



# Annual Report

## 2023/24

**Advise • Support • Represent**

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# Executive Chair's report



**When looking back at what we have achieved this year, it is hard to know where to begin.**

## Dr Grant Ingrams

There is a quote used by various NHS and DHSC Managers in my presence over the years, which just makes me want to scream. "We are where we are." This is quoted when the situation in question is a complete mess, caused by previous poor, often shortsighted, NHS or government decisions.

On trying to track the origin of this quote, the best I could find was in Isaac Marion's Zombie genre book "Warm Bodies" where the full quote is "We are where we are, however we got here. What matters is where we go next" (as an aside this was turned into a half decent film). This is balanced by philosopher George Santayana who more sensibly said "Those who do not learn from history are doomed to repeat it." Even though the first task should always be sorting out the problem in front of you, if you do not consider why the problem occurred and adjust for it, you are likely to just end up in the same situation again.

I would like to welcome you to the LLRLMC annual report for 2023-24. I do not know how many reports have been written before but know this is just one from a vast timeline. Although LMCs were established by the National Insurance Act 1911, I am aware from reading archives of other LMCs, that they did not get established until 1913 due, in part,

to infighting between GPs providing private services and panel doctors providing services via the National Insurance scheme. The British Medical Association would not recognise any LMC which did not represent all GPs in their area.

This year the LMC has taken on a huge number of projects on behalf of GPs, some of which have been successful, some of which are taking longer to achieve – though my approach is best explained by the quote from Margaret Thatcher "I am extraordinarily patient, provided I get my own way in the end."

The LMC could not have achieved anything without the hard work and support from Charlotte Woods (Operations Manager), Meera Tailor (Administrator), and all the LMC Board members, especially my deputy chair, Fahreen Dhanji whose boundless enthusiasm balances my deep-seated cynicism.

When looking back at what we have achieved this year, it is hard to know where to begin.

## Communication

One of the areas I identified before becoming Chair was the need for improved engagement with the local media and our patients. This year we have sent out press releases, held a survey of practices to gauge strength of local views, provided a monthly newsletter, and developed posters and infographics for practices to use with patients and PPGs.

We have had much positive response from local media, and no related negative articles. We included all local MPs in communications and press releases and two local MPs (both Conservative) agreed to meet with the LMC, and I believe were receptive to our description of the current situation for local general practices, the causes and possible solutions.

# Executive Chair's report

## Data

To be able to provide the information for our communications I had to analyse data from various NHS sources (and the House of Commons Library). This has created a large Excel spreadsheet which I add to from time to time to look for any change in trends.

## Negotiation

In my first newsletter when taking over as chair I highlighted that a significant issue was local services funded at less than actual cost, meaning that practices were subsidising NHS care by either reducing services for other patients, or reducing GP Partner income. Neither situation was acceptable, the first leading to poorer health outcomes and unhappy patients, and the latter leading to practices less able to recruit replacement partners from the ever-reducing pool.

I hoped that we could have worked in collaboration with the ICB, but correspondence that they would not even consider reviewing one service where funding had fallen by 28%, and another that the ICB would not agree to pay the underestimated actual cost, led to the LMC having to change tack.

As you are aware this led to the LMC offering to hold 'notices to quit' on behalf of practices. The fact that we achieved 76% coverage by doing this demonstrates the strong feelings of general practice and precarious position many are in. By general practice working together we have achieved more realistic payment for services. I would like to thank the ICB to approaching our campaign professionally and positively leading to improvements for patient care and helping to stabilise practices.

## Can we fix it?

We introduced a process for trying to sort out problems which although appear to be minor, cause significant annoyance for practices. We have been successful with some, but others are requiring persistence and chasing, although I am sure they will be resolved in the end. The LMC is always open to ideas as to what to tackle next.

## Inclusion

To be effective the LMC needs to ensure we have the right people sitting on our board. This year we have agreed to have a practice manager representative, a GP registrar, and to ensure a minimum of two sessional GP members. We have also actively promoted observation at LMC meetings which has been taken-up by three individuals so far.

The LMC is now looking at what to focus on this year. One principal issue is going to be ensuring that hard won gains are not eroded. Funding for local services must not be allowed to stagnate for years without review. New pathways must not be developed without the impact on general practices being assessed and minimised.

This is not the end of LMC work on historic local underfunding. It is not even the beginning of the end. But it is, perhaps the end of the beginning.

I promise and do not apologise that next year the LMC will continue to vociferously and doggedly represent and argue on behalf of general practice whenever and wherever needed.

I commend to you this report and look forward to welcoming you to our Annual General Meeting on Thursday 21st March.

# Who we are

## Our mission is to look out for and look after GPs and their teams

### We advise

From partnership issues to business planning, we provide valuable, up to date and expert advice to GPs and their practice managers on essential subjects including premises and contractual matters.

Alongside our in-house experience and knowledge, members benefit from our close relationships with the BMA, the General Practitioners' Committee (GPC), the CQC, other LMCs, and specialist legal support.

### We support

We provide support for members' health, welfare and careers.

Because we understand the challenges of working in General Practice, with increasing demand and workload, you can be confident of confidential and experienced support from us whenever you need it.

We support GPs in dealing with issues with appraisal, revalidation and performers list membership, even when the medical defence organisations are unable to help.

We support GPs returning to work, undertaking remediation or involved in enquiries into their performance by the GMC or NHS England.

### We represent

We represent practices on bodies including NHS England regional team, the Integrated Care System, Public Health, Local Authorities, Health Watch and the Care Quality Commission.

We represent GPs' view to the local media, and we help practices dealing with media enquiries.

When GPs are being investigated or their contracts are at risk, we are there to help and support.

The LMC is a completely independent body recognised by statute.

We are a democratic organisation with a governing body of representatives, elected by our members.

# How we are funded

## The Statutory Levy

All LMCs are funded by a statutory levy.

This amount is collected from practices and is based on an amount per patient.

This is reviewed yearly and set by the LLR LMC.

It is currently set at 42p.

This money funds the office and LMC board members.

It also funds board members representing general practice with the ICB, Local Authorities, NHS England and other bodies from time to time.

## The National Levy

In addition to the statutory levy, the LMC also collects a national levy.

This is a separate levy which is collected to fund the National Negotiating Committee (GPC) and the GP Defence Fund (GPDF) and supports national negotiations regarding General Practice.

This rate is set by the GPDF and is also based on an amount per patient.

It is currently set at 3p. The GPDF reduced the national levy from 6p to 3p, which we have informed the local ICB make this amendment to the national levy they collect on behalf of the LMC, and we anticipate this will be actioned by PCSE along with a refund, which we anticipate will be made to practices in 2024 Q2.

## A brief guide to the General Practitioners Defence Fund Levy

The General Practitioners Defence Fund continues the work of the fund established in 1911 to support General Practitioners' negotiations with the Government.

The Fund is presently established as a company limited by guarantee, the members being the voting members of the GPC.

The main expenditure of the fund is supporting the GPs, who work for the GPC, and its national subcommittees in Wales and Scotland and who need to take time out of their medical practice, and the Annual Conference of LMCs.

The Annual Conference provides 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 works closely with the BMA, but it is not, unlike the BMA, registered as a Trade Union.

# Deputy Chair's report



**We have shown that working with practices in a more united way has brought about positive changes for general practice**

## Dr Fahreen Dhanji

It's been over a year since I was appointed as deputy chair – the older I get the quicker time flies.

So much has happened in this last year and I am humbled at how hard all our teams are working to provide great patient care, and we can indeed pride ourselves for the continued work done of providing patient care above pre-pandemic levels, all in the face of increasing bureaucracy and the seeming lack of support from NHSE, DHSC and government.

We have continued to work with the ICS and make sure that the voice of general practice is clearly represented.

We have shown that working with practices in a more united way has brought about positive changes for general practice in LLR including the recent prices negotiated for fairer funding in general practice for services like phlebotomy.

We have worked closely with ICB colleagues and continue to do so to ensure that practices are remunerated appropriately.

I regularly attend various meetings with different stakeholders to ensure we can implement relevant guidance in a safe yet effective

manner, keeping in mind the many changes and challenges that have come our way.

We have formed closer working relations with the senior UHL team to work on interface issues that affect patient pathways. I recognise we don't win every battle – but we certainly try!

I feel privileged to be able to be at the forefront of this challenge and to continue to steer us as jobbing GPs to provide for our communities.

I continue to be an advocate to enable PCNs to flourish in LLR, making sure that all the funding related to PCNs like the ARRS monies, are passed to PCNs.

The LMC is as good as its practices and working together only strengthens our voice in the system.

I hope to continue to make sure that all practices in LLR are treated fairly and equitably and would like to thank you all for your ongoing support that enables me to serve our practices to the best of my abilities.

# Staff and board profiles

## County representatives

### Dr Fahreen Dhanji

Deputy Chair  
& Elected Board  
Member



Dr Fahreen Dhanji was formerly a GP Partner at a large County practice in Leicestershire, which she had worked there since 2009 after completing her VTS training.

Dr Dhanji joined LLR LMC Board after she was co-opted onto the board at the August 2016 board meeting and then was elected for the new electoral term, 2022 - 2026, and has recently been appointed as Deputy Chair of the LMC.

She is a GP trainer and has a specialist interest in ENT and minor surgery.

### Dr Vikram Bolarum

Treasurer  
& Elected Board  
Member



Dr Vikram Bolarum is a GP at The Burbage Surgery in Hinckley.

He has been a GP trainer for the last 12 years and also a lead for Undergraduate training at Burbage Practice for Hinckley and Bosworth Academy.

Dr Bolarum has been on the LMC board since March 2018, and was appointed as Treasurer in September 2022.

Dr Bolarum is on the local Fellowship committee of the RCGP.

### Dr Shiraz Makda

Elected Board  
Member



Dr Shiraz Makda is a GP partner in Oadby and the current Chair of the local RCGP faculty.

He has been an LMC board member for several years, and after completing the case investigator training is now the cases lead.

He also has educational roles at Leicester and London medical schools.



### Dr Rakesh Desor

Elected Board  
Member

Dr Desor joined the LMC board in September 2022 as County representative.

### Dr Sumit Virmani

Elected Board  
Member



Associate Clinical Director for North West Leicestershire PCN.

GP Partner since 2009. LMC board member representing county GP practices since 2016.

Special interest in Rheumatology, Dermatology and Minor Surgery.



### Dr James Ward-Campbell

Elected Board  
Member

Dr James Ward-Campbell was elected to the LMC board in August 2019.

He has been a GP in Castle Donington for the past 16 years, is a regular attendee at the locality meetings, and is a board member of the local GP federation.

# Staff and board profiles

## City representatives

### Dr Grant Ingrams

Executive Chair  
& Elected Board  
Member



Managing Partner of a Leicester City practice since 2016.

Member of GPC for majority of years between 1994 and 2019, where he was deputy chair of commissioning, chair of IT Sub-Committee and co-chair of JGPITC.

Secretary of GPC West Midlands for 10 years and the current LMC Press Officer.

In September 2022, Dr Ingrams was appointed Chair of the LLR LMC.

### Dr Amit Rastogi

Elected Board  
Member



Dr Rastogi was elected to the LLR LMC board in 2019 as a Leicester City representative.

He is an Executive Partner at Saffron Health in Leicester City. He is also involved in Undergraduate teaching at Leicester Medical School and is the Named GP for Safeguarding Children across LLR.

He is also the Clinical Director for Leicester City South PCN.

### Dr Rakesh Choudhary

Elected Board  
Member



Dr Choudhary joined the LMC board in September 2022 as City representative.

Dr Choudhary has been a GP since 2006 and currently working as a GP partner at Spinney Hill Medical Centre since 2013.

Dr Choudhary has a special interest in patients and also leads the practice in cardiovascular health, anticoagulation and is heavily involved in teaching and training of GP registrars at his practice and clinical staff at his Belgrave and Spinney Hill PCN.

### Dr Rajiv Wadhwa

Elected Board  
Member



Senior GP Partner and Training Lead-Highfield Surgery.

Senior GP Partner-Manor Park Surgery. Lead for Leicester City on LLR LMC Board. Clinical Director for Leicester Central PCN. Chair. GP Mentor and CQC Advisor.

# Staff and board profiles

## Rutland Representative

### Dr Adam Crowther

Elected Board  
Member



Dr Crowther is a GP Partner at Oakham Medical Practice and Market Overton and Somerby surgeries since 2020

Dr Crowther is a Board member for Rutland PCN

He previously worked in Northamptonshire where was a member of Northamptonshire LMC for a number of years.

## Board representative

### Sarah Gibson

Practice  
Manager Board  
Representative



Practice Business Manager at Barwell and Hollycroft Medical Centre, Hinckley and Bosworth.

A member of the Institute of General Practice Management who has been in position at her current practice since 2018.

Prior to that she worked as an Assistant Practice Manager in Loughborough.

# Staff and board profiles

## Office staff

### Charlotte Woods

Operations Manager



Charlotte Woods joined the LMC team in 2014 and oversees the day to day running of the LMC office. Duties include representing the LMC at a variety of meetings, including Practice Managers Forums and ICB liaison meetings.

Charlotte has a vast amount of knowledge and can support practice managers with queries, as well as managing our case management system.

Prior to working at the LMC, Charlotte had a variety of successful roles within organisations including Arts Council England, Nottinghamshire Police and University of Leicester.

### Meera Tailor

Administrator



Meera joined the LMC team in June 2019 and is looking forward to a new challenge and working in a new team.

Meera previously worked for a Housing Association and has over 12 years experience.

Meera's main responsibility as an administrator will be being the first point of contact for our members via telephone and email as well as supporting the daily running of the LMC office.

She enjoys spending time with my family and friends and going out to meals and social events.



# Case Lead's report



**Dr Shiraz Makda**

**I want to take this moment to express my sincere appreciation for the outstanding dedication and hard work of our team**

I hope this report finds you well. As we reflect upon the past year, I am grateful for the opportunity to share with you the achievements and progress made by the Cases team at the LMC.

Throughout the year, our primary focus has been to support our fellow GPs who face difficulties with regulators and provide neutral assistance to practices dealing with internal challenges among colleagues.

The demand for our services has increased, which is a testament to the current climate we face as a profession.

I want to take this moment to express my sincere appreciation for the outstanding dedication and hard work of our team.

They have been paramount in advising, supporting, and representing our colleagues on a daily basis.

Over the years, we have strengthened our processes, enabling us to deliver sincere, honest, and critical advice while ensuring fairness.

Our interactions with various organisations, such as PCNs, CQC, NHSE, the Coroner's office, ICB, UHL, LPT, and many more, have become an integral part of our work.

These interactions come with their own set of challenges and place additional strain on our already busy schedules.

However, rest assured that as your LMC, we are committed to providing the support you need based on your unique needs and interests.

We fully understand the immense pressures we face on a daily basis, and it is with great pride that we stand together in supporting one another and the entire profession.

As a team, we are actively exploring strategies to be more proactive in addressing the challenges that lie ahead. We are excited to share these strategies with you in the coming year, as we continue to navigate through the ever-changing landscape of our profession.

In conclusion, I want to assure you that the Cases team at the LMC remains steadfast in our commitment to supporting our colleagues.

We are here for you, offering guidance and assistance as you face the hurdles that come your way.

Together, we will overcome these challenges and emerge stronger than ever

Thank you for your continued trust and support.

# Meetings and LMC representation

We continue to ensure that we represent the views of general practice within local, regional, and national discussions particularly if it has an impact on workload left shift for unfunded work.

If practices are aware of any specific areas they wish for the LMC to be involved in, please contact the LMC office.

## Rebuild General Practice

Dr Grant Ingrams, Charlotte Woods, and Dr Geoff Hanlon (a GP in Loughborough) recently met with Loughborough MP Jane Hunt as part of the Rebuild General Practice campaign (pictured below).

They discussed the current challenges facing general practice within the constituency, and general practice as a whole.



## Background to the Rebuild General Practice campaign

The Rebuild General Practice campaign is a grassroots group of GPs calling for a proper, long-term plan to Rebuild General Practice.

We are asking the Government, patients and our colleagues across the NHS to join us in building a long-term patient centred vision for general practice.

We are calling for:

- A plan to retain the GP workforce;
- Fair funding as part of the wider NHS;
- Greater freedom and autonomy to do our jobs.



**Use the links below to follow the campaign and find out more online**



@RebuildGP



rebuildgp.co.uk

# Meetings and LMC representation

## Webinars

Here are the webinars we  
have delivered in 2023/24:

Succession/retirement planning

LMC/GPC: Safe working

The reality & success of adopting safe working

The Basics of the NHS Pension Scheme

PCN VAT/Accounting

Bricks and Mortar

Clinical Waste Pre-Acceptance Audit Support

# Operations Manager

## Behind the scenes we continue to bang the drum for General Practice



**Charlotte Woods**

Operations Manager and  
Freedom to Speak Up Guardian

This year will be my 11th year within the LMC, and what a journey it has been so far – its been a good journey and I am fortunate that I am part of a good team, so I never have that dread of tomorrow being a working day!

The time has gone by at the speed of lightning – my mother once said to me: the older you get, the faster life goes, and I have only just realised the true meaning of what that means!

In my role as Operations Manager at the LMC, I genuinely feel that everything I and the wider LMC do is for the benefit of our members.

We recognise that not everything is resolved as quickly as we all like, but I can assure you behind the scenes we continue to bang the drum for General Practice.

I represent the LMC at many meetings and engage with practice managers and GPs as much as I can on a variety of different topics, people who know me will have heard me say 'my door is always open and my phone is always on' and that remains something that I will say to everyone of our members.

The nature and challenges of General Practice has certainly changed with the level of demand now and a completely different level of complexity since when I started.

I might not know everything, but I will certainly find out the answer or direct you to someone more appropriate, and I pride

myself on trying to be helpful and approachable.

I am the first point of contact for members on enquiries and cases, and I would like to feel that anyone can call me with questions or whether you just need a neutral, non-judgement person to speak to for advice or support, or if you are a new practice manager manager that is struggling to navigate the system or complexity of general practice.

This year I have completed the National Guardian Office training to be a Freedom to Speak Up Guardian and have recently completed the Mental Health Champion Training.

We are pleased to confirm over the last year, we have delivered seven webinars on topical matters for our members, and we welcome feedback from members on what topics would be useful going forward.

The Notice to Quit was orchestrated by the LMC, but its worth highlighting this wasn't something that was achieved overnight - it was months of hard work and perseverance, but it really demonstrates the strength of General Practice when showing a united front, and this is something we need to continue doing more of, even when it is a little bit scary!

Remember - my door is always open and my phone is always on!

# View from elected members



**I have been amazed at the resilience that GPs across LLR have shown**

**Dr Adam Crowther**

Board member

The current climate in general practice remains exceptionally challenging with presently little nationally over the horizon to seemingly ease this.

I have been amazed at the resilience that GPs across LLR have shown in spite of this and pleased that we have recently seen some local wins.

LLR is a diverse community of practices and I continue to raise the issues that are unique to practising in a rural and remote community as well as supporting the other schemes and issues raised on behalf of our other LLR areas.

We are lucky in LLR to have a committed and capable chair and vice chair who along with the central team have worked tirelessly on behalf of us all across LLR.

Hopefully over the next year we can continue to increase our influence on both national and local funding programs to help navigate this difficult time and help general practice receive the share of NHS funding that it desperately deserves.

**I hope to be able to work with the LMC to look at ways we can support practices and their managers**



**Sarah Gibson**

Practice Manager Board Representative

I joined the board this year as the Practice Manager representative at a time of much change within LLR General Practice.

I have been able to help promote different projects to the practice managers in the area, and have attended the meetings for the CBS services, especially focussing on the claims processes and schedule of pay.

The LMC Practice Manager Survey last year and recent PULSE survey show that Practice Managers are struggling and that very soon there will be a shortage nationally and locally, of people able to do take on this role.

I hope to be able to work with the LMC to look at ways we can support practices and their managers, to raise awareness of the role and its value within General Practice.

# Treasurer's report



## I am pleased to report that the LMC finances remain in a healthy state

### Dr Vikram Bolarum

#### Treasurer

Since I took the Treasurer's post in September 2022, I am pleased to report that the LMC finances remain in a healthy state. We continue to be mindful of our expenditure to ensure it is a good use of the levy.

Since being in post, we have moved accountants to Sharman Fielding, as they have a better understanding of healthcare accountancy.

They have also taken over the responsibility of the day-to-day finances, following the departure of Hina Patel, former LMC finance

manager, and I would like to thank for her services and commitment to the LMC over the recent years.

We have completed a change to our bank mandate to reflect the recent changes and are now using Xero to manage the day-to-day finances.

The National Levy was reduced nationally to 3p and we have instructed PCSE to make this amendment on what is collected from practices, which will be showing in your statement as soon as PCSE has actioned.

If any members would like to discuss our finances in greater detail, please let me know.



# Financial information

## Trading, profit, and loss accounts

for Leicester, Leicestershire,  
and Rutland Medical Committee Limited

Year ending 31 March 2023

for Leicester, Leicestershire,  
and Rutland Medical Committee

Year ending 31 March 2023

	2023	2022
	£	£
<b>Turnover</b>	551,368	541,695
Cost of sales	-	770,848
<b>Gross surplus/(deficit)</b>	551,368	(229,153)
Admin expenses	271,099	242,913
<b>Operating surplus/(deficit)</b>	280,269	472,067

The above results were derived from continuing operations.

The company has no recognised gains or losses from the year other than the above results.

	2023	2022
	£	£
<b>Turnover</b>	273,262	(000,000)
<b>Cost of sales</b>	-	-
Project expenditure	10,000	20,820
<b>Gross surplus</b>	263,262	275,687
<b>Administrative expenses</b>		
Accountancy	8,501	8,045
Rent and services	11,205	9,880
Depreciation of fixtures and equipment	452	227
Wages and salaries (non-directors)	45,555	34,421
Social security costs	8,336	2,854
Other staff costs (non-directors)	4,672	3,972
Salaries and fees (directors)	71,224	34,425
Committee costs	80,967	130,879
Legal and professional	1,560	4,836
Bank charges	186	226
Licenses and insurance	5,080	4,035
IT and computing	2,138	2,116
Telecommunications	(16)	2,536
Printing, postage, and stationery	1,052	829
Hire of rooms and refreshments	938	531
Conference and seminar expenses	18,257	1,009
GP defence fund	-	31,500
Sundry expenses	3,155	3,366
<b>Total</b>	<b>263,262</b>	<b>275,687</b>
<b>Operating surplus</b>	<b>0</b>	<b>0</b>

# Feedback

“

The LMC is an invaluable source of information and support.

It is good to know we have a 'go to' authority upon which we can rely to gain clarity and guidance on a multitude of regulatory matters.”

“

Dr Ingrams I cannot thank you enough for your succinct, prompt reply, bless you.”

“

I would just like to thank you for your support regarding the Inclsiran prescribing pathway.

I really appreciate that the letter that has been sent to Dr. Gupta on my/our behalf includes all the points that I was wanting to raise, as well as to the relevant reports/statements.”

“

I can honestly say that you and the team at the LMC are lifesavers.

Anything we raise or query, is always answered swiftly and informatively.

We are very grateful for all the support with areas we are not sure of and if we have to respond to contractually.

We have recently used the LMC for advertising clinical roles which will be a go to for any future recruitment.

Couldn't do without you all!”

“

I'm writing to thank you for all your help and support over the past five to six months since I've been attempting to return to work as a GP.

[...] More than once I felt like giving up [and coincidentally] you would simply email me to ask how I was getting on and could you help. That was very heartening and supportive - it made me feel that I wasn't alone and that someone had my back. It picked me up to be honest.

Your continued support and guidance was an inspiration to me and your good cheer both warm and motivational.

You have helped me enjoy the last chapter in my 30yrs as a GP as I am now doing the occasional GP locum.

Thank you for your constant unlimited support. I will be forever grateful.”

# Annual General Meeting

We are pleased to confirm this year's agenda and details of the speakers with you

## Agenda

**6.30 – 7.30pm**

Arrival, Dinner & Networking

**7.30 – 7.50pm**

Formal meeting - opening remarks and questions from members on annual report from Dr Grant Ingrams, LLR LMC Executive Chair

**7.50 – 8.30pm**

Dr Katie Bramall-Stainer - Chair, GP Committee England - BMA

**8.30 – 9.00pm**

Adam Kay

### Date

Thursday 21st March 2024

### Venue

The Hilton Leicester, Junction 21 approach, Leicester, LE19 1WQ

### Time

6.30pm – 9.00pm

## Guest speakers

### Dr Katie Bramall-Stainer

Chair, GP Committee England - BMA

Katie qualified from UCL in 2003 and completed her GP training in North London in 2008.

She spent seven years in partnership from 2010-2016 before taking on LMC roles.

Katie was elected Chair of GPC England in August 2023 following chairing the UK Conference of LMCs in 2022 and 2023.

She is a firm advocate of the unarguable economic case for GP-led holistic expert-generalism from cradle to grave and suffers from an almost maniacal sense of duty to protect general practices, their amazing staff, and GPs themselves.

### Adam Kay

BAFTA-winning writer, comedian, and former junior doctor

Adam's first book, *This is Going to Hurt*, spent over a year at number one in the Sunday Times bestseller list, was translated into 37 languages, won numerous awards, and sold over three million copies.

Adam's numerous accolades for TV writing include a BAFTA award, a Writers Guild award and a Broadcast award for his BBC/AMC adaptation of *This is Going to Hurt*.

His latest show, *Undoctored*, was the biggest-selling show of the 2023 Edinburgh Fringe, and was followed by a sell-out West End season.

Adam is a proud patron of the Laura Hyde Foundation, Doctors in Distress and The Lullaby Trust.

# Infographics

These graphics were produced over the last year, and are available on our website

**1 in 4 people do not have safe access to a GP**  
in Leicestershire, Leicester, and Rutland

**We need your support. Please be patient**

**The vast majority of NHS healthcare starts and finishes in general practice**

Category	2019	2022
GP Appointments	~18,000	~18,000
UHL Outpatient	~3,000	~3,000
UHL A&E	~1,000	~1,000
UHL Emergency Admissions	~1,000	~1,000

**We need your support. Please be patient**

**GPs are receiving a smaller slice of a shrinking funding pie**

● General Practice ● Rest of NHS

Health Spending has fallen behind by 25% over past decade, and the amount spent on general practice has shrunk from 11% to 7%

Source: BMA Analysis of ONS Country & Regional Public Sector Finances

Produced by LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND to support local General Practices

There are now **less than 41 GPs per 100,000 people** in Leicestershire, Leicester, and Rutland.

The ratio to provide a safe service is **56 per 100,000 people.**

**We need your support. Please be patient**



Download infographics

# Infographics

## Fully Qualified GPs

Since 2016 there are 25 fewer GPs in  
East Leicestershire and Rutland

Every GP in your area now looks  
after 433 more patients\*



No wonder you can't get an  
appointment

\*On average in October 2023  
Source: House of Commons Library

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**LOCAL LEICESTERSHIRE  
MEDICAL LEICESTER  
COMMITTEE RUTLAND**  
to support local General Practices

## Fully Qualified GPs

Since 2016 there are 30 fewer GPs in  
Leicester City

Every GP in your area now looks  
after 720 more patients\*



No wonder you can't get an  
appointment

\*On average in October 2023  
Source: House of Commons Library

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## Fully Qualified GPs

Since 2016 there are 14 fewer GPs in  
West Leicestershire

Every GP in your area now looks  
after 324 more patients\*



No wonder you can't get an  
appointment

\*On average in October 2023  
Source: House of Commons Library

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Restoring General Practice Funding To 2006  
Level, Would Take:

**£14billion per year**  
(52% increase)

The Cost Of 333million More GP Appointments

Health Spending has fallen behind by 25% over  
past decade, and the amount spent on general  
practice has shrunk from 11% to 7%  
Source: BMA Analysis of ONS Country & Regional Public Sector Finances

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# Contact us

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