

Annual Report 2007/2008



Storm warning

North and South Essex Local Medical Committees Ltd

Contents

Chief Executive's Report	2-3
North Essex Vice Chairman's Report	4-5
South Essex Vice Chairman's Report	6-7
Standards for Better General Practice	8-9
GMS Contract Negotiations - Essex Meetings	10-11
Essex Practice Manager Conference 2008	12-13
Move to Limited Company Status	14
Priorities 2008/09	15
North Essex List of Members	16-17
South Essex List of Members	18-19
Accounts 2007/2008	20

CHIEF EXECUTIVE'S REPORT



There are few things that are constant in primary care. Patients are seen, in their millions, and the vast majority receive and appreciate an excellent standard of care. Governments and Health Departments or Authorities want more to be done in primary care, and morale has never been lower. I name but three. It is worth noting that morale, like one or two other substances, always goes downhill.

The last year has seen Government proposals and actions which have genuinely affected morale in general practice, and which might undermine the foundation of our NHS, namely primary care. The "Darzi" review of the NHS has provided us with a surgeon's eye view of primary care which for all its good points, such as increased clinical involvement and leadership and a renewed emphasis on Practice Based Commissioning (PBC), has also forced the procurement of additional primary care capacity without any regard for local need or input. This over-

provision could damage local primary care, but it may also introduce a new "corporate" commissioning model which treats patients like raw materials and health workers like drones.

The "Darzi" centres, or GP-led health centres, will be established in each of our PCTs. Essex will therefore have five. We should be thankful that the thirteen PCTs were reduced to five in 2006. Essex probably could benefit from one such centre in Thurrock where primary care investment

has traditionally been low, the needs of the population are great, and same population is expanding through the Thames Gateway developments.

At the time of writing we do not know who will be providing services from these centres. The DH would like its corporate friends to gain a foothold with who knows what consequences in primary care, but our PCTs and local providers may yet produce a solution which is locally acceptable and minimises disruption. We might even

see patients' health needs addressed. It is a shame that this is merely a hope and that DH policy appears to contain little that is centred on patient need.

Access has been the major political issue in primary care in recent months. There is no doubt that access is important and that primary care can improve, but the obsessive drive to push this agenda, and the pressure on practices and PCT management to produce improvements, has been to the detriment of good relationships and

other potential benefits to patients. The insanity surrounding extended hours is a prime example of how political interference in the NHS can produce the maximum effort and disharmony, in order to gain perhaps a tiny benefit for a minority of patients.

The Essex Appraisal Scheme continues to run successfully, and is one of the best examples of joint working across primary care organisations. It is hoped that five appraisals under the Essex model will equip our GPs for revalidation

when it eventually arrives. Another example of joint working is the planning in Essex for Pandemic Flu. All practices have received a business continuity plan which was introduced by an Essex GP, and the IT support for this issue has been purchased by the SHA and is available to all practices.

The LMCs continue to carry out their statutory and representative duties, and we have added several other functions to our work. We support and host the Essex Practice Managers Group,

and have provided training on management issues. We have also held a number of joint PBC seminars with a variety of PCTs. The Essex LMCs Ltd are always open to suggestions on how we can best serve our constituents, and on possible new ventures.

I believe that the values of general practice, and the dedication of those working within, will see us through these difficult times.

Brian Balmer
Chief Executive/Secretary

NORTH ESSEX VICE CHAIRMAN'S REPORT



As I sit here writing this article in September 2008 early 2007 seems light years away. How our world has changed. It was gradually becoming clear that we were no longer regarded as the pearl in the oyster of the NHS by this Government. Indeed there was a concerted and focused Government-fed media campaign to undermine our credibility in the eyes of the public. We were now lazy, overpaid and feckless. In this atmosphere we seemed to accept a second year of income freeze with barely a whimper. We all

wondered what this was leading to. Why were we being softened up? We did not have to wait too long to find out. The old rules of negotiation were dispensed with. None of this nonsense about "win / win". Our negotiators were sidelined and a more aggressive approach adopted. As the year moved on the Committee advanced from gentle discussions about PBC incentive schemes and enhanced services floors into defensive discussions about PCT practice assessment schemes, Darzi

Centres and Extended Hours. The latter took up an enormous amount of the combined energy of the LMC office, particularly when it became apparent that we were about to have the thing imposed through a Hobson's Choice: "Would you prefer a gastroscopy or a colonoscopy doctor? No medical indication of course. We just want you to suffer. How much is up to you!" A number of very well attended "road shows" were arranged and the stark choice laid out for us. The majority of us, in a controversial ballot, went for the gastroscopy,

knowing that we could still opt to take a pay cut and forsake the additional work. It was felt that we could afford to yield on this particular battle in the hope of winning the longer term war. The biggest concern of the LMC was whether this "clunking fist" approach to negotiating would set a precedent for future negotiating rounds. As you read this article our GPC negotiating team is finding out.

One of the many strengths of Primary Care in this country is the variety of approaches that practices

adopt to deliver the service, whilst achieving equally superb outcomes. One size does not fit all, and patients have a choice of the style of practice with whom they wish to register in most parts of the country. The Darzi approach will unpick that rich tapestry of care, and must be resisted. We all recognised the threat and wondered why our leaders were not fighting back. They have at last got their act together in a very effective campaign of public engagement. Will the government listen to its own electorate?

As we now look back on the last days of the 2007/8 year, the majority of us will be looking at our accounts for that year and noting with increasing concern that practice profits are falling off alarmingly. We are now in the third year of what is purportedly a pay freeze, but which is in actuality a pay cut. The majority of us, being kindly souls, will have paid our staff at least a cost of living pay increase. The income:expenditure gap is narrowing. This is not sustainable. The moronic political donkeys now braying at our discomfiture

fail to appreciate that the GP contract negotiations of 3 years ago did not result in a pay rise for GPs. They merely allowed us to catch up with peer professions. Primary Care once again became a popular career choice for eager medical students. These donkeys need to appreciate that if they do not start to value General Practice in this country they will soon become the vultures feeding on the malnourished carcass of what was once the most efficient and effective system for delivery of Primary Care in the world.

I hope to be able to report next year that these fears were after all unfounded.

In finishing I would like to, on behalf of you all, thank my predecessor Dr Richard Wright for his excellent stewardship during 3 years as LMC Chair for North Essex. A hard act to follow but, with the help of my Vice Chair Dr John Guy, I intend to give it a try. I would also like to thank Dr Brian Balmer and his team in the LMC office who work so tirelessly and effectively on your behalf.

Dr Gary Sweeney
North Essex Vice Chairman

SOUTH ESSEX VICE CHAIRMAN'S REPORT



My dear colleagues,

I write to you at the most difficult of times for our profession. I would firstly like to say a big thank you for electing me, unopposed, as your chairman, after serving three years as vice chairman. I feel that it is a great honour, but at the same time, a stupendous burden and responsibility to be your chair; and I shall endeavour to do my utmost best at all times.

In 2004, we were all celebrating that we had won the battle, and that there was no better profession than ours, we were truly the 'Jewel in the NHS Crown'. We felt appreciated, after years of neglect, respected and valued not just by our patients (who have never wavered in their support), but also by our 'Employers'. We did not realise the bad press and onslaught that was coming. We are accused of stopping 'OOHs' for a mere six thousand pounds dock in our pay, but that is

what we were being paid for 'OOHs'. We had been strongly subsidising the service. In the midst of all the bad press and bullying tactics of the government, our patients stood firm by us, they knew more about what we did than the government. We also managed to win a small battle as regards our pensions, when the government was desperately trying to renege on the agreed contract. However, we

are still not where we want to be just yet, and this is through no lack of effort on our negotiators' part. In fact, they should be commended for their perseverance and efforts. Darzi Centres, playing by different rules than we do and given a carte blanche ticket to steal our patients; 'Polyclinics'; Choose and Book; Practice Based Commissioning; Extended Hours; PCT Reorganisations; all of these designed badly and created to destroy the

most cost effective aspect of the NHS, GP led primary care. This beggars belief and the only conclusion we can draw from these insane changes is that the Government has an ulterior motive. I suspect time will tell.

We are currently expecting a flu pandemic, drop in pay for most GPs to the tune of 7-10%, changes in Practice Assessments, changes in QOF and most importantly, a suspicion that the Government is hoping to make us the culprit in their

privatisation through the 'backdoor' scheme. But do not despair, remember the BMA campaign, and the support our patients gave us. As long as we keep working for and with our patients, we can see this thing through. The LMC, GPC and BMA will keep working tirelessly on your behalf. Finally, I would like to thank my predecessor Dr Deshpande for all his excellent years and service to the chairmanship of

the LMC. I would also like to congratulate him for becoming one of our representatives to the GPC. I would also like to take this opportunity to thank Brian, Andrew, Cathy, Sarah and Annette for all the work they do on our behalf, without them, we could not function. I sincerely hope that next year's report will paint a much better picture. I bid you all a Happy Christmas and a Prosperous New Year.

Dr Mike Saad
South Essex Vice Chairman

STANDARDS FOR BETTER GENERAL PRACTICE

Standards for Better General Practice - A development framework designed to help practices comply with Standards for Better Health.

INTRODUCTION

The document "Standards for Better Health" produced by the Department of Health aims to move the health care system from one that is driven by targets to one in which standards are the means to deliver continuous improvement in quality.

As a consequence of this change in direction and emphasis, PCTs in Essex began to explore ways of supporting the introduction of quality and performance standards to general practice.

THE FRAMEWORK

This Framework was originally produced by the LMC and PCT in Liverpool and was modified by North and South

Essex LMCs and EQUIP for use by practices in Essex. The Framework was developed taking full account of the statutory requirements of the new GMS Contract, the GMC's Good Medical Practice and the new national standards which are mandatory for all health care organisations including GP practices. The structure of the Framework is based on the requirements of "Standards for Better Health" and the different sections reflect each of the standards as follows:-

- ◆ safety
- ◆ clinical and cost effectiveness
- ◆ governance
- ◆ patient focus
- ◆ accessible and responsive care
- ◆ care environment and amenities
- ◆ public health

SUPPORT TO PRACTICES

The Framework is intended to support practices to put in place "a system of clinical governance which enables quality assurance of its services and promotes quality improvement and enhanced patient safety".

KEY BENEFITS

For Practices

- ◆ The Framework is developmental and allows practices and PCTs to performance manage the new contractual arrangements in a more supportive environment. It is acknowledged that practices may not have all components in place but this document identifies areas to be tackled.
- ◆ PCTs will be able to identify and prioritise the additional resources, facilitation and educational support required in a consistent way to enable practices to implement Development Plans agreed as part of the document.

- ◆ Standards receive a straight yes or no answer on the basis of supporting evidence. Any serious concerns that arise about performance will be dealt with through performance management procedures that are in line with professional standards and new contract regulations.

For LMCs

- ◆ Demonstrates a continuing commitment to work constructively with PCTs in supporting practices to provide a range of high quality, accessible services for patients.



GMS CONTRACT NEGOTIATIONS - ESSEX MEETINGS

Three meetings were held in Essex to discuss the current GMS Contract Negotiations for 2008/9.

The meetings were held on 31st January 2008 at The Hilton Hotel, Stansted, 5th February 2008 at The Holiday Inn, Basildon and 7th February 2008 at The Rivenhall Hotel, Witham.

In total the three meetings were attended by 327 delegates including 289 GPs and 31 Practice Managers.

The format of the three meetings was the same. Delegates had the opportunity of hearing the GPC presentation, which was given by Dr Balmer, the Chief Executive of North & South Essex LMCs Ltd, followed by a question and answer/discussion session.

Delegates were aware that the main purpose of the meetings was to allow them the opportunity of providing feedback to the GPC. Discussion was wide ranging and a large number of issues were raised.

Detailed below are a sample of the issues that were raised both at the meetings and on the Evaluation/Feedback forms completed by delegates.

LEGAL ISSUES

Is the imposition proposed by the Government legal? Can it be challenged in the Courts?

If the profession rejects both the impositions, will they be in dispute with the Government?

What is the legal position?

How is the Government able to change a contract unilaterally? It cannot be a legally binding contract.

DARZI CENTRES

Irrespective of the results of the Poll, PCTs will still have to fund the recurring costs of the Darzi Centres from existing resources. Money will in any event be redirected away from schemes that currently benefit practices and their patients.

Are the locations for the Darzi Centres already known?

The Darzi Report outlines the future direction of primary care. Practices need to respond and consider opening at times that obviate the threat to themselves, and their patients, from private providers

EXTENDED HOURS PROPOSALS

Will practices be able to shift existing surgeries or are extended hours for additional surgeries/capacity?

Will support services be available during the extended hours periods, eg X-Ray, blood tests, etc.

What happens if practices don't wish to do extended hours? Will it be voluntary?

PUBLICITY CAMPAIGN

The profession must get its message across quickly. Privatisation of the NHS, loss of GP practices is a very powerful message.

Patients need to be aware that extended hours is not the real issue. The threat is the destruction of

traditional general practice and its replacement by private companies/large corporations.

There must be more information in the public domain regarding the effectiveness and current value for money provided by independent GPs.

THE POLL

GPs need to know exactly what is proposed under Imposition A. The service specification for the DES, the basis on which it will be priced and any strings attached to the additional 1.5% all need to be clear.

Concerned about not what is imposed but how it is imposed. There is no guarantee that further impositions won't be imposed in 6 months, i.e. increasing access further.

Negotiations/tactics of this nature by the Government should be considered to be a resignation issue for GPs.

THE BMA/LMC

The BMA must continue to work to unite the profession and stop the divide and rule tactics being employed by the Government.

Are BMA thinking strategically and long term about the threats to traditional general practice?

The LMCs will have an important role to play in helping practices deal with the implications of whichever arrangements are imposed.

ESSEX PRACTICE MANAGER CONFERENCE 2008

The LMCs were pleased to host their first Practice Manager Conference at the Ivy Hill Hotel, Margarett in February this year. The conference welcomed over 60 Practice Managers from all over Essex.

Speakers at the conference included Dr Andrew Dearden, GPC lead on NHS pensions. Andrew spoke eloquently and with great wit and humour on what can be a very dry subject. Linda Millington from the BMA presented on media communications and we were also pleased to welcome Darren Hasell, an ex practice manager from Kent who spoke positively and passionately about his experiences and how managers can realise their

potential as successful business men and women.

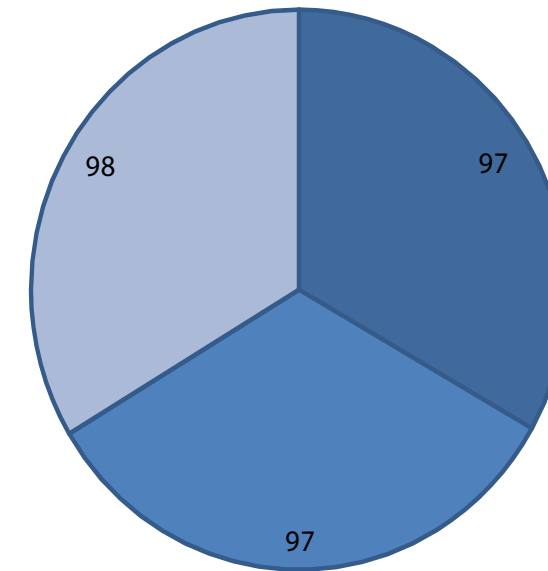
Feedback via the evaluation forms was extremely positive and gives us a platform on which we can build next year.

The LMCs have also been working to strengthen links with Practice Managers across the county. Cathy is now a regular attendee at a number of Practice Manager groups. The office has certainly seen the benefit of this and hopefully managers and therefore practices have too. If your local managers group would like Cathy to attend any planned meetings please do not hesitate to contact the LMC office.

Additionally with the support of the LMCs a selection of managers have formed an all Essex group. Managers generally are dealing with the same daily issues and it is hoped that this forum can share experiences and offer solutions to problems which can then be fed back to the local groups.

The LMCs look forward to developing further links with managers in the forthcoming year and to supporting you in any way we can.

Evaluation of Speakers 20th February 2008



- Was the content relevant to your job?
- Did the content include all you had expected?
- Were questions from delegates well answered?

MOVE TO LIMITED COMPANY STATUS

Historically LMCs have been seen as 'incorporated associations' and are not legal entities in their own right. It became apparent during the current year that, as such, the two LMCs offered no legal protection to members (LMC representatives). As the range of services and advice the LMCs provided to constituent practices continued to increase, LMC representatives could therefore be faced with significant personal liability.

Having taken appropriate advice the only way to provide comprehensive protection for members was for the two LMCs to create a new Company Limited by Guarantee. The two LMCs which are established by statute remain in their current form and continue as non profit making organisations. There are no shareholders.

The new company North and South Essex Local Medical Committees Limited became operational on 1st November 2007. Members were keen throughout to ensure that

this structural change should not in any way adversely affect the nature, range or quality of services currently provided by the LMCs to representative members. The five officers personally employed by the LMCs became employees of the new limited company. As previously and without change, LMC representatives continue to be elected to the existing geographical constituencies and salaried/sessional GP constituencies by constituent GPs.

PRIORITIES 2008/09

To work closely with practices and PCTs in ensuring the introduction of flexible, well resourced local arrangements for extended opening hours.

Provide strong local support for the BMA's national campaign. Assist practices in increasing patient awareness. Make campaign materials available via the LMCs' website.

Ensure that the LMCs remain fit for purpose. Obtain feedback from practices on the effectiveness of the LMCs and future work priorities.

Update the LMCs' document Standards for Better General Practice. Work with PCTs to ensure that Scorecards properly reflect the high level of clinical outcomes achieved by practices.

Continue to develop strong links with Practice Managers, utilise dedicated area on LMCs' website, attend Managers meetings on a regular basis and arrange training events on the basis of needs identified by practice managers.

Undertake a re mandating exercise for contributions to the GPDF. Provide practices with information detailing the range of services funded by the subscription.

Update the LMC's information leaflet. Continue to provide practices with timely relevant information on all contractual matters.

Arrange a Conference for all Essex GPs in first half of 2009. The Conference will aim to update GPs on contract negotiations and other important issues likely to affect general practice.

Continue to promote the role and benefits of LMC membership. Undertake a recruitment campaign in the areas where GPs are under represented.

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SALARIED & SESSIONAL GP REPRESENTATIVES

Three Vacancies

REPRESENTATIVE OF GP REGISTRARS

Vacancy

LIST OF MEMBERS - SOUTH ESSEX

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REPRESENTATIVE OF GP REGISTRARS

Vacancy

REPRESENTATIVES OF SALARIED & SESSIONAL GPs

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North Essex & South Essex Local Medical Committees Ltd

RECEIPTS & PAYMENTS FOR THE YEAR ENDED 31st MARCH 2008

2006/07		2007/08	2006/07		2007/08
£		£	£		£
443,664.77	Statutory Levy	528,194.79	321,099.95	Salaries/NI/Pensions	368,461.08
5,340.13	Bank Interest	14829.71	24,852.81	Rent/Rates/Service Charge	25,611.60
18,600.00	Levy PCT employed doctors	37264.00	2884.41	Telephone/Mobile Phones	6,284.88
605.99	Ballot Fees	163.18	2932.89	Postage	4,322.50
125.00	Lecture Receipts	0.00	5320.13	Photocopier/Stationery/Printing	10,308.62
4080.00	Phamaceutical Sponsorship	26,174.20	13,809.78	Office Equipment & Maintenance	15,114.70
0.00	Inland Revenue Incentive	400.00	1,094.81	Office/Fire Insurances	902.63
			367.65	Bank Charges	108.18
			5,997.43	Information Technology	2334.57
			2,736.83	Accountancy Fees	2532.33
			150.00	Legal and Professional Fees	2439.03
			742.66	Subscriptions	637.33
			3,126.46	Premises Expenses	1,837.89
			1,116.32	Vehicle Insurances	1,144.30
			4,210.76	Sponsored Events	18,283.18
			329.00	Training Costs	1,895.55
			1,471.18	Meeting Expenses	1,183.95
			9,509.52	Travelling Expenses	9,335.52
			5,125.52	Conference Expenses	5,448.38
			14,080.00	Chairman's Honoraria/Expenses	14,498.00
			25,965.29	Members' Payments	27,320.00
			0.00	Corporation Tax	1,014.60
			669.28	Recruitment Expenses	0.00
			447,592.68		521,018.82
	Excess of receipts over payments		24,823.21	Excess of receipts over payments	86,007.06
472,415.89		607,025.88	472,415.89		607,025.88



Image of Southend on Sea Pier courtesy of Ian Mcgraw Photography: <http://www.ianmcgrawphotos.co.uk>
<http://www.veilandtrain.com>

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