lowe, Executive Assistant (f/t)  
[Christine.lowe@lmcs.info]

Joined August 2001 )

Elizabeth Perry, Executive Assistant (f/t)  
[liz.perry@lmcs.info]

) Providing full admin. &  
Joined October 2005 ) secretarial support to  
) LMCs officers

Marian Morrison, Executive Assistant (f/t)  
[Marian.Morrison@lmcs.info]

Joined June 2007 )

Liz Gosman, Research Assistant (p/t)

Joined the LMCs Office in August 2006.  
Drafting LMC Line, collating information for  
LMCs officers and undertaking ad hoc projects