



**Berkshire
Buckinghamshire &
Oxfordshire LMCs**

*Serving the GPs of Berkshire
Buckinghamshire & Oxfordshire*

2007 ANNUAL REPORT

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PAUL ROBLIN, SECRETARIAT CHIEF EXECUTIVE

Just as 2006 was dominated by PCT reorganisation and NHS financial deficits, a large part of 2007 was also affected by the same issues. PCTs seemed heavily influenced by turnaround teams and directions from SHA/Government. In early 2007 PCTs were small developing organisations, distracted by the urgent need to appoint staff to all tiers. This was very frustrating both for practices and the LMC because PCTs had limited problem solving capacity. Thankfully things have improved during the year. Will the NHS never learn that reorganisations involving the wind down of old organisations and the growth of new ones interfere with the "real job" for at least 2 years? What a waste!

The Thames Valley Secretariat now has to deal with 5 PCTs compared to the previous 15. Local LMCs (LRCs) have been merged so that they match the new PCT boundaries. Your representatives and the Secretariat meet with your PCT every 6-8 weeks. All minutes can be found on our website www.bbolmc.co.uk.

The issues vary between areas, but there are some common themes. All PCTs have had to harmonise the Enhanced Services (ES) specifications and prices of their predecessors. In some this is still taking place. April 2007 began with considerable ES uncertainty. The late announcement by NHS Employers of another year of both Access and C+B DES may have been part of a central strategy but irritatingly wasted time for PCT and LMC alike. During 2007 the Secretariat has continued to negotiate ESs for activity in practices outside essential and additional services or their PMS equivalent. PCTs seeking financial balance have sometimes tried to reduce fees or argue that activity was "Essential" and this has caused controversy, particularly in Bucks.

All UK LMC Secretaries met in April 2007 following another year of a zero % pay award (a pay cut in real terms). The Government influenced media portrayal of GPs meant we had to consider the public perception of GPs and keep the public on board. This limited the militancy of our response. The main GPC recommendation was for practices to take a hard nosed business approach and not accept new work without extra payment. In general this seems to have been followed.

However, over Christmas 2007 the Government announced its intention to impose contract changes by reallocating up to 135 QOF points and DES funds largely to fund Extended Hours. Without acquiescence in this, the likelihood of an inflation matching change in Global Sum seems low, so we find ourselves back in the same position. How do we convince Government that the fat cat GP is a rarity, that GPs work phenomenally hard and through their gate-keeping role save the NHS vast amounts? Government seems hell bent on preferentially contracting with APMS providers, despite their having a very limited track record of success in managing a list of patients. We seem to be at a cross roads, with a lot at stake. Current Government policy could destroy traditional general practice and although the public will miss it when it is gone, this will be too late. We must act now, not with

Industrial Action but with a campaign highlighting Government mismanagement of the NHS and waste far in excess of what it spends on primary care.

The middle of 2007 also saw issues with QOF, particularly in Oxfordshire. QMAS seemed not to want to accept data updates just prior to the April deadline. Then several practices faced disputes over the adequacy of evidence required for the PCT to sign off organisational domain claims. LMC, practice managers and PCT worked hard to resolve the issues, learn the lessons and develop a better process for the future. Eventually no practice suffered any financial loss.

Bucks PCT apparently had no such problems until their practices were subject to Post Payment Verification by the TVPCA. Claims initially passed by the PCT under Pre-Payment Verification were then queried and the PCT announced its intention to claw back money. My view is that this all happened because the PCT and TVPCA were working to different rule books!! LMC will be helping all practices affected so that they are not financially disadvantaged and PCT QOF processes next year are improved.

Just as LRCs adapted to the new PCTs, PBC followed suit, with mergers of some collaboratives. I find it difficult to assess the impact of PBC. I want primary care to be influential in commissioning decisions and welcome the fact that many GPs have shown enthusiasm for the commissioning role, but what has been achieved so far? At the moment I sense some disillusionment and frustration that there is a lot of process but much less outcome (ie real change in patient pathways). I hope things will be different in a year's time.

We are now at a new point in the 4 yearly cycle of LMCs, where all three county committees will be subject to elections for the whole committee. We have abandoned the staggering of elections as being unnecessary to provide continuity. Your new representatives to LMC and LRCs will take up post in April 2008 for 4 years. As I write this in January, nominations are being sought. We are seeking a smattering of new blood, but this doesn't mean we are dissatisfied with the old blood. Your representatives work hard in your behalf in trying circumstances, negotiating with a monopoly commissioner ie the Government. Thames Valley practices get the service of the Secretariat for 20p per patient and that of the GPC for 5p per patient. I think this represents very good value for money. Some LMC levies elsewhere are twice that of BBOLMC. The GPC negotiated QOF on top of Red Book funding and maximum QOF achievement earns a practice about £21.50. The new DESs introduced in 2006/07 bring in about £6 per patient. LMC and GPC won't win every battle, but we won't stop trying to do our best for the GP levy payers. GPs are alone in the NHS in having such powerful representation and many are envious of this. Perhaps this explains our current targeting by Downing Street. Please continue to support us financially, and with your ideas and labour. We will all be much better off if we stay united, so let's not dwell on minor differences of view or the occasional lost cause. We must stick together.

As well as helping GPs collectively, the Secretariat also helps individuals. Many of you call or email us with issues ranging from "What are the rules?" or "Can they really do that?" to

"I've just had a letter from the GMC". All these are a core part of Secretariat function. We aim to be responsive, knowledgeable, sympathetic and supportive to individuals whilst at the same time upholding the good reputation of the profession. Sometimes this means encouraging a caller to say sorry, but more often we will argue on your behalf and protect your interests.

I hope this is the perception from your end, but please tell me if your experience is otherwise.

Best wishes

Paul Roblin

ANDY SAPSFORD, CHAIRMAN OF THE SECRETARIAT BOARD

Another year gone by, another year of developing relationships with new PCT personnel, and another year of a Government and a Department of Health less than sympathetic to our cause.

In last year's report, I wrote that I hoped that this year relationships with PCTs would be more settled. This seems to have been achieved in parts of the region, notably Oxford. In other areas relationships have been more difficult. With so many Government changes and imperatives different to our own, and on the basis of enormous PCT financial deficits, some relationship difficulties were almost inevitable but, I feel, are now improving.

But when will the Government learn? As Paul says in his report, constant change is destructive. And the incoming missile regarding extended working hours may be the first time that the Government impose conditions upon us - at least previous less-than-satisfactory conditions were negotiated - tit for tat.

So another year of tough negotiation and yet more change is in prospect. But I think we all should remain aware that our best allies in all of this are our patients. They are less likely to support us if we argue our case on the basis of increasing our pay (although this is totally justified) rather than deteriorating quality of care with the proposed new 'deal', as is argued by Laurence Buckman, Chairman of the GPC. Please do your best to attend one of the forthcoming meetings regarding this important issue.

I hope you feel the LMC has done its best to deal with difficult issues and represent the profession both in general, and individually where necessary, to the best of its ability. It shall go on doing so. To achieve this, our long-suffering staff at the office in Marlow, Jane Solomon, Pauline Green, Michelle Walker and Gillian King, work so hard on our behalf and we are very grateful to them. Unlike many other organisations, the LMC Staff has been stable for some time now and we thank them for "sticking with us".

This team has been ably led by our Chief Executive, Paul Roblin, to whom we are all very grateful for another year of leadership and service to the profession.

Many thanks, too, to your representatives on the Secretariat Board as listed overleaf, to our representatives at both County and PCT levels, and finally to you all for supporting the LMC. I hope you feel we are good value for money. As always, you are welcome to give me a call if there is anything you wish to discuss.

Andy Sapsford - Chairman
January 2008

SECRETARIAT BOARD MEMBERSHIP

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JOHN RAWLINSON, SECRETARIAT TREASURER

Welcome to this year's Secretariat Treasurer's annual report.

The Secretariat's income is received in the form of the Levy which, through their mandate, all GMS and PMS practices have agreed to pay.

The Committee would like to thank all the GPs for the contributions they make in sustaining the important work of the Local Medical Committee.

The Secretariat's 2006 accounts show an operating loss of £942.

However, when bank interest is taken into account (£1561) this produces a profit before taxation of £619 (carried forward).

A predicted budget can only be a guide to the Secretariat's financial needs and this year has been harder to predict than before.

This is due to the potential pension shortfall for the staff, currently members of the Capita Hartshead scheme, and the extra cost of funding a new scheme which will align pension entitlements similar to the NHS Scheme that they left or would have been entitled to if working in practice or at a PCT.

BUDGET 2008

The budget table for 2008 is shown overleaf.

The proposed budget for 2008 is £453358 compared to the 2007 budget of £461570 (98.22%).

Provision has been made for the usual annual inflationary rise in staff pay.

John Rawlinson
Treasurer

SECRETARIAT BUDGET 2008

	Predicted spend 2007	3% uplift applied 2008 proposed budget
Wages	286022	294602
N.I. Contributions	30897	31823
Staff pension costs	38050	39191
Rent Office	22000	24000
Service charge re operating costs	2904	2991
Rates	10417	10729
Insurance	2884	2970
Electricity	1124	1157
Gas	540	556
Repairs and Maintenance	170	175
Photocopier rental and copies	4548	1000
Postage and carriage	1581	1628
Stationery	1032	1062
Books	0	0
Advertising and Recruitment	0	0
Telephones and Faxes	1677	1676
Computer Capital costs, Running costs and website	6365	6556
Staff Travel (excludes PR and JS monthly payments included in wages)	264	271
Staff training and subsistence	428	441
Staff welfare see note below	558	558
Meetings: Refreshments and room hire see note below		
Legal and Professional fees-allowable	470	484
Accountancy	2291	2359
Bank Charges	940	968
Subscriptions HSJ	135	135
Sundry Expenses-allowable includes 3000 to pension appeal	4200	6526
Fixtures and Fittings	0	1500
Depreciation on fixtures and Fittings		0
Contingency To cover potential pension increase	0	20000
TOTAL	419497	453358

Difference between Budget for 2007 (461,570) -8212

Patient Numbers	Berks 883611	Bucks 755248	Oxon 684582	Total	2323441
COST PER PATIENT	19.51 pence				
Berks Share	172413	per annum			Budget reduced by £7.07 per average list of 2000 per GP
38.0303%					
Bucks Share	147367	per annum			
32.5056%					
Oxon Share	133578	per annum			
29.4641%					
TOTAL	453358				

Figures for 2007 not included in altered budget setting profile

Meetings refreshment and room hire reimbursed from sponsorship
 Staff Welfare & food for LMC and LRC meetings reimbursed by individual LMCs

**THE SECRETARIAT OF THE LOCAL MEDICAL COMMITTEES FOR BERKSHIRE
AND BUCKINGHAMSHIRE AND OXFORDSHIRE DETAILED TRADING AND
PROFIT AND LOSS ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2006**

		2006	2005
	£	£	£
Turnover			
Contributions		421,751	401,716
Other income		5,475	6,297
Administrative expenses		(428,168)	(409,416)
Operating loss		(942)	(1,403)
Other Interest receivable and similar Income			
Bank interest received		1,561	1,704
Profit before taxation	0.14%	619	301