BIRMINGHAM LOCAL MEDICAL COMMITTEE

ANNUAL REPORT 2015

66TH ANNUAL REPORT

This is the first report of the 21st Committee of Birmingham LMC since the introduction of the NHS in 1948. It will come as no surprise that yet again the year surpassed all predecessors in being the busiest for the LMC in recent memory, mirroring of course the massively increasing workload and many other significant issues faced by general practice in Birmingham throughout the year.

ONGOING CRISIS

Needless to say the plight of general practice in the city and nationally continued to worsen due to the many and varied consequences of lack of investment, funding cuts, spiralling clinical and administrative workload, the recruitment and retention crises, further disruptive reorganisation and ever increasing regulation, including the advent of the CQC ratings and special measures programme.

As always the LMC provided an enormous amount of advice and support to GPs and practices working in evermore challenging circumstances to cope with these issues. This included ongoing pastoral care and advice to ever more GP partners struggling to deal with the increasing burdens and risks now being borne on a dwindling number of shoulders as practices found it harder and harder both to recruit new partners into their practices and to retain existing ones.

All these problems, risks and burdens, were, inevitably, far greater in the smallest practices, an issue over which the LMC has been warning for some time. It was no surprise therefore that more and more practices started to look at the ongoing sustainability of their traditional business models and to consider strategies for working with others in order to best safeguard their future viability. Perhaps the most dramatic example of this was the setting up in Birmingham of the country's largest GP "super-partnership"- Our Health Partnership (OHP). OHP was formally launched in November, embracing no less than 32 practices across Birmingham and Sutton Coldfield, caring for over 270,000 patients and with close on 150 GP partners. Throughout the OHP formation process a great deal of advice had been sought from and given by the LMC and our executive secretary Dr Robert Morley was invited to speak at OHP's launch event.

Birmingham has, of course, a proud record of GP practices and partners coming together to work at scale in various innovative ways, including, for example the Birmingham Multifund, Badger, SouthDoc, and the MMP and Modality (formally Vitality) and partnerships. As the LMC has for some time being advising, the many cherished benefits of GP-led and partnership-based general practice delivering personalised, long-term care to registered patient lists can now only survive if GPs and practices work together in alternative business models and at increasing scale, which the LMC will continue to champion, and to advise and support its practices.

CCGs AND CO-COMMISSIONING

There was yet another significant and fundamental reorganisation affecting practices in April when all three Birmingham CCGs were given full delegated co-commissioning responsibility. This meant that the CCGs took over the direct commissioning and managing of core GMS and PMS contracts from their member practices just two years after they came into existence with the abolition of PCTs. This of course raised considerable conflict of interest and various other issues, over which the LMC made its concerns known. The CCGs were mandated by NHS England to set up primary care co-commissioning committees (PCCCCs) to which all matters relating to the commissioning of GP contracts, including core and all enhanced services (community services

and LISs) , were delegated. These committees had lay chairs and were not permitted to have any GP majority. Whilst this helped manage the conflict of interest issues, it also meant that CCG governing body and GP influence over commissioning, including of community enhanced services and local improvement schemes (LISs), was considerably diminished, despite increased responsibility for CCGs' member practices and GPs, particularly as the decisions of PCCCCs were binding on their parent CCGs.

The LMC requested that it be allowed representation at the PCCCC meetings in an observer/advisory capacity in order to best safeguard the interests of constituency practices. Happily all three LMCs readily agreed to this suggestion and LMC executive secretary Dr Robert Morley regularly attended all three PCCCCs. In addition regular monthly liaison meetings with senior PCCCC officers of the three CCGs took place. The willingness of all three CCGs to engage, consult with and seek the advice of the LMC on important issues of mutual interest was most welcome and laudable, leading to a number of beneficial outcomes.

Amongst the important issues on which the LMC was consulted and had the opportunity to influence CCG policy and strategy were the process for PMS funding reviews, the re-commissioning of occupational health services for general practice (all three CCGs had agreed to work together to develop a joint service, but progress was put on hold by the announcement that NHSE would develop a national specification to be put in place by April 2016) and consultation on the process for the commissioning of LISs as well as the detail of some individual LISs and other CCG schemes to invest in general practice.

At the end of the year it came to the LMC's attention through the Birmingham CCGs' financial reports that all three were predicting significant underspends at the end of the 2015/16 financial year. The LMC wrote to them advising them that, whilst it was welcome that they had increased investment in general practice, this additional funding was all contingent upon practices either taking on additional, non-core work or providing additional weekend opening hours. However what general practice desperately needed in order to help mitigate the effects of its catastrophic crisis was significant additional recurrent investment to support practices in providing essential services during core contracted hours. All three CCGs agreed to meet with the LMC to discuss this crucial issue, with the expectation that these meetings would take place early in the New Year.

CARE QUALITY COMMISSION

As anticipated, the activities of CQC continued to cause enormous and far-reaching problems for practices, to the extent that supporting and advising practices in relation to the CQC was probably the greatest individual area of work for the LMC throughout the year. The only positive bit of news from CQC in 2015 was that it took on board concerns raised over its totally unfair and unfit for purpose "intelligent monitoring" system which had publically and inappropriately ranked practices related to perceived "risk" because of their performance against certain arbitrary indicators. The CQC admitted that this had been an error (the damage from which could, of course, have been averted had it previously heeded the advice of LMCs and the GPC) and changed the system so that it no longer publically ranked practices or used the word "risk".

Unfortunately the CQC U-turn over the intelligent monitoring system paled into insignificance besides other developments throughout the year. Its wholly inappropriate inspection and rating regime of all GP practices moved into full swing with many Birmingham practices being inspected and given a formal CQC rating under a system which both the LMC and GPC nationally considered to be simplistic, misleading, unfair to practices and unfit for purpose. Needless to say there was an enormous administrative burden for all practices in preparing for their CQC inspections and in undergoing the inspection itself. This additional, new and unfunded activity was a further additional bureaucratic imposition diverting practice capacity and resources away from caring for their patients. A considerable number of guidance documents, originating from both CQC itself and the GPC, were distributed to practices by the LMC, whilst a great deal of work was also undertaken advising individual practices on a whole host of CQC-related issues including registration, "intelligent monitoring" and the requirements of the new inspection and ratings process.

For those practices that were inspected, a number of them across the city had draft or final inspections which rated them either as "inadequate" or "requires improvement". The LMC, in conjunction with the relevant CCG, carried out a great deal of work advising and supporting these practices, including visiting most of the practices concerned, often jointly with CCG officers and with CQC's inspectors. Amongst the considerable amount of advice given to practices they were signposted on how to access support through both their CCG and through the Royal College of General Practitioners support programme for practices in CQC "special measures". Once again the willingness of the CCGs, and also of the College, to engage and work with the LMC in supporting many practices in enormous difficulties, and some at significant risk, following their CQC inspections was most laudable.

Towards the end of the year the LMC advised its practices that, to add insult to injury, the CQC was consulting on its plans to raise practice registration fees. The only question to be asked in the consultation was whether full fee rises would be staged in over 2 or 4 years. There was no consultation whatsoever on the actual scale of the fee rises which, incredibly, were proposed to rise nearly seven- fold. Such proposed increases were completely unjustified, particularly in the light of the fact that at the same time the CQC was consulting on its strategy for inspection and regulation of general practice going forward, with an expectation that the number of inspections it would be carrying out would actually reduce in number. Practices were encouraged to respond to CQC on this issue, as did the LMC which also made its views on the matter known to the GPC in order to ensure that the profession's national response was as robust as possible.

A final bitter blow to Birmingham practices from the CQC was delivered in December, when an article in the national press quoted the CQC's Chief Inspector of General Practice as saying that "general practice had failed as a profession" and that "he was ashamed to be a GP". A meeting of the LMC unanimously agreed that the Committee should write to the Chief Inspector expressing its dismay at his reported comments, which had not been refuted by CQC after they were published. A letter to the Chief Inspector written on behalf of the LMC by the LMC Chairman Dr Bill Strange was made public and this was much applauded by local practices as well as by other LMCs and by GPs across the county in the press and social media.

NHS ENGLAND AND AREA TEAM ISSUES

Whilst the NHS England Area Team handed over delegated responsibility for commissioning GP contracts to the CCGs in April it retained all responsibilities related to GP professional performance, including appraisal, recommendation for revalidation and GP performers list management. The Birmingham, Solihull and Black Country local area team was merged with those covering Coventry, Warwickshire, Herefordshire and Worcestershire, inevitably leading to more administrative confusion and chaos for practices, dealing with, in effect, a new organisation with the loss of local contacts and yet with a workforce lacking the capacity and ability to carry out all its required functions over such a large area.

This new regional NHS England team put in place new procedures for dealing with professional performance issues through a performance advisor group (PAG) and performers list decision panel (PLDP). To its credit the new NHS England regional team engaged and consulted with LMCs over various relevant issues, and Birmingham LMC chairman Dr Bill Strange formerly represented the LMC on the PAG, thereby ensuring appropriate clinical advice to the group. In addition LMC executive secretary Dr Robert Morley also formerly represented a number of Birmingham GPs who were referred to the PDLP, as well as being consulted on and advising the regional team on a number of key issues.

One area where NHS England retained local responsibility related to complaint- handling. It became clear that the way NHS England had been managing complaints against practices since the abolition of the PCTs ac couple of years earlier was absolutely shambolic, with proper processes not being followed and many complaints inappropriately taking very many months before patients received adequate responses. This inevitably added to the problems and stress caused to practices in receipt of complaints and the LMC robustly challenged the NHS England regional team about this. This resulted in the scale of the problem being acknowledged by NHS England and a commitment to take steps to resolve matters.

Another area where the LMC interjected successfully on behalf of practices related to a communication from the NHS regional team suggesting that practices must notify it of every single complaint which they directly received. Such a demand by NHS England was both completely disproportionate, and, moreover, fell outside of the requirements of the NHS complaints regulations and GP contractual obligations. Again, following challenge by the LMC, the NHS regional team agreed to with draw its unreasonable request.

NHS England also continued to retain responsibility for certain public health functions including vaccination campaigns. The local area team had instigated a pharmacy flu vaccination pilot programme over the winter of 2014/15 and, inevitably, this had resulted in a great many problems for Birmingham practices. These included lack of, or incorrect information about patient vaccinations and some practices being left with unused vaccine stock following a lack of appropriate and timely information that the pharmacy vaccination pilot was going to be launched. The LMC had done its best to warn NHS England locally of the inevitable and predictable consequences of pursuing the scheme but, needless to say this advice went unheeded.

The evaluation of the pilot at the end of the vaccination season confirmed what had been predicted,- that the pilot had achieved none of its stated aims of complimenting rather than competing with GP practice flu vaccination campaigns, increasing overall vaccination uptake and targeting younger and previously unvaccinated patients in high risk groups. Despite this shambolic and catastrophic failure the Area Team had signalled its intention to roll out a similar scheme for the 2015/16 flu season. It then transpired that NHS England nationally was commissioning the scheme to take place across the entire country, despite the wealth of evidence gathered by a number of LMCs, including Birmingham that such schemes would actually be detrimental rather than beneficial to the flu vaccination campaign and cause particular problems for GP practices.

It was of absolutely no surprise however that NHS England went ahead and as the autumn progressed, the LMC once again started to gather evidence from practices about the extent of problems caused by a competing flu vaccination programme being commissioned from pharmacies which, to add insult to injury, were being funded at a higher rate for the service than were GP practices.

For some time Birmingham practices had been suffering the consequences of various changes and re-organisations in the delivery of primary care support services, (PCSS) including the handing over of payment services to SBS and the rationalisation of and cuts to services. This included the closure of the Birmingham PCSS office, with all functions moved initially to Walsall but then followed by the removal of various other services in a piecemeal fashion to other parts of the country. This lead to the inevitable consequences of complete loss of local contacts, loss of local corporate memory, significant communication difficulties and confusion with practices not knowing whom to contact and not receiving appropriate responses over the ever-growing number of problems and queries they were having in relation to primary care support functions. The LMC fielded numerous queries, messages of concern and requests for help from practices trying to find their way through this appalling maze and did its best to help them navigate the chaotic mess. The likelihood of yet further significant reorganisation leading to even more headaches for practices was confirmed with the news that PCSS would be completely privatised with Capita being given full responsibility for provision from September. Once they had taken over the contract Capita immediately announced that there would indeed be yet more changes and rationalisation of services in 2016, with the closure of the Walsall and other offices and all functions being transferred to just three Capita offices nationally.

With Capita now being fully responsible for the entirety of all primary care support services to practices, including vital issues such as payments, patient registrations and medical records, it remains to be seen what lies in store for practices in 2016 as a result of yet more radical change.

PREMISES ISSUES

The LMC continued to advise many practices over various premises-related problems and issues. In particular a great deal of advice and support was given and meetings held with practices in NHS accommodation ,whether this be in LIFT buildings or in other NHS accommodation now controlled by NHS property services (NHSPS). There were also similar problems for practices in buildings where the Birmingham Community Health Trust was the landlord. Most of these issues related to problems with leases, service charges and facilities management. Unsurprisingly the greatest problems experienced by practices were those in LIFT/PFI premises, where the new landlord organisation, Community Health Partnerships (CHP), not content with the huge rents (compared to those of equivalent non-LIFT premises) extracted from the NHS, piled outrageous service charge increases, many without any obvious justification or legal basis, onto their GP tenants, as if they did not already have enough problems to deal with. The LMC did its best to assist practices dealing with the various complex issues as well as signposting them to appropriate specialist legal advice and also brought the matter to the attention of the GPC in order that the matter could be pursued nationally .It remains to be seen whether the serious problems for practices in NHS-controlled practices can be resolved or will continue in 2016.

During the year it was announced that a £1 billion national funding pot, the primary care infrastructure fund would be made available over four years to improve GP premises. The first tranche of this money in 2015/16 was ear marked for surgery improvement grants and the LMC advised a number of practices in respect of these bids. Whilst this new money for GP premises was most welcome, after a decade of starvation apart from the billions squandered on the PFI/LIFT buildings, the amount on offer was, nevertheless woefully inadequate to even scratch the surface of putting right the damage caused by the appalling neglect of funding for GP premises in recent years.

PUBLIC HEALTH ENHANCED SERVICES

With the massive single new contract for sexual health services having been awarded by the local authority to the Umbrella Partnership, a joint venture between University Hospital Birmingham and the Badger GP Co-Op, subcontracts to provide service were put in place between Umbrella and GP practices during the year. The LMC was consulted by Umbrella and by Badger over various issues related to these contracts, and such engagement was most welcome. In particular the LMC was able to offer advice on various communications from Umbrella to both practices and the public and was also closely consulted on details of practice subcontracts and service specifications, with many LMC suggestions being taken on board.

Many practices however did raise concerns, once the new contracts were up and running, of potential capping of activity and funding. The LMC issued advice to practices over this matter and liaised with Badger and Umbrella on their behalf with, seemingly, and for the time being at least, a satisfactory outcome.

As well as sexual health services, substance and alcohol misuse services had also been contracted by the local authority to a new single provider, CRI, which then subcontracted service provision to individual GP practices. Once again the LMC was closely involved, both in being consulted on the terms of the new subcontracts and service specification, and on giving advice to provider practices. During the year the local authority signalled its intention to do likewise with all other of its other enhanced services, namely NHS health checks and the various “lifestyle “services. It remains to be seen what further issues will come to light now that the entirety of “public health services” have been taken outside of the NHS’s commissioning responsibility and therefore at the mercy of whatever budget cuts Birmingham City Council decides to make.

The other significant area of work for the LMC in 2015 related to local authority activity concerned safeguarding and in particular the problems caused to practices by cuts to social worker support for practices over child safeguarding issues as well as the reorganisation of health visiting and school nursing services. In particular this appeared to put practices in the invidious position of having inadequate support for dealing with child safeguarding issues and being expected to take an inappropriate lead role in co-ordinating investigation and action, something clearly the responsibility of other agencies and not general practice. The

LMC raised its concerns over this with the CCGs and the local authority and will continue to do so whenever it is made aware of any safeguarding-related issues putting children or adults at risk and GPs in inappropriate and unacceptable situations.

YOUR CARE CONNECTED

The LMC continued to be fully engaged with the far-reaching and ambitious Your Care Connected (YCC) medical record sharing project in order to ensure that the position of practices, as data controllers, was fully protected should they choose to participate in this major initiative aimed at improving the safety of patient care whilst also potentially bringing benefits to practices. LMC executive secretary Dr Robert Morley continued to attend YCC project board meetings in an advisory capacity, and the willingness of the board, led by Dr Gavin Ralston as it chairman and Dr Masood Nazir as its clinical lead, to engage with the LMC and take on board its advice, was most commendable. In particular the aim and details of the project, together with the draft data sharing agreements (DSA) were shared by the LMC with both the BMA ethics department and with independent specialist lawyers instructed by the LMC. The YCC project board took full account of all the views and comments of the LMC, the BMA and the LMC's legal advisors with the end result that the LMC was able to reassure its practices, as far as was possible, that data sharing under the YCC project and its DSA was completely lawful and that the risk to practices in participating were minimal and likely to be no greater than those of sharing confidential patient information through all other methods of normal clinical practice.

GPC AND NATIONAL MEDICO POLITICS

As always Birmingham LMC continued to be strongly represented nationally with its former chairman Dr Fay Wilson, new LMC elected member Dr Pooja Arora and executive secretary Dr Robert Morley all siting on the GPC. In addition Drs Wilson and Morley sat on the board of directors of the General Practitioners Defence Fund (GPDF) whilst Dr Morley also chaired the GPC's Contract and Regulation Sub-Committee and was a member of the BMA Council. Once again we hope that this strong national presence benefited Birmingham GPs in terms of both effective and timely communication in respect of key national issues affecting the profession and also because of the opportunity for the views of Birmingham LMC to influence national GP medico -political leadership and policy.

One key area where Birmingham LMC succeeded in this respect related to the publication in January of an important GPC document entitled "Quality First". This significant publication was a comprehensive practice workload management manual produced in order to assist practices in coping with the growing workload and workforce crises effecting the profession. Much of the contents of the Quality First document mirrored, and indeed was based upon, advice that Birmingham LMC had already issued to its constituent practices, in particular that related to practice list management.

Towards the end of the year, Birmingham LMC, together with others in the West Midlands and elsewhere, was instrumental in demanding that the GPC called for a Special Conference of LMCs to seek solutions to the unprecedented and catastrophic crisis facing general practice. No fewer than twelve motions were submitted by Birmingham LMC for consideration for inclusion on the Special Conference agenda which was due to take place in January 2016.

These motions were:

- *This conference directs GPC to negotiate a doubling in recurrent expenditure on core general practice to £22 per patient per month in order to ensure the provision of safe GP services, including an increase in average GP consultation times to twenty minutes.*

- *This conference directs GPC to negotiate contractual changes to explicitly and adequately fund additional GP partners.*

- *This conference directs GPC to negotiate contractual changes to provide direct reimbursement, including all employer pension, employer national insurance and employee clinical indemnity costs, for employed practice staff including salaried GPs.*

- *This conference directs GPC to negotiate contractual changes to fund and incentivise general practice working at scale.*

- *This conference directs GPC to negotiate contractual changes to fully and directly reimburse all clinical indemnity costs for NHS general practice.*

- *This conference directs GPC to negotiate the full and direct reimbursement of CQC registration fees for all GP practices.*

- *This conference directs GPC to ballot the profession on taking industrial action, through mechanisms which would be neither detrimental to patient care nor put GP partners at risk of contractual action, should negotiations with the government fail to deliver a fit for purpose and adequately funded national GP contract.*

- *This conference directs GPC to canvass the willingness of GPs to submit their undated resignations should negotiations with the government fail to deliver a fit for purpose and adequately funded national GP contract. .*

- *This conference directs GPC to negotiate the abolition of CQC regulation of general practice.*

- *This conference believes that primary care transformation must be delivered by building upon, not tearing up, a fit for purpose and properly-funded core national GMS contract.*

- *This conference, recognising that seven day services meeting both the expectations of the overwhelming majority of patients and their clinical needs are already provided in general practice, and that simply extending routine core GP services to seven days is inappropriate, undeliverable and will lead to unsafe care, directs GPC to negotiate appropriate investment and contractual changes to improve existing services across both core hours and out of hours*

- *This conference recognises that GP practices in Denmark are highly motivated and provide high quality general practice based on a 9AM to 4PM core working day with appropriate out of hours services and directs GPC to negotiate shorter core hours for general practice to improve both patient safety and workforce morale*

INTERNAL LMC MATTERS

As well as an incredibly busy year supporting GPs and practices in the many issues detailed above, 2015 was also a particularly busy one in terms of internal organisation.

The LMC's four-yearly election took place in the summer, with the new committee meeting for the first time in October. Prior to the election the LMC had set out its stall to ensure that the new committee would be more accurately representative of the demographic makeup of the GPs it represented and undertook an engagement campaign for this purpose, with Dr Pooja Arora being appointment as "engagement champion". The LMC was also mindful of the fact that the last few elections had been completely uncontested with all candidates being elected unopposed, a trend we wished to see reversed in the 2015 election. Happily the LMC was successful on both fronts, with contested elections in a number of constituencies and many new members on the LMC, including an increase in numbers of female, sessional and early-career GPs.

The LMC also took the first steps on embarking upon a more modernised communication and engagement strategy, including, inter alia, how it might in future better engage with constituents through social media and other modern means. To this end another new LMC member Dr Samir Dawlatly was engaged to share his expertise and offer advice to the LMCs' senior officers and staff.

Following the election, the first meeting of the new committee in October elected former Vice Chairman Dr Bill Strange to replace Dr Michael Downes as its new chairman, with Dr Martin Wilkinson being elected as Vice Chairman and Dr Syed Aamir being re-elected as Treasurer. We extend our congratulations to all successfully elected candidates and senior officers and our sincere thanks to all former members who have now stood down. **A full list of the new LMC and Executive sub- committee membership is attached in the appendix.**

One significant organisational change which was instituted during the year was the decision by the committee that the position of chairman should be a far more "executive" role than had been the case in the recent past. To that end a formal role profile and job description was created with the LMC chairman being an employed position on a one session per week basis. The intention was that this change would be beneficial in terms of both bringing about a better and more focused service to constituents as well as helping to allow the incumbent chair to develop their own expertise and competency in the role.

The year concluded with a very significant upheaval for the LMC, following the termination of the lease at its former premises at the BMI building on Harborne Road where the LMC had been based for nearly 70 years. Happily the search for suitable new premises was rewarded with the securing of excellent new accommodation not too far away in Frederick Road, Edgbaston. Needless to say the location of suitable new premises and the move to new offices required a great deal of organisation and hard work behind the scenes and the fact that the move went ahead so smoothly paid great testament to the very hard work and considerable skills of our office staff, business and liaison manager Julie Mason and administrative assistant Esther Lewis. We are most grateful for their very hard work and commitment.

Despite all the extremely hard work and activity of the LMC, both internal and external, throughout the year, the efficient, streamlined and prudent use of our resources, together with the skills of our business manager Julie Mason meant that the LMC stayed within its estimated budget for the year, despite continuing to levy just 25p per registered patient from constituent practices, a figure which compares fantastically well in terms of value for money with that of many other LMCs across the country. In addition the LMC was able to bring in significant reductions in its levies to freelance locum GPs who chose to be represented by the LMC.

OBITUARY

It was with great sadness that the LMC learnt that Dr John Chapman passed away in 2015. John had been a valued member of the committee between 2003 and 2011. He had recently retired following an outstanding career as a partner at Jockey Road Surgery, latterly within the Midlands Medical Partnership (MMP). John will be fondly remembered as a wise and wonderful man and a brilliant doctor, friend and colleague to many of us. He will be very greatly missed.

IN CONCLUSION

None of the vast amount of activity detailed above would have been possible without the commitment, expertise and superb hard work of our office staff, Julie Mason and Esther Lewis and our thanks go out to them. Thank you also to all the Birmingham LMC members who served both before and after our elections, all of whom have given their time in order to serve, represent, and assist their colleagues. Particular thanks are due to our executive committee members and annual conference representatives. Many thanks also to

our Practice Manager Advisor Wendy Loveridge, in particular for the hands-on support she has given to a number of our practices experiencing particular difficulties.

Special mention must be given to the leaders and key personnel of all three Birmingham CCGs, with whom the LMC worked extremely closely throughout the year, particularly since they took over full co-commissioning responsibility in April. Many thanks too to those in other organisations who have worked with and assisted the LMC, including Birmingham City Council Public Health, NHS England and the many other organisations too numerous to mention with which the LMC worked and liaised on your behalf during the year.

Finally, and as always, we are extremely grateful for the support and appreciation shown by all Birmingham GPs, practice managers and other staff for the work of the LMC and for your ongoing commitment to continue to provide your patients with the very best GP service in the world despite the most challenging of circumstances.

Dr Bill Strange
CHAIRMAN

Dr Robert Morley
EXECUTIVE SECRETARY

On behalf of the members of Birmingham LMC

APPENDIX

BIRMINGHAM LOCAL MEDICAL COMMITTEE MEMBERS LIST FOR PERIOD 2015 - 2019

NAME	PRACTICE	ROLE .
1. Dr Asfia Aftab	Vicarage Road Surgery, Kings Heath	MEMBER
2. Dr Abad Ali	Northfield Health Centre, Northfield	MEMBER
3. Dr Pooja Arora	Freelance	MEMBER, EXECUTIVE MEMBER, Health Education West Midlands deputy attendee
4. Dr Sonia Ashraf	Hall Green Health	CO-OPTED MEMBER
5. Dr Vijay Bathla	Soho Road Primary Care Centre, Handsworth	MEMBER
6. Dr Louisa Blamires	North VTS GP	CO-OPTED
7. Dr Gill Cottam	Local Dental Committee	LDC Representative
8. Dr Samir Dawlatly	Jiggins Lane Surgery, Bartley Green	MEMBER
9. Mr John Denley	Birmingham City Council	CO-OPTED Public Health Consultant Representative
10. Dr Michael Downes	Kingsmount Medical Centre, Kingstanding	MEMBER Regulation Sub Committee
11. Dr Philip Downing	The Karis Medical Centre, Edgbaston	MEMBER EXECUTIVE MEMBER
12. Dr Yosry Gabriel	Baldwins Lane Surgery, Hall Green	MEMBER
13. Dr Sunando Ghosh	All Saints Medical Centre, Kings Heath	MEMBER
14. Dr Atif Hassan	University Medical Practice, Edgbaston	MEMBER West Midlands Regional LMC Liaison Group attendee
15. Dr Ravinder Jakhu	Local Dental Committee	CO-OPTED LDC Representative
16. Dr Bhinder Jheeta	The Sheldon Practice, Sheldon	MEMBER
17. Dr Prem Jhittay	Kingsbury Road Surgery, Erdington	MEMBER EXECUTIVE MEMBER
18. Dr Rajendra Kulshrestha	Summerfield Primary Care Centre, Winson Green	MEMBER
19. Dr Sheena Kulshrestha	Summerfield Primary Care Centre, Winson Green	MEMBER
20. Dr Nicola Lawrence	Hollymoor Medical Centre, Northfield	MEMBER
21. Dr Eamon McQuillan	Bloomsbury Street, Nechells	MEMBER
22. Dr Paramjit Moonga	Coventry Road, Small Heath	MEMBER EXECUTIVE MEMBER
23. Dr Turabali Maimoon	Reservoir Road Surgery, Erdington	CO-OPTED MEMBER

24. Dr Earl O'Brien	Hockley Medical Practice, Hockley	MEMBER
25. Dr Arun Prabhu	Lordswood Practice, Harborne	MEMBER
26. Dr Bhupinder Rai	Ann Jones Family Health Centre, Sparkbrook	MEMBER
27. Dr Gavin Ralston	Lordswood Practice, Harborne	CO-OPTED to represent class of experience not otherwise elected
28. Dr Asad Sabir	Omnia Practice, Bordesley Green	MEMBER
29. Dr Dilsher Singh	Bellevue Medical Centre, Edgbaston	MEMBER
30. Dr Bill Strange –	Hall Green Health, Hall Green	MEMBER, CHAIR, EXECUTIVE MEMBER, Regulation Sub Committee, Sec 45A(a) Sub Committee, Performance Advisory Group attendee, Health Education WM attendee LDC deputy attendee
31. Dr Aamir Syed	Hall Green Health, Hall Green	MEMBER TREASURER EXECUTIVE MEMBER
32. Dr Gattotkutch Varsani	Jockey Road Medical Centre, Sutton Coldfield	CO-OPTED MEMBER
33. Dr Martin Wilkinson	The Harlequin Surgery, Shard End	MEMBER, VICE CHAIR, EXECUTIVE MEMBER, Regulation Sub Committee, Sec 45A(a) Sub Committee, Performance Advisory Group deputy attendee Local Dental Committee attendee
34. Dr Fay Wilson	Freelance	CO-OPTED to represent class of experience not otherwise elected
35. VACANCY	South VTS GP	CO-OPTED