

# **GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE**



## **ANNUAL REPORT 2020 - 2021**

## **GLOUCESTERSHIRE LMC CHAIRMAN'S REPORT 2020/21**

2020 will remain embedded in every medical professionals' memory for the rest of their career and for many the personal effects for their lifetimes. The change carried out within general practices due to the pandemic is truly remarkable.

Within days Practices changed all face-to-face appointments to telephone triage and adopted a large number of new skills required to deal with triage via video, telephone or received digital images. GPs and all staff took risks often significant not only on a clinical basis but risks in exposing themselves to a disease with serious, sometimes fatal consequences. To our knowledge so far we have lost not lost any staff -either clinical or clerical to COVID-19 in the county.

Time and again Practices have shown their ability to act promptly safely and flexibly under pressure. Just the latest example is the utilisation rates of the Covid virtual ward.

Lessons have been learnt by the closure of a many services during the first wave of the pandemic and thankfully most remained open to referrals during the second wave. There is though an increasing waiting list for patients. The pandemic has left suffering and death both from its immediate effects and from this increasing delay in treatments both from delay in patient presentation through to these waiting lists. Mental Health of the nation has suffered very greatly too, and needs addressing in provision and funding. The acute trust despite the most enormous pressures from Covid has made very impressive changes rapidly which has given rise to maintenance of services. We were particularly grateful that referrals in the first wave by and large continued to be accepted within the trust. This was not the case throughout much of the country causing needless work and concern for patients elsewhere. .

The work created though by these waiting lists is a great concern for us all. Quite how this will be tackled we wait to see but it must not involve work within primary care that is unresourced.

The review of the Covid pandemic and the response needs to be full frank far reaching and honest. Many things have been done well, but many more could have been done better. The effects of neglect in funding and sensible decision making including listening to professionals over many decades have been starkly seen. The Nation's Health service is a significant part of the Nation's security and that lesson must never be forgotten.

And so has begun the Herculean effort of vaccinations. The county chose not to have a mass vaccination centre itself and the various GP PCN hubs have provided a service likely better and usually much more local. At the time of writing there is starting to be confusion with patients travelling many more miles and the need to travel out of area quite against the government's request to stay at home. We also face the additional difficulty of ensuring patients receive the second Pfizer vaccine within time. So far the Practices within PCNs have once again responded brilliantly with this aspect too. The vaccination effort has been a great success and we thank the significant help from the CCG and the acute and community trust as well as volunteers. It has been a great Gloucestershire effort.

Jenner would have been proud and the LMC is proud of general practice and the whole health communities work and achievements.

It is hard to not mention the time when the first lockdown was its height when patient demand dwindled significantly. It's noteworthy that the UK has the highest consultation numbers by a very great way compared to the rest of Europe. As we leave the EU and make preparations to sail our own course it would be worthwhile once again looking at the healthcare systems provided in Europe. More stark than

any is the experience of the Irish Republic with a very similar population are dealing with three patient contacts per year with better morbidity and mortality figures yet General Practice in the UK are seeing at least six patient contacts per year on average, with an increased mortality and worse morbidity in comparison. Most of Western Europe have a different funding structure to the UK and it may well be time for these to be looked at carefully rather than rely on a free service which appears to cause unsustainable demand with a doubling of GP workload. Politically it may be in the too difficult box but Covid-19 has revealed once again the dynamism and ability to deliver by general practice. It deserves to be funded properly and patients to receive a service comparable to Europe in its demand.

Just as we could try and take stock of things and new “engagement exercise “was published by NHS England. These entail very significant structural changes to the NHS in England. The ICS is already in existence in Gloucestershire and it will take over an even greater importance, The CCG as a standalone entity will it seems cease to exist to be incorporated within the ICS. Most staff will be transferred across under TUPE arrangements. It must be a difficult time though for staff given these changes. Sadly, it seems likely that a number of senior members of the CCG including GPs will need to apply for jobs and the GP input will be possibly watered down. The LMC will continue to contribute to the future developments, with its rapid timetable.

Elsewhere the LMC has worked tirelessly over a number of issues which continue to cause difficulties and some of which happily have been resolved. We are very glad that the eating disorder service now has a blood and ECG arm to it. There’s been a concern for a number of years and has now been resolved in the county. A recent report from Cambridgeshire by the coroner highlighted how important it is for services to be properly commissioned and the need for specialist input into specialist areas. We note a recent legal case concerning a patient treated at a gender identity clinic and we continue to raise concerns about the expectation of GPs in this process without adequate training for this highly specialised job. This is being lobbied both nationally and within our LMC.

Phlebotomy continues high on our agenda. The changes to the primary care offer incorporating phlebotomy itself caused upset in some practices but other areas having taken bloods for many years with very small remuneration if any for this now receive some remuneration. It has not been an easy year to adopt this as considerably more bloods from secondary care have been requested than usual. The CCG have acknowledged this and finalising ways to resolve this.

An important matter remains that bloods are unable to be requested by the Acute Trust using ICE system. This is a medicolegal concern, as the requestor is responsible for the result. We continue to push for action over this. A temporary step of using the old hospital forms with plastic bags maybe one way to address this. We note that many other areas do have hospital requests done via ICE including both Bristol Acute trusts

Leg Ulcers management and wound care in general remain an area needing work to achieve the best for our patients. Wound care is not core GMS, though the Primary Care offer and other address some aspects of this. We expect progress on this to be made this year. It seems that all are in agreement that a dedicated wound care team is likely to produce the best outcomes for patients.

Many have enjoyed indeed thrived in the reduction of regulatory burden over this year, from CQC to the simplified appraisal process, with higher trust and less bureaucracy. It would be tragic if this reverts to type. GPs and Practices all need time to recuperate and take stock. Collectively General Practice has shown its true worth in the National emergency and the Nation is and should be proud of Practices role. This needs to be reflected in the regulatory approach too.

It remains to be seen what materialises for General Practice in the future. Many patients enjoy the face to face interaction impossible this year, most GPs do too. We have all been caught by images that don’t look the same in the real world. However it must not be that the overall pace of work escalates as a result of the ease of online consultations. This is an area to watch and influence over the next year. We

note the recent Healthwatch Gloucestershire's comments regarding e-consult with interest, and hope their concerns can be addressed.

It remains for me to thank each and every one of you for all of your sterling work throughout the Pandemic. You have all made a difference to the end result. Thank you.

Dr Tom Yerburch 08/03/2021

## **ANNUAL REPORT - APRIL 2020 TO MARCH 2021 – SECRETARY’S REPORT**

### OVERVIEW

If 2019/20 saw massive change with the development of primary care networks, this was almost mild compared with the complications of 2020/21.

We faced the unprecedented challenge of a global pandemic caused by covid-19 coronavirus. General practice changed out of all recognition, with accelerated, flexible adoption of remote consulting, the use of personal protective equipment, risk assessment of vulnerable staff, and the need to balance competing interests. At the time of writing a mass covid vaccination programme is under way. General practice is playing a major part in this, and has risen to the challenge magnificently. A covid expansion fund of £1.58 million is available for Gloucestershire, and our CCG developed a memorandum of understanding for use by practices.

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.

Recruitment. As has been the case for many years, few people respond to job adverts in general practice. Thankfully the situation in Gloucestershire is less dire than elsewhere in the country, but we must not be complacent; the troubles afflicting general practice affect us all. There have been mergers and take overs this year due to recruitment issues. We are debating how to create and maintain a work force fit for the future. It would be helpful if an onward plan for 'Tier 2' overseas doctors who complete vocational training in the UK could be devised, so that they are not lost to the workforce.

### 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 programme of new builds and renovations continues 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 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 has a sole partner who is considering options
- On 1<sup>st</sup> March 2021 Gloucester City Health Centre (L84052) will change its name to Severnside Medical Practice and move to new premises

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. There were changes in the Executive in the Autumn of 2020 when Dr Phil Fielding retired as treasurer, and Dr Roz Bounds stood down as a member of the Executive though remains a Representative for the Forest of Dean. The Executive is chaired by Dr Tom Yerburch, with Drs Bob Hodges (Vice Chair), Jethro Hubbard (Treasurer), Laura Halden and Mamta Chada.

LMC Office The office is fully functional, with Dr Penelope West as Medical Secretary and Administrators, Mrs Lesley Mansfield and Mrs Lizzie Barstow. This was accomplished 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. The accounts are healthy due to meetings being more virtual than live, and the acquisition of a covid small business grant.

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. Pre-covid, were able to collaborate and run a maternity workshop for GP mums. This was funded by the training hub, and delivered by the LMC Office. We had an enjoyable day, and covered life coaching and maternity contractual issues. The grant enabled delegates to attend for free, and break even with expenses. The feedback was very affirming, and we hope for similar events in the future.

### Budgetary issues.

- The LMC Rate is the amount of money paid, without superannuation, to GPs doing LMC work. This year it was £90.64 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.
- *GPDF has confirmed that for 2019/20 they will not be raising the 'voluntary' levy beyond the current 6p per patient. How about 2021/22?*

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 Yerburch 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 been invited to a working group to help develop information resources and new member packs for LMC Officers.

LMC Conferences. There was a special conference in March 2020, just before the national crisis, in which it was held that conference rejected the PCN DES. Given GPC had already agreed it with NHSE, this was something of a cliff hanger. The England LMCs conference in November 2020 took place virtually, and held that the profession should be balloted before there are any further developments to the PCN DES.

GPC. Avon and Gloucestershire are now represented on the GPC by our Chairman, Dr Tom Yerburgh. 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.

General Data Protection Regulation (GDPR). The new EU regulation was brought into UK law by the Data Protection Act 2018 in May. A probably unintended consequence is that practices are no longer able, with few exceptions, to charge for supplying copies of the medical record. Practice managers are complaining about the administrative burden and cost of supplying notes due to Subject Access Requests (SARS).

## REGIONAL ISSUES

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

## LOCAL ISSUES – OF LONG STANDING

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 has accepted that provision of secondary care bloods must be reviewed.

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 91 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 new 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 been 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 This is a private GP organisation which offers a home visiting service. The LMC has received concerns from GPs, met the Medical Director to try and solve some problems, and is watching developments closely. We have just heard about a competitor organisation, 'Linbury Doctors' based in Pershore, and are investigating their modus operandi.

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 is 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 attempted to introduce a new process for firearms licensing without the agreement of general practice. We await a national agreement between the BMA and the Home Office. New firearms applications were halted during covid, and renewals need not involve the GP. Questions will likely re-surface as society moves forward to the new normal.

Care Rooms This organisation aims to provide rooms in private houses for people discharged from hospital who do not want to go home alone. We are watching developments.

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 has significant problems.



IT Expertise Dr Paul Atkinson who works for the CCG has been co-opted onto the LMC so that his expertise is available nationally. It may be that the GPC will call upon him. We welcome his help with 'trouble shooting'.

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 on line 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

This has been the most unusual year in medicine that any of us can remember. Our GPs have been obliged to learn about a new disease, new ways of virtual working, and how to vaccinate the population at speed. Individual GPs, practices, and Primary Care Networks have performed superbly, and should be congratulated.

Dr Penelope West MB BS BSc DA MRCGP LLM

Medical Secretary Gloucestershire LMC

09 February 2020

[penelopewest@gloslmc.com](mailto:penelopewest@gloslmc.com)

[Declaration of interest Dr Penelope West is also an appraiser for NHSE](#)

**GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE**

**ACCOUNTANTS' REPORT**

**FOR THE YEAR ENDED 31ST DECEMBER 2020**

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 2020**

	<b>2020</b>			<b>2019</b>
	Voluntary £	Statutory £	Total £	£
<b>EXPENDITURE</b>				
Donations:				
Royal Medical Benevolent Christmas Fund			-	300
Cameron Fund Christmas Appeal			-	300
General Practice Defence Trust	3,500		3,500	41,300
Retirement gift	646		646	95
Secretary's remuneration		79,248	79,248	76,245
Secretary's expenses, etc.		27	27	854
Catering	922		922	1,931
Accountancy fees		1,920	1,920	1,920
Legal fees			-	900
Bank charges and interest		79	79	82
Locum fees and mileage expenses		124,729	124,729	136,678
Training and support		3,973	3,973	4,244
Clerical assistance and office expenses		25,932	25,932	41,496
Corporation tax		2,212	2,212	319
Office rent, etc.		11,306	11,306	11,491
	<u>5,068</u>	<u>249,426</u>	<u>254,494</u>	<u>318,155</u>
<b>INCOME</b>				
Voluntary levy	38,000		38,000	38,000
Statutory levy		280,000	280,000	280,000
Training income		1,000	1,000	-
Other income		11,795	11,795	1,887
Taxable		11,795	11,795	1,887
Council recharge		-	-	-
Conference costs		2,498	2,498	1,325
	<u>38,000</u>	<u>295,293</u>	<u>333,293</u>	<u>321,212</u>
<b>SURPLUS/(DEFICIT)</b>	32,932	45,867	78,799	3,057
<b>CASH AT BANK AT 1ST JANUARY 2020</b>	23,770	52,590	76,360	73,303
<b>CASH AT BANK AT 31ST DECEMBER 2020</b>	<u>56,702</u>	<u>98,457</u>	<u>155,159</u>	<u>£ 76,360</u>

**GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST**

**RECEIPTS AND PAYMENTS ACCOUNT**

**FOR THE YEAR ENDED 31ST DECEMBER 2020**

	<u>2020</u>	<u>2019</u>
	£	£
<b>INCOME</b>		
Dividends received	128	125
Bank interest received	4	9
	<hr/> 132	<hr/> 134
<b>EXPENDITURE</b>		
Accountancy fees	-	-
<b>NET RECEIPTS FOR THE YEAR</b>	<hr/> £ 132	<hr/> £ 134

**GLOUCESTERSHIRE MEDICAL BENEVOLENT TRUST**

**BALANCE SHEET**

**31ST DECEMBER 2020**

	<u>2020</u>	<u>2019</u>
	<u>£</u>	<u>£</u>
<b>ACCUMULATED FUNDS</b>		
Balance as at 1st January 2020	12,268	12,134
Net receipts for the year	132	134
Balance at 31st December 2020	<u>£ 12,400</u>	<u>£ 12,268</u>
Represented by:		
<b>INVESTMENTS</b>		
1,100 25p ordinary shares in Foreign & Colonial Investment Trust plc (Market value £8,657 - 2019 £8,382)	1,026	1,026
<b>CURRENT ASSETS</b>		
Balance at bank: Lloyds TSB	11,374	11,242
	<u>£ 12,400</u>	<u>£ 12,268</u>

**GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE ATTENDANCE BY  
ELECTED MEMBERS AT MEETINGS 01 APRIL 2020 – 01 MARCH 2021**

Name	Possible	Actual
Dr M Armstrong	5	4
Dr P Baker	5	2
Dr H Baxter	5	5
Dr J Bayley	5	5
Dr K Bhargava	5	4
Dr R Bounds	5	5
Dr M Chada	5	4
Dr P Fielding	4	4
Dr R Gracie	2	2
Dr L Halden	5	5
Dr R Hodges	5	5
Dr J Hubbard	5	5
Dr J Jackson	2	2
Dr B Lees	5	5
Dr A Macrae	5	5
Dr Ify Odofin	1	1
Dr J Ropner	5	5
Dr R Rutter	5	3
Dr V Tiffney	5	5
Dr T Yerburgh	5	5
Mr M Thatcher	5	5

# GLOUCESTERSHIRE LOCAL MEDICAL COMMITTEE

## MEMBERSHIP AS AT 31<sup>ST</sup> MARCH 2021

### 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 Corinthian Surgery, Cheltenham  
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 Severnbank Surgery, Lydney

#### **Gloucester City:**

DR R HODGES Aspen Medical Practice, Aspen Centre,  
DR I ODOFIN 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, 42 The Street  
DR. K BHARGAVA Beeches Green Surgery, Stroud

#### **Tewkesbury:**

DR P BAKER 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 R BOUNDS  
DR. B LEES  
DR T YERBURGH  
**GPC Representative**  
DR. T YERBURGH

## **LMC MEMBER REPRESENTATION TO COMMITTEES** **2020 / 2021**

### **GPC Regional Representative**

Dr T Yerburgh

### **Annual Conference Representatives 2020/21**

Dr B Lees  
Dr R Bounds  
Dr P Fielding  
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 J Hubbard

### **Dementia/Community Care**

Member: Dr R Hodges

### **Out of Hours**

Member: Dr J Ropner

## **TRUSTS**



**NHS 111 Clinical Governance Trust**

**Member: Dr J Ropner**

**LMC WORKING PARTIES & ADVICE**

**LMC Executive Committee**

**Members: Dr R Bounds Dr J Hubbard  
Dr P Fielding Dr T Yerburgh  
Dr R Hodges**

**LMC Pastoral Support**

**Dr R Bounds  
Dr P Fielding  
Dr J Linsell  
Dr T Yerburgh**

**PROFESSIONAL LIAISON**

**Acute Trust**

**Members: Dr P Fielding Dr J Hubbard  
Dr R Bounds Dr T Yerburgh  
Dr R Hodges**

**Winfield Hospital Medical Advisory Committee**

**Member: Vacancy**

**Gloucester Medical Staff Committee**

**Member: Dr J Hubbard**

**PAG (Performance Advisory Group) (Area Team)**

**Member: Dr L Halden**

**GDoc Limited**

**Member: Dr P Fielding  
Dr J Bayley**

**GPFV (General Practice Forward View)**

**Members: Dr P Fielding  
Dr R Hodges  
Dr T Yerburgh**

**South West Regional LMCs**

**Members: Dr T Yerburgh plus one Exec**

**IM&T Meetings**

**Member: Dr J Hubbard**