



**Berkshire
Buckinghamshire &
Oxfordshire LMCs**

*Serving the GPs of Berkshire
Buckinghamshire & Oxfordshire*

2008 ANNUAL REPORT

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PAUL ROBLIN, SECRETARIAT CHIEF EXECUTIVE

Part of my standard preparation for the Annual Report involves reviewing the County LMC and LRC minutes for the previous year. This year in particular, it surprised me how quickly events had moved on over 12 months.

2008 began with the furore over Impositions A and B for Extended Hours. Just prior to Christmas, government had requested that the GPC endorse a more onerous DES for Extended Hours than the one close to agreement with NHS Employers. They made it clear that failure to recommend "Imposition A" would result in "Imposition B", involving a permanent reduction in maximum QOF points and loss of a 1.5% uplift to GP income. GP opinion varied. Some talked of a campaign to eradicate traditional GP contract types in favour of APMS contracts and mass resignation being the only option. Others warned that this issue was not one justifying war with government: the public would not understand.

The GPC refused to comply with the government without consulting and balloting the profession. To ensure all GPs were fully informed on the issues, each Thames Valley county held extraordinary open meetings. The ballot result for England was announced at the end of February. It showed a 92% vote for "Imposition A", qualified importantly by 96% support for neither imposition being acceptable, ("A" was just the least bad). Additionally 98% were critical of the government method of negotiation.

Faced with a continuing media and government campaign denigrating GPs, many GPs subsequently chose to limit the damage to income. Progress nationally on formal DES paperwork was painfully slow. National guidelines were issued to PCTs and with encouragement from LMC many developed Extended Hours LESs with attractive flexibilities permitting nursing hours and GP concurrent working. Some, but not all practices signed up to these. Certainly the anger of the early part of 2008 seemed to subside and Extended Hours for many became something to just get on and do.

This resigned acceptance of extended hours has been upset in recent months by misinterpretation of the formal DES Directions by some PCTs. PCTs have withdrawn their LESs after a short lifespan, and now offer only the unattractive DES. This is despite PCTs having reached their 50% target for strict DES sign up. The prospect remains that other PCTs will follow suit. Most commentators agree that government intransigence on workforce flexibility during extended hours is illogical and not in patients' interests. But when did that ever matter to a government wishing to demonstrate its power?

Linked with Extended Hours has been another 2008 imposition. All PCTs must commission a new GP-Led Health (Darzi) Centre, opening seven days a week, 8-8pm and offering both list based care and walk-in services. PCTs faced with local growth or major local access problems may find this concept fits with their own plans, but in many spending £1m per

annum on a Darzi Centre doesn't make sense. The LMC has in one selected area balloted patients and confirmed the obvious. Patients believe money could be better spent in other ways, if only local PCTs were free to commission unhampered by government dictat. As I write this report, contracts will soon be placed. It remains to be seen whether the recent financial downturn will frighten off private commercial providers. I hope many PCTs will decide that the funding required by such companies for the specified services is too high a price to pay.

October and November saw the announcement by GPC and NHS Employers of their contract agreement for 2009/10. For some time, GP opinion has been divided over the justification for the Square Root and 5% cut off adjustment made by QMAS in handling clinical prevalence within QOF. It has now been agreed that these two adjustments will disappear, the former next April and the latter a year later. Inevitably some practices with low prevalence will lose out financially with this change. Student practices and those comprising young families seem obvious candidates.

As often happens, problems deemed too difficult to sort out nationally are often bounced downwards for local LMC action. The GPC was refused permission to supply LMCs with government listings of those practices likely to be hit hard, yet expected LMCs to begin local discussion over compensatory funding flows. BBOLMC therefore developed its own prevalence calculator for practices to assess how the changes will affect them. Once armed with the size and scope of the problem LMC can start meaningful dialogue with PCTs.

At the same time a nineteenth formula was announced that will uplift Global Sum by a higher % than MPIG. An explanation of how this will work for any uplift recommended by the Review Body appears at <http://www.bbolmc.co.uk/nineteenthform.xls>. The formula agreed by GPC essentially means that although most practices will receive some uplift to total funding, much of any GS uplift will again be counterbalanced by a Correction Factor reduction. BBOLMC will be seeking PCT help for those faced with a double financial hit.

Obstacles to getting patients referred continue to trouble GPs across the Thames Valley. Most PCTs continue to push C+B, but one actually incentivises practices to use its own RFC instead! As an active clinician, I share the frustration of many who find the new systems impractical and time consuming. When you're in the business of getting patient problems sorted, the bureaucracy we've seen imposed in the past 5 years seems Machiavellian. I support efforts to help local health economies live within budget and spend taxes wisely but there must be a better way to reduce cost in secondary care than introducing systems in which referrals are lost or people just give up trying to navigate over-complicated processes.

Some of you will know that I have initiated dialogue in the latter part of 2008, over modernising LMC structure. Constant reorganisation of the NHS means local decision makers have varied in their geography over time. We now have 5 PCTs and this has increased the importance of our liaison meetings with them. Some have questioned the role of County LMCs where that county contains 2 PCTs, and it's possible that a regular meeting

of TV LMCs might be a better option. As debate continues, we constantly have to keep in mind the possibility of further NHS reorganisation and the need for LMC structure to remain flexible.

For the whole of 2008 I have been working as sole BBOLMC negotiator at the Marlow office. I hope you feel LMC has still dealt with your issues during this time. During 2009 we plan to increase our workforce with a new Medical Director, and I hope some of you reading this might find such a position attractive.

The summer of 2008 saw the GPC "Support Your Practice Campaign". This followed a government inspired media campaign against GPs. The committee organising this initiative was chaired by a Thames Valley GP, Prit Buttar, and he is to be congratulated on his work. In early June his team presented a petition signed by 1.3 million patients to 10 Downing Street. The PR battle is still not won, but to me, there has seemed less frequent adverse media commentary about GPs over the last 6 months. Is this wishful thinking?

No LMC report on 2008 would be complete without mentioning Eric Rose, who retired from partnership and medical politics in September. He was one of my predecessors as Berks and Bucks LMC Secretary and for decades has been a prominent national GP figure. General practice has lost an articulate and selfless advocate. I wish Eric well in retirement.

I have no doubt the LMC will be working even harder on your behalf in 2009. Please let me know the issues that trouble you both locally and nationally. I may not win them all but that won't stop me trying.

Best wishes

Paul Roblin

ANDY SAPSFORD, CHAIRMAN OF THE SECRETARIAT BOARD

It has been another year of hard work by our excellent LMC staff. And a difficult year it has proved to be. Our thanks must go to our excellent Chief Executive, Paul Roblin, for coping so well with a very difficult year.

Not only did Paul continue to have the skill and ability to cut to the crux of a problem in, for example, negotiations with PCTs, he admirably took on the extra burden of being a staff member down. As most of you know, a key member of staff left unexpectedly last year and Paul came up trumps working even harder.

Just a word here to remind ourselves how difficult Paul's job can be. I know some constituents want things in our profession to be different and quickly, and often rightly so. But we must remind ourselves that we are a group of disparate individuals who often see things differently from each other and it is not possible to please everyone all of the time. Also, in a year where PCTs seem even more strapped financially, and by Government dictate, they are unlikely to agree with all we say and want. A read of Paul's report will inform you how well Paul has coped this difficult year.

Once again, Paul, very many thanks.

As indicated above much of LMC work continues to be negotiation with PCTs in difficult positions both financially and lacking senior staff. These negotiations, however, vary across the BBO region and we continue to try and improve relationships with them, to enable more successful discussions. PCT and primary care can help each other more than some people realise.

As many of you know we have, for some time, been working on arranging additional medical staffing for the LMC. Advertisements should appear in the not too distant future for such a position - a part time Medical Director to work with Paul. I hope some of you will be interested in applying. It will be an interesting job with, it seems, almost constant change in primary care. I think the LMC has demonstrated that it can adapt to cope with this and we must continue to do so.

At this point I should like to thank my Secretariat Board member colleagues. We all try to make the LMC work for the benefit of all.

Here we should also show our appreciation to Eric Rose, who was instrumental in setting up the LMC office in Marlow years ago. Eric retired from decades of service to the GPC, LMC and General Practice last year. Many thanks, Eric, and we wish you all the best in your retirement.

Certainly not least many thanks to our hard working staff at the office - Gillian King, Carol Birchall, Michelle Brownlie and, finally, Pauline Green, who has worked tirelessly for the LMC for a decade now. The LMC would not work without you and we very much appreciate your efforts.

Finally, thanks to all of you who sent your good wishes, and to Tim Peacock and Graham Jackson who deputised for me during my illness last year. I am very grateful to you.

Thank you all for supporting your LMC. I hope you feel we are good value for your money.

Andy Sapsford
Chairman Secretariat Board, BB&O LMC

SECRETARIAT BOARD MEMBERSHIP

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THE SECRETARIAT TEAM

| | | |
|---|-------------------------------------|--|
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JOHN RAWLINSON, SECRETARIAT TREASURER

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

The Board of Directors all agreed that it would be helpful and informative if reports were presented to cover each area of the Secretariat work.

The Secretariat's income is received in the form of the levy which all GMS Principals pay and all PMS practices have agreed to have included as part of their contract. 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 has achieved a balanced budget for the last financial year with the 2007 year end accounts showing a small underspend on budget of £77. The annual budget for 2007 was £461570 and the 2007 year end accounts show a turnover of £409141 with an operating loss of £2362 when included with interest on the accounts received of £2644 the difference was corrected by carrying forward the loss. The significant difference enabled a significantly reduced drawdown in the final quarter last year. Predicting the financial needs for the Secretariat has been more challenging of late with the need to ensure a contingency fund for all our activities. The significant difference is the result of not needing these and cost efficiencies.

The aim of this is to avoid an operating surplus which would be subject to corporation tax. This figure is carried forward against the next year's financial spend and as a result the Secretariat is not liable for Corporation Tax. This is possible because we operate as a not for profit organisation.

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 whilst 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.

The other significant change over the last year is that Jane Solomon has left the Secretariat. As Paul has said we are in the process of recruiting an additional Doctor to work with Paul as a Medical Director. The budget, therefore, has included a full year's costs for this post. Slippage will obviously alter the true cost and the report next year will identify by how much.

Budget 2009

Pay rises for the staff have been made appropriate to the increase in work. The continued economies of scale mean that the proposed budget for 2009 has been increased by under

3%. The budget for 2009 is £462276 and a detailed breakdown of costs is included at the end of this report.

The response to the mandate for paying the levy as a voluntary one has meant the LMC is funded in this way now. The benefits offered by the LMC and the additional benefits of an increasing number of discount buying schemes the LMC has negotiated on behalf of all practices paying the voluntary levy have helped to increase the profile.

John Rawlinson
Treasurer

SECRETARIAT BUDGET 2009

| | Budget for 2008 | Predicted spend 2008 | 3% uplift applied 2009 proposed budget |
|--|--------------------|-------------------------|---|
| Wages | 294602 | 286022 | 303440 |
| N.I. Contributions | 31823 | 30897 | 32777 |
| Staff pension costs | 39191 | 38050 | 40366 |
| Rent Office | 22000 | 22000 | 22000 |
| Service charge re operating costs | 2991 | 2904 | 3080 |
| Rates | 10729 | 10417 | 11050 |
| Insurance | 2970 | 2884 | 3059 |
| Electricity | 1157 | 1124 | 1191 |
| Gas | 556 | 540 | 572 |
| Repairs and Maintenance | 175 | 170 | 180 |
| Photocopier rental and copies | 1000 | 4548 | 1000 |
| Postage and carriage | 1628 | 1581 | 1676 |
| Stationery | 1062 | 1032 | 1093 |
| Books | 0 | 0 | 0 |
| Advertising and Recruitment | 0 | 0 | 2000 |
| Telephones and Faxes | 1676 | 1677 | 1676 |
| Computer Capital costs, Running costs and website | 6556 | 6365 | 6752 |
| Staff Travel (excludes PR and JS monthly payments included in wages) | 271 | 264 | 279 |
| Staff training and subsistence | 441 | 428 | 1000 |
| Staff welfare see note below | 558 | 558 | |
| Meetings: Refreshments and room hire see note below | | | |
| Legal and Professional fees-allowable | 484 | 470 | 498 |
| Accountancy | 2359 | 2291 | 2429 |
| Bank Charges | 968 | 940 | 997 |
| Subscriptions HSJ | 135 | 135 | 135 |
| Sundry Expenses-allowable includes 3000 to pension appeal | 6526 | 4200 | 3526 |
| Fixtures and Fittings | 1500 | 0 | 1500 |
| Depreciation on fixtures and Fittings | 0 | 0 | 0 |
| Contingency To cover potential pension increase | 20000 | 0 | 20000 |
| TOTAL | 451358 | 419497 | 462276 |

| | |
|--|-------------|
| Difference between Budget for 2008 (453358) | 8918 |
|--|-------------|

| Patient Numbers | Berks 883611 | Bucks 755248 | Oxon 684582 | Total | 2323441 |
|-------------------------|---------------|------------------|-------------|--------|--|
| COST PER PATIENT | 19.42 | pence | | | |
| Berks Share | 175804 | per annum | | 175804 | Budget increased by £9.39 per average list of 2000 per GP |
| 38.04% | | | 38.04% | | |
| Bucks Share | 150265 | per annum | | 150265 | |
| 32.50% | | | 32.50% | | |
| Oxon Share | 136205 | per annum | | 136205 | |
| 29.45% | | | 29.45% | | |
| TOTAL | | | | 0 | |
| 0.9999 | 462274 | | | 462274 | |

Figures for 2008 not included in budget setting profile:

| | |
|---|-------|
| Office Security | 500 |
| Printing | 480 |
| Meetings refreshment and room hire reimbursed from sponsorship | 23677 |
| Staff Welfare & food for LMC and LRC meetings reimbursed by individual LMCs | 946 |
| | 25603 |

**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 2007**

| | 2007 | 2006 |
|--|----------------|--------------|
| | £ | £ |
| Turnover | 406,779 | 427,226 |
| Administrative expenses | (409,141) | (428,168) |
| Operating loss | (2,362) | (942) |
| Other Interest receivable and similar Income | 2,644 | 1,561 |
| Profit on ordinary activities before taxation | 282 | 619 |
| Tax on profit on ordinary activities | (205) | (297) |
| Profit for the year | 77 | 322 |