

**Derby &  
Derbyshire  
LMC**



**Keeping together is progress,  
working together is success!**



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# Executive Summary

Derby and Derbyshire Local Medical Committee (DDLMC) is the ONLY committee with a statutory obligation to represent interests of Derby and Derbyshire General Practitioners working in the National Health Service irrespective of which type of medical services contract held. DDLMC is served by grass root GPs with a passion to support GPs and their workforce.

The purpose of this document is for DDLMC to outline their case for increasing the levy paid by practices. DDLMC is aware that the work done by the LMC is not always apparent to GPs, and at such a difficult time in general practice we realise that any extra pressure on practice finances needs to be carefully justified.

DDLMC aims to help all practices to evolve within the current changing environment, so that they can continue to provide the best possible services to their patients. **DDLMC will press for increased resources to ensure practices in Derbyshire continue to be among the best in the country.** This fact has been recognised by the Care Quality Commission inspections, which rated the majority of practices in the county as ‘outstanding and good’. The level of expertise within DDLMC is exemplified by the fact that for the past 35 years a Derbyshire GP has been either a subcommittee chairman or GPC negotiator – a record unequalled by any other LMC.

The role of DDLMC is increasing as the economy proves to be increasingly unstable forcing real term cuts in NHS GP expenditure. More often than not, problems are ‘nipped in the bud’ when DDLMC is involved. DDLMC is often given a seat at the table and as a result very few problems emanate from Derby City and Derbyshire County practices. If they do, DDLMC is representative, relevant and responsive and serves practices to get the best possible solution and outcome for the practice it serves. This is a very significant tribute to the professionalism, knowledge and long experience of DDLMC and its operational team.

DDLMC is proud of its long representation and service to GPs in Derby City and Derbyshire County and it is grateful for the support it receives from 90% of practices, without which it would have difficulty continuing to effectively and efficiently service practices. Now more than ever, DDLMC needs to continue to evolve and mature to address the key challenges of the needs of GPs and their workforce. In light of the challenges DDLMC levy will be increasing the DDLMC levy from 50p per patient to 52p per patient from 1 August 2017, annually thereafter, the levy will automatically increase in line with inflation, subject to DDLMC levy increase mandatory controls already in place and agreed with GPs.

DDLMC’s role will increase as the economic climate threatens more practices. As regards the future; the 2012 Health and Social Care Act heralded NHS changes of an uncertain nature, and there are continuing tensions. The Five Year Forward View continues to demonstrate a significant difference between what NHS England want, and what GPs are obliged to provide under their contractual terms of service. Within the next 12 months the government will have to recognise that it has over-promised to the public whilst under-resourcing general practice. Inevitable tensions will arise between GPs and their CCGs and it will be DDLMCs job to ensure the voice of General Practice is heard loud and clear.

As the DDLMC’s Chief Executive, Dr Kath Markus says  
“GP practices need to stand together like never before!”

Keeping together is progress, working together is success!

Is Derby and Derbyshire Local Medical Committee value for money?

The University of Sheffield study of DDLMC structure, function and financing in 2004 recognised DDLMC as one of the most innovative, cost effective and value for money LMC’s in the UK and yet has a relatively moderate base. DDLMC have no reason to believe this position has changed.

DDLMC is increasingly relied upon by practices for expert advice, support and representation. It is pleased that all activities undertake are financed by the LMC voluntary levy contributions paid by 90% of GP practices. Throughout the 103 year existence, DDLMC has never invoked its statutory powers to raise a compulsory levy as it prefers voluntarism to compulsion

The DDLMC levy is a tax allowable business expense (as illustrated in the table 1 below) and its cost is built into NHS GP remuneration payments through the GP expenses mechanism.

DDDLMC members and the executive unanimously agreed at the DDLMC meeting in January 2017 to increase the DDLMC levy from 50p per patient to 52p per patient with effect of 1 August 2017, with a rolling annual increase to the levy in line with inflation to take effect from 1 July, each year. Table 1, below, demonstrates the current levy costs to practices and the actual annual increases as a result of the 2p per patient increase, for each practice dependant on its patient list size. Table 2, below, demonstrates an illustration of inflation percentage increases, set against the year, as highlighted to reach the ceiling of the 80p per patient mandate.

Patient List Size	50p per patient	52p per patient	Annual Increase	Minus 40% (offset by tax) = Actual Annual Increase	Patient List Size	50p per patient	52p per patient	Annual Increase	Minus 40% (offset by tax) = Actual Annual Increase
2000	£1,000	£1,040	£40	£24	11500	£5,750	£5,980	£230	£138
2500	£1,250	£1,300	£50	£30	12000	£6,000	£6,240	£240	£144
3000	£1,500	£1,560	£60	£36	12500	£6,250	£6,500	£250	£150
3500	£1,750	£1,820	£70	£42	13000	£6,500	£6,760	£260	£156
4000	£2,000	£2,080	£80	£48	13500	£6,750	£7,020	£270	£162
4500	£2,250	£2,340	£90	£54	14000	£7,000	£7,280	£280	£168
5000	£2,500	£2,600	£100	£60	14500	£7,250	£7,540	£290	£174
5500	£2,750	£2,860	£110	£66	15000	£7,500	£7,800	£300	£180
6000	£3,000	£3,120	£120	£72	15500	£7,750	£8,060	£310	£186
6500	£3,250	£3,380	£130	£78	16000	£8,000	£8,320	£320	£192
7000	£3,500	£3,640	£140	£84	16500	£8,250	£8,580	£330	£198
7500	£3,750	£3,900	£150	£90	17000	£8,500	£8,840	£340	£204
8000	£4,000	£4,160	£160	£96	17500	£8,750	£9,100	£350	£210
8500	£4,250	£4,420	£170	£102	18000	£9,000	£9,360	£360	£216
9000	£4,500	£4,680	£180	£108	18500	£9,250	£9,620	£370	£222
9500	£4,750	£4,940	£190	£114	19000	£9,500	£9,880	£380	£228
10000	£5,000	£5,200	£200	£120	19500	£9,750	£10,140	£390	£234
10500	£5,250	£5,460	£210	£126	20000	£10,000	£10,400	£400	£240
11000	£5,500	£5,720	£220	£132					

Table 2 – An illustration of % increases set against the year to reach the ceiling of the 80p mandate

Years	1%	2%	3%	4%	5%
2017	52.00	52.00	52.00	52.00	52.00
2018	52.52	53.04	53.56	54.08	54.60
2019	53.05	54.10	55.17	56.24	57.33
2020	53.58	55.18	56.82	58.49	60.20
2021	54.11	56.29	58.53	60.83	63.21
2022	54.65	57.41	60.28	63.27	66.37
2023	55.20	58.56	62.09	65.80	69.68
2024	55.75	59.73	63.95	68.43	73.17
2025	56.31	60.93	65.87	71.17	76.83
2026	56.87	62.14	67.85	74.01	80.67
2027	57.44	63.39	69.88	76.97	84.70
2028	58.01	64.66	71.98	80.05	88.94
2029	58.59	65.95	74.14	83.25	93.38
2030	59.18	67.27	76.36	86.58	98.05
2031	59.77	68.61	78.65	90.05	102.96
2032	60.37	69.99	81.01	93.65	108.10
2033	60.97	71.38	83.44	97.40	113.51
2034	61.58	72.81	85.95	101.29	119.18
2035	62.20	74.27	88.53	105.34	125.14
2036	62.82	75.75	91.18	109.56	131.40
2037	63.45	77.27	93.92	113.94	137.97
2038	64.08	78.81	96.74	118.50	144.87
2039	64.73	80.39	99.64	123.24	152.11

For reference note: Previous year UK inflation rates: 2016 – 1.6%, 2015 – 0.20%, 2014 – 0.50%, 2013 – 1.99%

What are the cost saving measures undertaken to minimise levy increases?

- Redundancy of 1 member of staff.
- Reconfigured the DDLMC workforce including the appointment of an apprentice.
- DDLMC Executive Directors moved onto a pay as you earn agreement from a salary position.
- Chief Operating Officer reduction of hours from 5 days to 3 days per week.
- Negotiated 5 years FREE office rent.
- Reduced overall office consumables expenditure (printing, telephone etc).
- Reduced external meeting attendance – saving mileage cost by implementing a teleconference system.
- Reduced internal meeting attendance – saving meeting expenditure costs for:
- DDLMC meetings was 11 per year now 6 per year;
- DDLMC Executive meeting was 4 per year, now 2 per year.



# Who are Derby and Derbyshire Local Medical Committee?

The elected members and executive of DDLMC remain at the heart of the organisation. Grass root GPs passionate about making a difference to GP colleagues and their workforce. Acting under the elected members' direction, DDLMC liaises, engages and negotiates with key partners and stakeholders to include NHS North Midlands, Public Health, Clinical Commissioning Groups (CCGs), Care Quality Commission for the benefit of practices.

DDLMC Position	Name	Email Details
Executive		
Chairman	Dr Peter Williams	peterwilliams@nhs.net
Chief Executive	Dr Kath Markus	kath.markus@derbyshirelmc.nhs.uk
Treasurer	Dr Peter Holden	pjpholden@dsl.pipex.com
Directors	Dr John Ashcroft	jsashcroft@gmail.com
	Dr Jenny North	jenny.north@tiscali.co.uk
	Dr Mark Wood	markwood@btinternet.com
Members		
	Dr John Grenville	johngrenville@hotmail.co.uk
	Dr Gregory Crowley	imagine@breatheconnect.com
	Dr Pauline Love	pauline.love@nhs.net
	Dr Denise Glover	nick.denis.eglover1@btinternet.com
	Dr Gail Walton	gail.walton@nhs.net
	Dr Brian Hands	bghands@gmail.com
	Dr Vineeta Rajeev	vineeta.rajeev@nhs.net
	Dr Murali Gembali	murali.gembali@btinternet.com
	Dr Ruth Dils	ruthdils@nhs.net
	Dr Andrew Jordon	andy.jordan@nhs.net
	Dr Susie Bayley	susiebayley@gmail.com
	Dr Heather Kinsella	heather.kinsella@nhs.net
	Dr Peter Short	p.short@nhs.net
	Dr James Betteridge-Sorby	jkbetteridge@doctors.org.uk
	Dr Peter Enoch	pjenoch@btinternet.com
	Dr Yadavakrishnan Pasupathi	yadavakrishnan.pasupathi@nhs.net
	Dr Simeon Rackham	s.rackers@gmail.com

DDLMC is supported by DDLMC operational team, as follows:

Position	Team Member	
General enquiries	n/a	office@derbyshirelmc.nhs.uk
Chief Executive	Dr Kath Markus	kath.markus@derbyshirelmc.nhs.uk
Chief Operating Officer	Lisa Sultana	lisa.sultana@derbyshirelmc.nhs.uk
Head of Communications	Dr Susie Bayley	susiebayley@gmail.com
Head of Business Support	David Gibbs	david.gibbs@derbyshirelmc.nhs.uk
Personal Aide and Office Manager	Samantha Yates	samantha.yates@derbyshirelmc.nhs.uk
Business and Communication Support Officer	Laura Grainger	laura.grainger@derbyshirelmc.nhs.uk
Business Support Administration Apprentice	Carmen Mey	carmen.mey@derbyshirelmc.nhs.uk

# What is the unique position of Derby and Derbyshire Local Medical Committee?

DDLMC serves as the link between levy paying GPs and their sole national negotiating body, General Practitioners Committee. The GPC is a standing committee of the BMA, with 86 members (43 of whom are directly elected representatives of LMCs). GPC UK meets twice a year and GPC England four times per year. Each week the negotiating team and policy leads are in action defending GP interests. GPC is guided by policy decisions determined by the Annual Conference of Representatives of LMCs. More than 300 LMC representatives from across the country attend annual and special conferences to debate motions which reflect local GP concerns and aspirations. Individual GPs can influence policy through DDLMC. Resolutions are referred to the GPC to consider and implement. In this way DDLMC represents the interests of levy paying GPs as expressed through conference decisions.

# What are the strengths of Derby and Derbyshire Local Medical Committee?

- Strength in numbers with over 90% of GP practices paying the DDLMC voluntary levy.
- 103 years of corporate intelligence and memory.
- Experts in GMS/PMS and partnership agreements.
- GP's and Practice Managers critical and reliable friend.
- Effective working relationship with GPs, Practice Managers and Practice Nurses and all partners, stakeholders and commissioners relating to general practice.
- Representative, relevant and responsive.
- Personal bespoke and proactive service.
- The local link the General Practitioners Committee which has direct links to the Government and to Ministers to influence contractual negotiations and improvements.
- Recognised in statute with over 80 statutory responsibilities.
- Position of influence within the NHS.
- Resolves issues and helps to overcome key challenges faced by General Practice.
- Stability.
- Honest broker.

## How do GP practices benefit from paying the levy?

- Represent practices in discussions with NHS North Midlands, Clinical Commissioning Groups, Health Education England, Care Quality Commission, Public Health and other NHS bodies.
- Involvement with the Sustainability and Transformation Plan for Derbyshire holding principles for engagement to ensure that no practice is 'worse off'.
- Effective and cooperative engagement with secondary and primary care colleagues to include clinical commissioning groups and trusts focusing on reducing costs and saving time for practices and more involvement with contract negotiations.
- Professional trusting relationships e.g. with the Coroner and Members of Parliament.
- CQC support through seminars, a wealth of resources, regular meetings with CQC inspection managers, visiting practices to offer one-on-one support.
- Co-founder of the Primary Care Development Centre offering training and initiatives to develop the practice workforce.
- Co-founder of GP-S – A mentoring and signposting service for GPs.
- Founder of the General Practice Task Force for Derbyshire benefitting practice by facilitating change address workload, workforce and working at scale needs.
- Pastoral care and support for GPs and Practice Managers.
- Supporting practices in a time of financial crises by liaising with the key organisations, CCGs and NHS North Midlands to ensure that the right decisions were made in the best interest of the practice.
- Successfully provided answers and solutions to over 500 GPs, Practice Managers and Practice Nurses queries on a monthly basis.
- Developed a workforce and transformational group - The General Practice Transformation Action Group to discuss and share practice workforce development, organisational and transformational change.
- Appointed a GP as Head of Communications to enhance the communication experience between DDLMC and practice to include the formation of Twitter, Facebook, GP Community Network and a new DDLMC website.
- Developed a Practice Nurse Competency Framework and appraisal template for practice nurses.
- Production of LMC guidance documents on clinical and non-clinical issues, helping give practices clarity and direction.
- Voice at the table discussing service rates of payment.
- Listen and capture issues and challenges and negotiate the best possible outcome for practices.
- Mediate between all key stakeholders and parties for the benefit of practices.

- Engage, liaise, advise and support GPs and Practice Managers on matters that impact on their professional and business lives and signpost to resources and alternative support if unable to help.
- Deal with routine enquiries from GPs, Practice Managers, CCGs, other public authorities, private bodies and the media.
- GPs' and Practice managers' critical and reliable friend.
- Crisis management/troubleshooting/resolving issues.
- Identify and circulate appropriate information to practices from the deluge of NHS communications.
- Provide information about local, regional and national health policies, contracts and legal and ethical matters pertaining to general practice.
- Organise and co-ordinate training and events.
- Undertake research into specific projects for the benefit of GP practices.
- Represent practices on committees, projects and working groups.
- An alternative first point of contact to corresponding with the MDO. DDLMC will seek for a solution in the first instant and sign post and navigate where necessary, thus mitigating the risk profiling by the MDO and the potential increase to risk profiling and associated premiums.
- Provide access to favourable deals with suppliers through the LMC Buying Group.
- Apply pressure directly to organisations e.g. PCSE/Capita to try and ensure they are delivering a suitable service to practices.

## Keeping together is progress, working together is success

DDLMC would like to take this opportunity in thanking all levy paying practices for their continued support. DDLMC is very proud of its voluntary levy paying status and it recognises the need to work together to support practices during these challenging and unprecedented changes to the NHS.



