

2013

Devon LMC Annual Report



Your Local Medical Committee,
Leading, Representing, Informing
and Supporting General Practice

Devon LMC

Annual Report 2013

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2012/13 has been a challenging year for the NHS and for Devon LMC but there have been some notable achievements in Devon. We have overseen and engaged in the inception of the two Clinical Commissioning Groups (CCGs) in Devon. The process has generally gone well and the LMC has forged strong links with the CCGs and colleagues in their localities which should stand us in good stead for the undoubtedly challenging times that lie ahead. We have also worked hard to form strong working relationships with the Area Team (AT) of NHS England and Public Health which has now come under the remit of the Local Authorities. As the AT extends to Cornwall and the Isles of Scilly, now more than ever we need to engage with our LMC colleagues west of the Tamar. Liaison meetings have been set up and are well attended; they have been cordial and both LMCs have found areas of common interest and some areas where processes do not currently align.



Our negotiating processes remain strong and are further evolving. Following broad consultation, a three stage process is emerging for the development of new work streams and opportunities for General Practice in Devon. The General Practice Advisory Group (GPAG) will have a high level strategic view, considering ideas and proposals for services that could be developed by CCGs and other commissioners in conjunction with Devon LMC. There will be a second stage which develops further those ideas into clinical pathways that are workable in General Practice. This group has different names in different localities but I prefer Dr David Jenner's (Chair of the Eastern Locality) suggestion of CCG Primary Care Interface Group or 'CPIG'. The final step will be the formal monthly negotiating meeting at which we can strive to agree appropriate financial frameworks to attach to new work streams.

Meanwhile General Practice nationally is reeling from the constant onslaught from certain areas of the media, the contract imposition and an impending workforce crisis of huge proportions. We are expecting to see contracts that have traditionally been fulfilled by individual practices go out to tender to a wider audience with the potential for loss of income to practices and the creeping privatisation of Primary Care services in Devon. There has been an increase in practices particularly smaller ones, finding themselves in financial difficulty, and we need to look at novel solutions to preserve them and the fantastic work they do for our diverse local communities.

The LMC Pastoral Support Network has been expanded to meet the demands for support from the GP community and I fully expect them to remain busy during the next twelve months. I would like to personally thank all of them for the excellent, often unsung work that they do in supporting GPs and practices in Devon.

Looking at our organisation we have undergone some significant changes in personnel. Alex Aylward has moved on from his role as Lay Member to the Board to become the Lay Member for the Board of the Northern Eastern and Western Devon CCG. I would like to thank him for his excellent contribution to Devon LMC over a three year period. Dr Stephen Miller has stepped down as Clinical Lead for Pastoral Support and I would similarly like to thank him for fulfilling this valuable role working with the Executive Team and Pastoral Support Officers. As Vice Chairman, Dr Andrew Sant provided clinical input and a unique skill set, and has moved on to be Medical Director for Plymouth Community Healthcare (Community Interest Company). We look forward to working with him in his new guise. Debbie Galbraith has also moved on from the Primary Care Liaison role and we wish her every success in the future. Sarah Hale has stepped down as Director of Operations. She has been a stalwart of the LMC for nine years and her wise counsel and calming influence will be sorely missed. Last, but by no means least, I would like to pay tribute to my predecessor as Chairman, Dr Mark Sanford-Wood who has been instrumental in many of Devon LMC's successes in the last few years. We are fortunate to retain him as Interim Medical Secretary continuing to work representing GPs.

Now to mention some new arrivals: One of our highly experienced GPs, Dr Mark Couldrick has moved from the Board to provide Clinical leadership for Pastoral Support. I would like to welcome Dr Kate Gurney and Dr Phil Melliush as new co-optees to the Board, and Rachel Jennings, who is the newly appointed Lay Member - each brings particular skill sets which we will find invaluable. Dr Anthony O'Brien has been elected as the new Chair of the Northern and Eastern LMC Sub Committee. We are looking forward to his energy and enthusiasm in leading the Sub Committee and also as an officer to the Board in the next few years. Dr John Pickard is my Vice Chair on the Board. The Executive Team at Deer Park is bolstered by the appointment of Angela Edmunds as the new Director of Operations and Carol Hobbs as Deputy Director of Operations. Each of them comes with a wealth of experience in the NHS and we warmly welcome them along with Dr Mike Richards as Medical Secretary, joining the team for one day per week. Finally, I would like to express my thanks to the Executive Team based in the office; their quiet efficiency allows the work of the LMC to progress effectively and I look forward to them trying to organize me over the next two years.

As the statutory body representing all the GPs in Devon, our focus is always guided by our remit to Lead, Represent, Inform and Support General Practice in the county. All the services we provide and the issues in which we are involved are measured against this mission. The Annual Report enables us to demonstrate to the GPs who fund our organisation, how we have fulfilled our responsibilities during the past year.

Our representative function begins with our GP elected members who make up the three locality Sub Committees. These have been renamed to reflect the CCG configuration: Northern and Eastern LMC (formerly Devon County); Western LMC (formerly Plymouth) and South Devon and Torbay LMC (formerly Torbay). Currently we have thirty-one elected members with a number of vacancies, particularly in Western, Northern and Eastern Localities. We are acutely aware that of the 1264 GPs on the Performers List in Devon, most are working to their professional limits, and many are involved in commissioning in various guises. We are however, keen to hear from GPs with an interest in medico-politics and representing the interests of their colleagues in a broader way. Our Sub Committees are lively and well informed, with full agendas addressing operational issues which affect all practices. They work hard to seek solutions, achieve resolution and stand up for GP colleagues in practice across the diverse populace of Devon.



The LMC Executive Team and Board have been reaching out to all the new organisations which make up the post Health and Social Care Act NHS in the South West. The Area Team of NHS England staffs are based in St Austell, Saltash and Exeter, and we have established links with all the Directorates relating to Primary Care. We are meeting regularly with Public Health and Local Authority colleagues, Community Nursing representatives, Devon Referral Support Services, Devon Doctors Ltd, the two CCGs, NHS 111, the Safeguarding Children Boards and Pharmacy services.

In spite of some staffing challenges this year, we have continued to support six Practice Manager group meetings taking place monthly around the county; and we have LMC representation on the Violent Patient Scheme Review Panel and on the GP Performance Screening Group hosted by the Medical Directorate of the Area Team.

With two of our Board members also serving as elected members of the General Practitioners Committee and attending meetings at the British Medical Association on a monthly basis, we keep close awareness of all that is being done at that level to negotiate with the Government and the Department of Health communicating news and changes to our GPs via our website and monthly Newsletter.

Our website has been operational for almost two years and many of you now rely on it as a source of information, guidance and news. Our vacancies and locum availability pages are very popular, though the well-recognised GP workforce crisis is reflected in the large number of GP vacancies and the challenge practices face to fill them. The Newsletter is published on the first of each month and is distributed electronically to approximately 1600 readers, and many access it directly from the website. We strive to produce an informative, accurate publication with contributions from Guest Editors and Primary Care professionals.

Devon LMC has established good working relationships with various arms of the media across the county and nationally. Several of our Board members regularly contribute feature articles to national GP publications; and we are frequently contacted by the BBC and local networks to provide an LMC statement on the latest crisis to hit the headlines. Our senior LMC members have all received media training and respond very professionally to these requests.

We sent eight GP delegates to attend the Annual Conference of LMCs in London, in May. Devon GPs were prominent in the debates and contributed robustly to some difficult and controversial themes. We look forward to the leadership of a new Chair of the General Practitioners Committee at the helm of a stronger, united group who will represent General Practice nationally in the next few years.

I would like to thank the teams who make all this possible - the small Executive Team based at Deer Park; our ten GPs and Lay Member serving on the Board, the Clinical Lead for Pastoral Support and the fourteen Pastoral Support Officers who enable us to help GPs and practices in this vital area of our work.

As I move on from my role as Director of Operations after nine years as part of the team, I feel confident that the good work will continue, with strong leadership and an organisation committed to our mission. I would like to express my thanks to the many colleagues with whom I have worked around Devon during this time, for your professionalism and friendship. Tomorrow is a new day – keep up the good work!

The past few years have seen a period of great change not only within the wider NHS but also within Devon LMC. We have restructured as an Executive Team and as a Board with further changes at Sub Committee level. Throughout this time it has been essential to manage our finances in a professional manner, recognising that the LMC is funded by General Practice for General Practice and must give value for money at a time of reducing personal income.



The statutory levy was reduced to 50p per patient in 2012/13 and has been maintained at this level for the current year. Whilst reducing the levy from 60p in 2010/11 by a total of 16.7% over a two year period we have also managed to recapitalise, thus strengthening our financial reserve position. We are able to hold many of our LMC meetings and most of those with external stakeholder organisations at our Deer Park location with our own meeting facilities and generous parking. This has greatly reduced the need to host meetings at commercial venues. The organisation has transformed its ways of working to paper-light over the past three years at a significant cost savings, to solely electronic communications. The savings made have not been easy, the entire team making great efforts to minimise cost and waste alongside the strategic structural changes made by the Board.

Several GPs have enquired as to why reserves are needed – in the current NHS climate practices and individuals are being put under increasing pressure. Devon LMC is proactive in minimising the financial impact upon practices from the outset but is also there to support those in trouble later down the line, whether that be through personal pastoral care or whole practice support. Add to this the need for us to keep General Practice informed of an ever-changing landscape and it is clear to see that such services come at significant cost, particularly given that much of this is done by working GPs in practice time. We are obliged to pay for Locum cover for working GPs carrying out work with or for us, either representing the LMC at clinical meetings, or providing Pastoral Support or facilitating meetings in practices, hence the need to have reserves accessible.

There is often confusion about how the LMC is actually funded and how this links to the General Practitioners Committee (GPC), our national representative body. The Statutory levy (50p per registered patient this year) funds the running cost of Devon LMC, including the provision of our office and meeting accommodations; IT; staffing; attendance fees for elected GP representatives and all the other services we provide. It is received quarterly, paid by NHS Shared Business Services (SBS), which deducts the relevant sum from practice payment schedules.

The National levy (formerly known as the Voluntary levy) is paid to the GP Defence Fund (GPDF) to cover the work of our national negotiating committee, the GPC. Many will be unaware that we actually have strong representation on the GPC from Devon and Cornwall: Dr Mark Sanford-Wood, Dr Mark Selman and Dr Beth McCarron-Nash are all elected members of the GPC – two of whom are of course members of our LMC Board. The GPDF continues the work of the fund established in 1911 to support GP negotiations with the Government. The main expenditure is to support those GPs working for the GPC who need to take time out of their practices, as well as funding the Annual conference of LMCs which is the principal channel of accountability between the GPDF/GPC and LMCs. The fund also supports legal, accounting and other professional advice, and where required, contributes to the cost of legal challenges which are deemed of national importance.

The GPDF sets an annual levy from each LMC calculated on a pence per patient basis and has been in the range of 5 to 6p per registered patient for the past few years. Devon LMC collects this levy via NHS SBS from practices mandated to pay. More information about the levies can be found on our website: [How the LMC is Funded](#)

While everything seems to change around us I am delighted that Sarah Collins, LMC Finance Officer, continues to keep her eye on our daily expenditure, providing the Board with accurate forecasts and detailed management accounts. I am personally pleased to have been re-elected as Treasurer for another term and look forward to continuing to provide Devon General Practice with a professional, cost effective service through Devon LMC.

This has been a strange and eventful year for Devon County LMC. During the last twelve months we have seen the full realization of Clinical Commissioning Groups (CCGs) and been involved in the debate around local CCG Constitutions. Several of the members on the Sub Committee have resigned their positions during this time to take up roles with the NEW Devon CCG. In May, Dr Bruce Hughes became Chairman of Devon LMC and I have replaced him as Chair of the Devon County LMC Sub Committee. We have worked hard to maintain links across all Health organisations in Devon during the year to ensure the introduction of the Health & Social Care Act has proceeded smoothly and with minimal disruption for practices and patients.



Along the way a lot of significant work has been done. Details of Safeguarding training have been clarified and we now have a clearly defined way of ensuring GPs in Devon can attain approval for their continual training in this area. Dr Kate Gurney has worked very hard on behalf of us all to achieve this. She continues in this role with great thanks and appreciation from us all.

Problems with the administration and practical application of Just-in-Case Bags, the Verification and Certification of Death and flu immunization payments have been discussed with the Community Nursing Teams and are close to resolution. Devon County LMC members have had articles and letters published in the medical press about locum availability, the rights and wrongs of CCGs, the transfer of care from Secondary to Primary Care. At the recent Annual Conference of LMCs in London, Devon representatives spoke and were positively received. I have no doubt that our voice is being listened to at a national level.

Looking at those involved in CCGs, Commissioning, the new Area Teams and the elected members of the LMC it seems to me that the same people are now sitting around a few different tables. Three years ago this was the Devon County LMC Sub Committee meeting, now it is the NEW Devon CCG Board and the newly developed General Practice Advisory Group. This means there is likely to be a strong consensus in these meetings around the delivery of Primary Care and what we would like to see provided by our Secondary Care colleagues. The Devon County LMC role still remains to protect and fight for grass root GPs' pay and conditions within this more complex and slightly confusing setting. However, given the new structures and the good connections we have with all involved I think we are in a strong position to influence the direction the NHS takes both locally and nationally.

Issues we need to address and will be turning our energies towards in the next twelve months include: improving communication between Devon Referral and Support Services and individual practices; ensuring CCGs operate as they should (responding to members wishes regarding Commissioning); critically appraising how any changes in the delivery of care are communicated to GPs, and making sure we do not take on extra work unless the correct amount of additional funding is attached.

We are also very keen to improve the contact between the Sub Committee and GPs in their consulting rooms. The next few years will be a potentially politically volatile time for the NHS. GPs need to be united in our desire to continue to provide high quality healthcare to our patients and ensure this continues to be possible. We face recruitment and retention problems as well as likely reduction in funding for practices via the newly imposed contract. The LMC exists to represent, support, inform and negotiate on behalf of all GPs. If something is happening in your practice that is affecting your ability to provide the service you desire for your patients we need to know so we can do something about it. There will be an email communication from me prior to every Sub Committee meeting outlining the issues we will be discussing. If you have contributions to make or wish to bring other issues to the attention of the Sub Committee please email us in reply. If you would like to get more involved please consider standing for election to the Sub Committee.

The cover of 'The Week', (issue 926, 29/06/2013), offered in summary of this past year, a corpse covered by a sheet, lying on a mortuary slab with two feet emerging and an 'NHS' tied to a big toe. The caption reads: 'The end of our Health Service?' The Daily Telegraph said that the NHS is "facing what is arguably its gravest crisis since it was established in 1948"; with examples of appalling standards of care accumulating; Out-of-Hours (OOHs) services threadbare; hospital Accident and Emergency provision in chaos and an 'alleged Care Quality Commission(CQC) cover up'.

I do not share this gloomy outlook locally. Generally, both General Practice in Plymouth, South Hams and West Devon, and Secondary Care at Derriford Hospital, are of a high standard. We have an OOHs service staffed by local GPs and considered by the National Audit Office to provide good quality, cost effective clinical care and excellent communication, and good District/Community Locality teams who work well with practices. However the whole service has been under pressure during the past twelve months, with high demand for appointments, investigations and hospital admissions. We had a long winter, with the coldest spring for fifty years!

2013 began with full impact of the structural reorganization of the NHS brought about by the Health and Social Care Act becoming apparent. Plymouth Teaching Primary Care Trust (PCT) was being wound down, with staff applying for jobs in the new organizations: the South West Area Team of the NHS Commissioning Board, Public Health attached to Plymouth City Council and Devon County Council, NEW Devon CCG with the Western Locality of Plymouth and South Hams / West Devon.

Financially we are in a flat cash environment with Derriford Hospital continuing to face an enormous challenge to attain financial stability. The Western Locality inherited the plans of Plymouth PCT with a 'block' contract and there was little money for investment in General Practice or the development of services to care for patients in the community.

The Western Locality Primary Care Commissioning Strategy and Investment Group was established and is doing well with a successful Quality and Productivity programme for 2013/2014 already distributed to practices. The CCG has also been very wise in delaying the implementation of NHS 111 in Devon and recognising the importance of having medical/nursing support to call handlers.

My greatest worry in the next two years is that we are heading for a workforce crisis with not enough GPs and Practice Nurses to deliver services to our patients. Many experienced GPs are either taking twenty-four hour retirement and reducing their sessions, or retiring completely. Practices are struggling to fill all posts. The reasons for the unattractiveness of General Practice and early retirements is multifactorial: long days at work, with increased stress, pension changes, appraisal and revalidation and the onslaught by Department of Health and the media blaming General Practice for all the ills of the NHS.

On the front lines of Health Care, there will be continued pressures, particularly in meeting the needs of an ageing population. Current demographics show that 10.5 million people in the UK are over 65 years old. This statistic is expected to increase by 50% over the next twenty years. 90% of all contacts in the NHS occur within General Practice, which holds only 9% of the NHS budget. Individual patient consultation rates have risen from 3.9 visits per year in 1995 to 5.5 per year in 2009, with over 300 million consultations in General Practice most of which require longer appointments. In 2012, a national survey reported that for 88% of the population, their experience of General Practice was good, and the vast majority of patients are satisfied with their surgery opening times.

It is clear that if Primary Care is to provide improved care in General Practice and the community, a shift of resources from Secondary Care is essential.

I strongly support the principle that all new organizations need to work closely together to solve the challenges that the NHS faces and I continue to attend the Plymouth Hospitals Medical Executive Committee meetings and the Urgent Care Partnership Group to strengthen liaison and ensure our Secondary Care colleagues remain attuned to the issues facing Primary Care

I would like to thank my Plymouth LMC Sub Committee, GPs in Plymouth and NEW Devon CCG, the AT of the NHS Commissioning Board, Public Health and the LMC Executive Team for their support over the past year.



Hard times for the country are, not surprisingly, being reflected in General Practice. A cut in pay is painful but possibly understandable in the current climate, however the imposition of the new Quality Outcomes Framework (QOF) in England has been a disaster and I am very angry that we are having to spend such valuable time with yet another 'tick box' exercise. Let us hope that some new negotiators on the General Practitioners' Committee (GPC) can undo some of the most recent changes, and introduce some ideas to help address the real challenges of tomorrow.



In the year 2000, the Royal College of GPs (RCGP) called for the Government to increase the GP workforce by 30%. In the past decade, the full time equivalent GP workforce has grown by 18%! In comparison, the number of hospital consultant posts has grown by 61%. All the evidence shows that increasing the number of GPs per head of population is associated with a lower all-cause mortality; especially cancer and heart disease. The supply of GPs appears to have more influence on lower standardised hospital mortality than the ratio of specialists in a hospital. We must support the RCGP in pushing for more investment in Primary Care.

13% of GPs are expected to retire in the next two years, if not even more when everyone realises what the pension changes will mean. At present, only 20% of recent graduates indicated General Practice as their first choice. We are currently training 37%, but this is reducing rapidly. I have been a GP trainer for eight years. Credit to the intelligence of my Registrars, they have all passed and yet when they see my workload, not one of them can see how they could do a full time job. We have a recruitment crisis. This was last resolved in true market forces style by a new contract and increased funds, but I fear the Government will not follow their deeply entrenched belief that the solution to all of the NHS's problems is a market forces model when it comes to our pay and recruitment.

The Government mentions that more work needs to be transferred from Secondary to Primary Care, but judging by their performance during the last year, with a lack of investment in premises or Primary Care services, I seriously don't think they actually believe it, or, understand what they have said. There are two papers worth a read if anyone wishes to peer into the looking glass of the future. The RCGP paper: [The RCGP 2022 A Vision for General Practice in the Future NHS.pdf](#) and another on Federating: [RCGP Toolkit to Support the Development of Primary Care Federations.pdf](#)

We can't continue as we are with longer working hours, decreasing pay, poor recruitment and the threat of insolvency and so perhaps it is time in Devon to look far more seriously at Federating. Recent talks at the 'Passage House Inn' gave a glimpse of the possibilities that could be gained by forming into a larger body. The Government has indicated that they would look at different models of providing care. We have a great opportunity in Torbay, with excellent relationships between providers of care. Our CCG members are settling nicely into their roles, but perhaps now is the time to be bold and effect some dramatic changes.

The LMC's role would be to encourage and facilitate change in order to improve the service to our patients, but also the sustainability of our profession. There is plenty of accumulated wisdom in Devon and the Negotiating Committee has been very helpful in ensuring that the aims of proposed changes are achievable and safe. They provide an invaluable check if something dangerous is proposed. Let us go for change and offer some hope for the future rather than endure the miserable process the Government are imposing on us

Extract of Financial Statement

	2013	2012
	£	£
Profit & Loss Account - Year ended 31 March 2013		
Income		
Statutory levy	592,467	638,913
Voluntary levy	58,533	67,350
Sessional GP contributions	50	3,032
Devon LPCs rent	17,063	16,508
Sundry income	2,651	1,650
Bank interest	1,564	1,074
	672,328	728,527
Expenditure		
Voluntary levy paid	58,533	67,350
Employee costs	282,906	276,266
Members, Practice Managers and Lay Member	174,130	166,380
Professional Support Officers	16,902	25,080
Child Protection costs	2,501	2,564
Property costs	45,991	54,640
Telephone and ipad costs	3,268	3,140
Office costs	1,057	1,152
Computer and internet	10,930	12,208
Conference and meeting costs	17,221	18,027
Sundry expenses	677	638
Finance and professional fees	3,217	3,632
Leasing costs	2,802	1,224
	620,135	632,301
Net surplus	52,193	96,226
Balance Sheet - As at 31 March 2013		
Current assets		
Bank current account	60,560	40,191
Bank deposit account	148,354	126,790
Cash	249	119
Trade debtors and prepayments	8,167	5,088
	217,330	172,188
Current liabilities		
Trade creditors and accruals	26,129	33,180
	26,129	33,180
Net Assets	191,201	139,008
Capital account		
Brought forward	139,008	42,782
Net surplus	52,193	96,226
	191,201	139,008
Statutory levy - Annual pence per patient	0.50	0.54

East Devon

Dr Kate Gurney	6	5
Dr Lynne Sanderson	6	5
Dr Mike Slot	12	10
Dr David Spiers	6	4
Vacancy	6	0

Exeter

Dr David Bossano - resigned 01/13	4	4
Dr Hamish Duncan - resigned 02/13	5	3
Dr Iain McBay	6	5
Dr Adrian Midgley	6	1
Dr Mark Selman	13	12
Dr Cath Sheppard - resigned 09/12	3	1
Vacancy - from 09/12	3	0
Vacancy - from 01/13	2	0
Vacancy - from 02/13	1	0

Mid Devon

Dr Mark Couldrick	19	13
Dr Megan James	6	4
Dr David Jenner - resigned 01/13	7	2
Dr Anthony O'Brien	13	12
Dr Tim Watson - from 05/12	5	5
Vacancy - filled 05/12	1	0
Vacancy - from 01/13	1	0

Plymouth Sub Committee

	Potential	Actual
Dr Tristan Bertie	6	3
Dr Neil Harmsworth	6	5
Dr Peter Leman	6	3
Dr John Mahony	6	4
Dr Andrew Mercer	6	6
Dr Sue Overall	6	6
Dr John Pickard - Chair	27	25
Dr Martin Rankin	6	4
Dr Philip Rowland - resigned 01/13	4	2
Dr Andrew Sant	23	21
Vacancy	6	0
Vacancy - from 01/13	2	0

North Devon

Dr Duncan Bardner	11	7
Dr Tim Chesworth - resigned 9/12	3	1
Dr Anneke Dissevelt	6	3
Dr Bruce Hughes - Chair	29	28
Dr Stephen Miller	6	3
Dr Mark Sanford-Wood - Executive Chairman	28	25
Vacancy	6	0
Vacancy - from 9/12	3	0

South Hams & West Devon

Dr Bev Ingoldsby	16	9
Vacancy	6	0
Vacancy	6	0
Vacancy	6	0

Teignbridge

Dr Derek Greatorex - resigned 9/12	4	0
Dr Philip Melluish	19	19
Dr Mike Richards - Treasurer	27	21
Dr John Whitehead	16	8
Vacancy	6	0

Torbay Sub Committee

	Potential	Actual
Dr Trevor Avis	10	9
Dr Charlie Daniels	10	9
Dr Will Howitt	10	10
Dr Andrew Richardson - Chair	32	27
Dr Sarah Rowe	10	10
Dr Ian Tresidder	10	5

Summary of attendances

Potential	515
Actual	359
%	70%

Meetings

Board of Devon LMC	Devon LMC Exec / NHS Devon	Community Nurses
Devon LMC / Cluster Negotiations	Devon LMC Sub Committees	Devon LMC AGM

Following the Annual General Meeting on 15th May 2013, the LMC staff and representatives are as follows:

The Board of Devon LMC

Chairman	Dr Bruce Hughes, GP Partner, Fremington Medical Centre, Barnstaple
Treasurer	Dr Mike Richards, GP Partner, Albany Surgery, Newton Abbot
Chair of Northern & Eastern LMC	Dr Anthony O'Brien, Wyndham House Surgery, Silverton
Chair of Western LMC	Dr John Pickard, GP Partner, Beaumont Villa Surgery, Plymouth
Chair of South Devon & Torbay LMC	Dr Andrew Richardson, GP Partner, Corner Place Surgery, Paignton
Co-opted Member	Dr Duncan Bardner, GP Partner, Bideford Medical Centre
Co-opted Member	Dr Kate Gurney, GP Partner, Coleridge Medical Centre, Ottery St Mary
Co-opted Member	Dr Phil Melliush, GP Partner, Channel View Surgery, Teignmouth
Co-opted Member	Dr Mark Sanford-Wood, Freelance GP
Co-opted Member	Dr Mark Selman, Salaried GP, St Thomas Medical Practice, Exeter
Director of Operations (Prior to July)	Sarah Hale
Director of Operations	Angela Edmunds
Lay Member to the Board	Rachel Jennings

LMC Executive Team

Director of Operations	Angela Edmunds	angela.edmunds@devonlmc.org
Deputy Director of Operations	Carol Hobbs	carol.hobbs@devonlmc.org
GP Medical Secretary	Dr Mike Richards	mike.richards@nhs.net
Interim GP Medical Secretary	Dr Mark Sanford-Wood	mark.sanford-wood@nhs.net
Executive Support Officer	Elaine Pavelle	elaine.pavelle@devonlmc.org
Executive Administrator	Zoe Chiplin	zoe.chiplin@devonlmc.org
Finance Officer	Sarah Collins	sarah.collins@devonlmc.org

Northern and Eastern LMC Sub Committee

Dr Anthony O'Brien (Chair)	GP Partner, Wyndham House Surgery	anthony.obrien2@nhs.net
Dr Mark Selman (Vice Chair)	Salaried GP, Mount Pleasant Health Centre	mark.selman@nhs.net
Dr Duncan Bardner	GP Partner, Bideford Medical Centre	duncan.bardner@nhs.net
Dr Mark Couldrick	GP Partner, Blackdown Practice	markcouldrick@nhs.net
Dr Anneke Dissevelt	Sessional GP, North Devon	annekedissevelt@nhs.net
Dr Kate Gurney	GP Partner, The Coleridge Medical Centre	kgurney@nhs.net
Dr Bruce Hughes	GP Partner, Fremington Medical Centre	bruce.hughes@nhs.net
Dr Megan James	Sessional GP, Exeter	meganjames@nhs.net
Dr Iain McBay	Sessional GP, Exeter	imcbay@nhs.net
Dr Adrian Midgley	GP Partner, Isca Medical Centre	akm@nhs.net
Dr Lynne Sanderson	GP Partner, Rolle Medical Partnership	lsanderson@nhs.net
Dr Mark Sanford-Wood	Sessional GP, North Devon	mark.sanford-wood@nhs.net
Dr Mike Slot	GP Partner, Sid Valley Practice	mike.slot@nhs.net
Dr David Spiers	GP Partner, Raleigh Surgery	david.spiers@nhs.net
Dr Tim Watson	GP Partner, Okehampton Medical Centre	tim.watson2@nhs.net

Western LMC Sub Committee

Dr John Pickard (Chair)	GP Partner, Beaumont Villa Surgery	john.pickard@nhs.net
Dr Andy Sant (Vice Chair)	Sessional GP, Plymouth	a.sant@nhs.net
Dr Tristan Bertie	GP Partner, Friary House Surgery	tbfh@Doctors.net.uk
Dr Neil Harmsworth	GP Partner, Church View Surgery	neilharmsworth@nhs.net
Dr Peter Leman	GP Partner, Mannamead Surgery	peterleman@nhs.net
Dr Andrew Mercer	GP Partner, Ridgeway Practice	andrew.mercer@nhs.net
Dr Sue Overal	Sessional GP, Plymouth	susan.overal@nhs.net

South Devon and Torbay LMC Sub Committee

Dr Andrew Richardson (Chair)	GP Partner, Corner Place Surgery	andrew.richardson2@nhs.net
Dr Phil Melliush (Vice Chair)	GP Partner, Channel View Surgery	pmelliush@nhs.net
Dr Trevor Avis	GP Partner, Mayfield Medical Centre	trevor.avis@nhs.net
Dr Charlie Daniels	GP Partner, Chilcote Surgery	charlie.daniels@nhs.net
Dr Will Howitt	GP Partner, Pembroke House Surgery	will.howitt@nhs.net
Dr Beverley Ingoldsby	GP Partner, Leatside Medical Centre	beverley.ingoldsby@nhs.net
Dr Mike Richards	GP Partner, Albany Surgery	mike.richards@nhs.net
Dr Sarah Rowe	GP Partner, Chilcote Surgery	sarah.rowe1@nhs.net
Dr Ian Tresidder	GP Partner, Southover Medical Practice	ian.tresidder@nhs.net
Dr John Whitehead	GP Partner, Barton Surgery	john.whitehead@nhs.net

Devon GPs on the Performers List as of March 2013
 Supplied by the Area Team of NHS England

	GP Registrar	Locum	Salaried GP	GP Provider	Total
Devon	107	194	130	470	901
Plymouth	20	68	18	155	261
Torbay	11	24	14	81	130
Total	138	286	162	706	1,292

Practice & Patient Statistics for Devon as of 17th April 2013
 Supplied by NHS Shared Business Services

	Total Practices	GMS Practices	PMS Practices	Patient Numbers
Devon	104	24	80	769,908
Plymouth	41	13	28	273,352
Torbay	19	8	11	144,948
Total	164	45	119	1,188,208



Devon Local Medical Committee
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