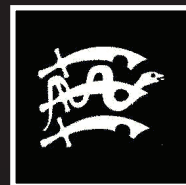


General Practice

The Jewel in the NHS



North and South Essex Local Medical Committees
Annual Report 2006/2007



Contents

| | |
|---|----------------|
| CHIEF EXECUTIVE'S REPORT | 2 - 3 |
| CHAIRMEN'S REPORTS | 4 - 5 |
| GENERAL PRACTICE - Facts not Fiction!! | 6 - 7 |
| GPC REPRESENTATIVE'S REPORT | 8 |
| PRIORITIES 2007/8 | 9 |
| LIST OF MEMBERS | 10 - 11 |
| ACCOUNTS | 12 |

Chief Executive's Report



This year has been unusual in that we have experienced a re-organisation of the Essex PCTs, alongside similar changes which have occurred nationally. This unfortunately is not as unusual an occurrence as many of our management colleagues would wish, but it has had the blissful effect of culling our local commissioning organisations from thirteen down to five. It did give the NHS an odd feeling of both inactivity and anxiety as individuals strove to maintain normal activity and at the same time consider their own survival in PCT posts.

The new PCTs seem to have finally settled down and their personalities are beginning to be revealed. I hope we will be able to do business with all of them, as conflict is not productive.

A new SHA has also been created, fondly known as the "Death Star" due to its remote but sinister influence. This organisation has yet to reveal any real interest in primary care, which is a little odd in an NHS that is supposed to be promoting Practice Based Commissioning (PBC).

The effect of recent changes in the NHS,

including the most recent, has been a move away from development and facilitation in primary care to an approach based on performance management and inspection. This may be a logical part of the maturation of primary care, but we should be careful that it does not move us too quickly into an industrialisation of the system which will not benefit patients. New Labour has been very keen to promote alternative and corporate providers, and "choice" has become an obsessive and dogmatic party slogan. Few patients have been made aware of the effects these ideas could have on "their" GP and practice. I for one do not want to be treated by anonymous corporate clinicians.

The LMC will continue to represent the interests of GPs and practices, not with a view to obstructing change, but from a sensible and critical standpoint that does not accept the latest DH mantra without the application of some rational thought, and the wisdom of our long history within UK general practice. We will continue to defend good practice and the fair commissioning of primary care, and we will attempt to

do this alongside patients and their representatives, including local councils.

Practice Based Commissioning is slowly having an effect on services, but there are still many essential if subtle areas of potential confusion. The basic relationship between commissioning groups and the PCT is often clouded by uncertainty over both spheres of influence, managerial responsibility and funding. The development of a mature trusting relationship still seems to be at its embryonic stage, but the will to improve seems to be present on all sides. One potential problem is the conflict of interest involved in providing and commissioning. This is obvious for practices and PBC groups, but also exists within PCTs which often have substantial provider units.

A consultation process during 2007 will consider the establishment of a new entity, "North and South Essex Local Medical Committees Limited". This engaging title will proclaim the company status of LMC management in order to provide legal cover to officers and members. Both LMCs will continue as

organisations based in Statute, but much of the work will be carried out under the Company umbrella. Practices and GPs should not experience any change beyond a new letter heading, and the service will, we hope, continue to improve.

Our future plans include closer contact with both patient and consultant representatives, and perhaps more effort in promoting the traditional values of general practice. Many things must change but the integrity of the relationship practices have with patients, built upon the registered list, must be defended if our NHS is to survive.

Dr Brian Balmer
Chief Executive/Secretary

Chairman's Report - North Essex



Another year of challenge and instability in Primary Care. The big issue which has affected us all is the pay cut and the difficulties in maintaining appropriate salaries for our staff. The GPC was pressed hard, at our annual LMC conference, over this issue and also the way we have been represented in the media recently. The change in Prime Minister is no doubt going to change the approach to health care again, one can only hope for an outbreak of common sense and a reduction in micro management.

Brian Balmer has again been elected to the GPC, this can only be good news for both Essex LMCs, and will continue to enhance the level and efficiency of information exchange that our LMC has at national level.

We watch our neighbours in Suffolk wondering what will happen to all those PMS practices who have been asked to renegotiate their contracts with the PCT.

Mid Essex PCT who were the only PCT to have withdrawn funding to pay Appraisers last year, should honour all appraisals for 2007/8. This has been a very big issue for the LMC and Essex have just ensured, through conference, that GPC were given a unanimous mandate by the profession to pursue the DoH to ensure this does not ever happen again. For those who could not be appraised in 2006/7 the LMC will be happy to issue a document for appraisal files to

confirm it was through no fault of those affected Drs. We have already informed the GMC that we will issue these, in the hope it will underpin the claim if it causes problems at a later date.

The process of reassessing areas for rurality for dispensing practices continues. We will watch this carefully and the office will support any practices with difficulties or needing to appeal against a decision.

It is interesting to note that there is now a high proportion of young Drs interested in joining practices as Principals rather than Salaried posts, so still some optimism out there for the long term future of general practice. The pay situation for GP trainers and Registrars remains a high priority nationally.

Last year, with the help of the LMC, the group of practices which constitute Warrington PCT used patients and the press to overturn a major PCT initiative to put all practices into a few giant primary healthcare centres. Working together is the way to have influence, to make change and to negotiate. The LMC is not a trade union, it is there to work with you, to do as you mandate it do and to help you pull as one.

The website gets better and better: <http://www.essexlmc.org.uk>. Put us on your favourites.

Dr Richard Wright
North Essex LMC Chairman

Chairman's Report - South Essex



I feel privileged to have been able to represent GP's in South Essex as Chairman of the South Essex LMC for the second successive year. At the monthly meetings of South Essex LMC a range of issues have been discussed. Representatives have raised issues of concern on behalf of their constituents. Discussions have been free and frank and, where appropriate, opinion and advice circulated to practices.

Huge success in the midst of constant criticism is how I would describe the achievement during the year 2006-07 for general practice in South Essex and nationally. 2006/7 has proved a real success in delivering high quality patient care, supported by higher achievement of QOF and excellent levels of patient satisfaction. An 80% satisfaction rate throughout the country demonstrates the effort incurred by GPs. As always, our paymasters have found fault, but practices must not let this deter them from continuing the excellent delivery of care to our patients.

Unfortunately, false claims of excessive earning from services like QOF, DES and LES which were delivered successfully in 2006-07 have the ability to undermine a lot of what has been achieved. There does appear to be an attempt to erode the will of General Practice. The introduction of PBC has been continually stalled, though the majority of practices in South Essex have now taken the initiative, established clusters and produced Business Plans. Unfortunately this work has

not been recognised or supported by the PCT.

As a result of the major NHS reorganisation, there have been no Liaison/Negotiating meetings between PCTs and the LMC. Previously these were an excellent vehicle to discuss and iron out various interpretations of QOF and other enhanced services. In 2006-07 there was some structure and standardisation to all services delivered for our patients. In the coming year it is unclear how many services will be commissioned from general practice. It is likely that practices will be asked to provide services without additional resources or be offered services on the basis of a locally enhanced service instead of a more favourable nationally negotiated DES.

Staff at the LMC have been busy dealing with practice specific issues as well as addressing issues that effect all practices across the county. I am proud of the effort they put in on behalf of our constituents and I understand the disappointment that is felt when there is no response from PCTs. The LMC office is now well equipped with the latest technology and produces excellent news bulletins. These contain issues discussed both locally and nationally, and the opinions and guidance of the Committee and the GPC.

This is your LMC, the only representative body of all GPs and has links with other LMCs in the region. Please continue to support your LMC thereby strengthening it for all of us.

Dr Anand Deshpande
South Essex LMC Chairman

Number of Doctors

- There are more GPs than all consultants in all specialities combined

Cost Effectiveness

- GP Consultations are the most cost effective medical component of the NHS
- A face to face consultation with a GP costs less than a call to NHS Direct and is one fifth of the price of an A&E attendance
- GP care for a whole year costs less than a single day's hospital admission

Access

- Patients with the greatest health needs can, and do, access a GP more easily in the UK than in any other country
- In a recent DoH survey only 7% of patients wanted surgeries open for extended hours on a Saturday and only 4% in the evening

Referrals

- Of an average 100 consecutive consultations GPs will only refer five to hospital, most for routine surgery

Chronic Disease

- 90% of patients suffering from one of the most common chronic diseases will be treated solely in primary care and never referred to hospital

Consultations

- GPs now spend almost 40% longer with each patient. Consultation times have increased from 8.4 minutes in 1992/93 to 11.7 minutes in 2006/07
- There are about 300 million consultations between patients and GPs each year
- Every day 836,000 patients seek help from their practice compared to 6,000 who use a walk-in centre or 18,000 who ring NHS Direct

Quality

- In 2006/07 practices in Essex on average achieved more than 93% of all the nationally agreed quality markers/targets. In the previous year the average was just under 89%

Patient Satisfaction

- *The Wanless Report* found that patients were more satisfied with their GPs than with the service provided in hospital
- *Improving Practice Questionnaire* (which contains the views of 1.2 million patients over a three year period) found that more than 80% of patients rated their overall satisfaction with their last visit to their practice as either excellent or very good
- *The GP Patient Survey* – your doctor, your experience, your say – the results of this recent DoH survey confirmed that on average in Essex:-

85% of patients were satisfied with telephone access to their practice

87% of patients were able to access a GP within 48 hours

74% of patients were able to book an

advanced appointment with a GP

88% of patients were able to make an appointment with a specific GP

Politician Satisfaction!!

House of Commons – Tuesday 28th November 2006 – Patricia Hewitt the then Secretary of State for Health said the new GP national contract “has led to primary care services being rated as better in our country than almost any other advanced country”.

The facts speak for themselves. Why the fascination with trying to mend what clearly isn't broken? GPs are right to continue to take seriously their role as patient advocates and gatekeepers to the NHS. *General practice remains the Jewel in the NHS.*

Ipsos MORI Survey - 81% of patients are satisfied with GP services as apposed to 80% of the public as a whole.

“GP services are used on average Four to Five times a year by every person in the UK, so when the public are surveyed about GP services almost all can respond on the basis of personal experience”

Ipsos MORI comments on the response to GP Services.



Although it is four years since the introduction of the new GMS contract, the last year has certainly not been uneventful for the General Practitioners Committee. There has been an almost unprecedented media campaign against GPs and GPC members have worked very hard to fight back, with the expert support of the BMA media professionals. Much of the media activity focussed on inaccurate stories about GP pay, out-of-hours services and opening hours. The GPC has tried hard to promote general practice positively and to defend it from a hostile government and inaccurate media spin.

The Secretary of State's outrageous decision to cap the GP pension dynamising factor retrospectively was seen as an example of government duplicity in renegeing on a negotiated agreement. Because this is such an important issue of principle, the GPC gained the support of the wider BMA to seek Judicial Review of Patricia Hewitt's decision and we learnt at the ARM in June that permission for JR had been granted by the Court. The legal process of Judicial Review can be very protracted but it is encouraging to know that the Court recognises that our argument has some merit.

During the year negotiations with NHS Employers on stage two of the contract

review broke down, largely because more work was being required for the same or even less money. Evidence was submitted by the BMA to the Doctors and Dentists Review Body seeking an increase in GP pay only to result in a zero percent increase being recommended. As we all know, this is in effect a pay cut as GPs have to meet increasing expenses including staff pay rises.

In spite of the lack of success over pay this year, most GPs have benefited from the new GMS contract and we need the GPC to continue to work hard to defend that position. It is also clear that GPs face a new and threatening environment with the private sector playing an increasing role in the NHS and PCTs, through commissioning decisions and Referral Management centres of various sorts, exerting increasing controls on primary care delivery. The role of the GPC and LMCs will be even more vital both nationally and locally in this new environment.

As a result of the democratic process, this is my last report as your GPC representative. I would like to thank you for your support and interest over the last eight years and I wish my successor every success in his new role.

Dr Shaun Firth
GPC representative for Essex
1998 - 2007

PMS PRACTICES

Continue to protect the interests of all PMS practices. Act as a source of advice and support to practices who may be the subject of a PMS Contract Review.

PRACTICE BASED COMMISSIONING (PBC)

Work closely with practices/clusters and PCTs on the further development of PBC. Arrange a series of seminars/workshops for practices across Essex.

LINKS WITH PRACTICE MANAGERS

Establish stronger links with Practice Managers across Essex. Arrange an inaugural conference for Practice Managers to be held in early 2008.

RELATIONSHIP WITH PCTS

Work constructively with PCTs. Establish links and regular meetings with Primary Care Leads in each PCT.

VIEWS OF PRACTICES

Obtain feedback from practices on the effectiveness of the LMCs and their future role. Agree priorities and future work programme with practices.

STANDARDS IN GENERAL PRACTICE

Work closely with PCTs to try and avoid the introduction of divisive Performance Scorecards as a means of performance managing GMS/PMS Contracts. Produce an alternative approach for use by practices, PCTs and the LMC which will be supportive and developmental for practices and will also enable PCTs to demonstrate to the Healthcare Commission achievement of "Standards for Better Health".

NEIGHBOURING LMCs

Arrange regular meetings with Chief Executives of the other LMCs in the Eastern Region. Share good practice and develop a common approach to issues where possible.

FORUM FOR DOCTORS

Look in more detail at establishing a local forum for secondary care doctors, including those from public health and the community, and GPs.

DEVELOPMENT OF GENERAL PRACTICE IN ESSEX

Explore the possibility of undertaking a Consultation Exercise in Essex aimed at seeking the views of members of the public on the future of general practice in the county.

List of Members - North Essex

List of Members - South Essex

CHELMSFORD

Dr C DANN
Rivermead Gate Med Cen, Chelmsford CM1 1TR
(Tel: 01245 348688)
Email: chrisdann@btinternet.com

Dr J GUY
Strutt Close, Hatfield Peverel, CM3 2HB
(Tel: 01245 380324)
Email: john.guy@midsexpct.nhs.uk

Dr E WOOD
The Writtle Surgery, Chelmsford CM1 3EH
(Tel: 01245 421205)
Email: ted.wood@gp-f81098.nhs.uk

COLCHESTER

Dr M HARGREAVES
35a Parsons Heath, Colchester CO4 3HS
(Tel: 01206 864395)
Email: martin.hargreaves@doctors.org.uk

Dr H JAMES
23 Cambridge Road, Colchester CO3 3NS
(Tel: 07775 838676)
Email: dr_helen_james@hotmail.com

Dr R ROSS-MARRS
Rowhedge, Colchester CO5 7HP
(Tel: 01206 728585)
Email: roryrossmarrs@doctors.org.uk

Dr R WRIGHT
122 Shrub End Road, Colchester CO3 4RY
Chairman (Tel: 01206 573605)
Email: Richard.wright@gp-f81005.nhs.uk

EPPING FOREST

Dr A ASHFORD
Limes Medical Centre, Epping CM16 6TL
(Tel: 01992 566501)
Email: Andrew.ashford@gp-f81043.nhs.uk

Dr H TAYLOR
Bansons Lane, Ongar CM5 9AR
(Tel: 08444 771777)
Email: hugh.taylor@gp-f81049.nhs.uk

HARLOW

Dr C G W LOXLEY
Church Langley Medical Practice, Harlow
(Tel: 01279 629707)
Email: chris.loxley@gp-f81078.nhs.uk

Dr S A FIRTH
Foxton Cottage, Matching Tye, Harlow CM17 0QS
(Tel: 01279 731396)
Email: shaun.firth@lineone.net

MALDON

Dr H MONTAGUE-BROWN
Hawsted Med Centre, Mayland, CM3 6AB
(Tel: 01621 740726)
Email: herb.montague-brown@midsexpct.nhs.uk

Dr R ROPER
Blackwater Med Centre, Maldon CM9 5GP
(Tel: 01621854204)
Email: robin.roper@gp-f81099.nhs.uk

TENDRING

Dr F SHAMSHAD
Colne Med Centre, Brightlingsea CO7 0DT
(Tel: 01206 302522)

Dr J GUILLE
Crusader Business Park, Clacton-on-Sea CO15 4TN
(Tel: 01255 688805)
Email: john.guille@gp-f81741.nhs.uk

Dr P LETTON
Colne Med Centre, Brightlingsea CO7 0BT
(Tel: 01206 302522)
Email: philip.letton@gp-f81116.nhs.uk

Dr G SWEENEY
103 Pier Avenue, Clacton-on-Sea CO15 1NJ
(Tel: 01255 422587)
Email: gary.Sweeney@gp-f81156.nhs.uk
Vice Chairman

UTTLESFORD

NO REPRESENTATION

WITHAM, BRAINTREE & HALSTEAD

Dr R GREW
129 Newland Street, Witham CM8 1BH
(Tel: 01376 502108)
Email: randfgrew@btinternet.com

Dr D C WIJEKOON
30 Brook Hill, Little Waltham, CM3 3LL
(Tel: 01245 360253)
Email:

OPHTHALMIC MEDICAL PRACTITIONER

Dr V R RAO
66 Chignal Road, Chelmsford CM1 2JB
Email: drvrrao@hotmail.com

GENERAL PRACTITIONERS WITH SPECIAL EXPERIENCE

Dr N STROWBRIDGE
Senior MO, Medical Reception Station, Colchester CO2 7NL
(Tel: 01206 782947)
Email: aphscoecol-smo@emsra.mod.uk

SALARIED & SESSIONAL GP REPRESENTATIVES

Dr J C KELLY
50 High Street, Manningtree, CO11 1AJ

REPRESENTATIVE OF GP REGISTRARS

BASILDON

Dr N L B HERATH
Clayhill Med Pra, Basildon SS16 4HD (01268 533151) Email: nlbherath@hotmail.com

Dr J MAMPILLY
Felmores Centre, Basildon, SS13 1PN (01268 728142) Email: jojomampilly@hotmail.com

Dr D STAUNTON
Laindon HC, Basildon SS15 5TR
(01268 546411) Email: david.staunton@nhs.net

DR P K SINGH
Fryems MC, Basildon, SS14 3SS
(01268 532344)Email: pksingh@blueyonder.co.uk

BILLERICAY BRENTWOOD & WICKFORD

Dr T AUNG
The Tile House, Brentwood, CM15 8AQ (01277 227711) Email: damian@daung.fsnet.co.uk

Dr M J HUNT
Highwood Surgery, Brentwood CM15 9DY
(01277 302439) Email: practice.managerf81737@nhs.net

Dr M POLLARD
Western Rd Surgery, Billericay CM12 9DX (Tel: 01277 658117) Email: maria.pollard@nhs.net

Dr P RICHARDS
London Rd Surgery, Wickford SS12 0AN (Tel: 01268 765533 Email: paul@medex.org.uk

Dr R SOCKANATHAN
Brambles Surgery, Brentwood, CM15 9DY (Tel: 01277 302217) Email: ravis77@hotmail.com

CASTLE POINT & ROCHFORD

Dr R JENA
The Island Surgery, Canvey Island SS8 7BW (Tel: 01268 696800)Email rama.jena@nhs.net

Dr G P KITTLE
Burley House, Rayleigh SS6 7DY
(Tel: 01268 774477) Email geoffrey.kittle@nhs.net

Dr D NANDA
Puzey Family Practice, Rochford SS4 1AY
(Tel: 08454 081277)

Dr M A SAAD
Health Centre, Gt Wakering SS3 0HX
(Tel: 01702 577850) Email: mikesaad@lineone.net
Vice Chairman

Dr D S TAYLOR
Audley Mills Surgery, Rayleigh SS6 7JF
(Tel: 08444 778596) Email: steve.taylor@nhs.net

SOUTHEND-ON-SEA

Dr K CHATURVEDI
314 Southbourne Grove, Westcliff-on-Sea SS0 0AF (Tel: 01702 344074) Email: Krishna.Chaturvedi@nhs.net

Dr V CROWHURST
258 Westborough Road, Westcliff-on-Sea SS0 9PT
Email: victor.crowhurst@nhs.net

Dr B S DAVIES
12 West Road, Westcliff-on-Sea SS0 9DA (Tel: 01702 344492) Email: beverley.davies@nhs.net

Dr S A MALIK
Kent Elms HC, Leigh-on-Sea, SS9 5UU (Tel: 01702 529333) - Email: shabir.malik@nhs.net

Dr H SIDDIQUE
99 Tyrone Road, Thorpe Bay SS1 3HD
(01702 582670) Email: haroon.siddique@nhs.net

THURROCK

Dr A BOSE
Oak Cottage,Stanford-le-Hope, SS17 7RL (Tel: 01708 891007) Email: mantoo@doctors.org.uk

Dr A DESHPANDE
Neera MC, Stanford-le-Hope SS17 0BY (Tel: 01375 672109) Email anandmd@hotmail.com
Chairman

Dr P J PATEL
105 Calcutta Road, Grays, RM18 7QA (Tel: 01375 855643) Email: prashant.patel92@nhs.net

DR K MASSON
12 Milton Road, Grays RM17 5BY (Tel: 01375 381612) Email: kamlesh.masson@nhs.net

OPHTHALMIC MEDICAL PRACTITIONER

Dr M IDREES
45 Imperial Avenue, Westcliff-on-Sea SS0 8NQ
(Tel: 01702 337598)
Email: m.idrees@btconnect.com

GP REPRESENTATIVES WITH SPECIAL EXPERIENCE

Dr T J McCARTHY
Canvey Island (Tel 01268 696198)
Email – tjmccarthy@doctors.org.uk

Dr M H STUART
Hockley (Tel: 01702 201322)

REPRESENTATIVE OF GP REGISTRARS

Vacancy

REPRESENTATIVES OF SALARIED & SESSIONAL GPs

Dr P AMBIKAPATHY The Dilip Sabnis Medical Centre, Linford Road, Chadwell St Mary RM16 4JD (01375 851578 - Fax 01375 857539) – Email: aonedoctor@hotmail.com

Dr D G SINGH 1 Hayes Barton, Thorpe Bay, Southend-on-Sea (South East Essex)
Email: dave.singh6@hotmail.com

Dr F VAN DORP 5 Maple Close, Brentwood, CM13 2EA (South West Essex)

CO-OPTED MEMBERS

Mr M A IMANA
Directorate of Accident & Emergency, Basildon Hospital, Basildon SS16 5NL Email: mike.imana@btuh.nhs.uk

Accounts 2006/07

Secretariat for North Essex & South Essex Local Medical Committees

RECEIPTS & PAYMENTS FOR THE YEAR ENDED 31st MARCH 2007

| 2005/06 | | 2006/07 | 2005/06 | | 2006/07 |
|-------------------|----------------------------------|-------------------|-------------------|----------------------------------|-------------------|
| £ | | £ | £ | | £ |
| 467,565.48 | Statutory Levy | 443,664.77 | 285,212.18 | Salaries/NI/Pensions | 321,099.95 |
| 4,033.79 | Bank Interest | 5,340.13 | 23,080.78 | Rent/Rates/Service Charge | 24852.81 |
| 27206.68 | Levy PCT employed doctors | 18,600.00 | 3,090.16 | Telephone/Mobile Phones | 2,884.41 |
| 1,600.00 | Ballot Fees | 605.99 | 3,126.30 | Postage | 2,932.89 |
| 45.00 | Lecture Receipts | 125.00 | 9,852.37 | Photocopier/Stationery/Printing | 5,320.13 |
| 10,034.68 | Pharmaceutical Sponsorship | 4080.00 | 4,803.19 | Office Equipment & Maintenance | 13,809.78 |
| 250.00 | Inland Revenue Incentive | 0.00 | 579.28 | Office/Fire Insurances | 1,094.81 |
| | | | 406.96 | Bank Charges | 367.65 |
| | | | 12543.69 | Information Technology | 5,997.43 |
| | | | 351.40 | Accountancy Fees | 2,736.83 |
| | | | 0.00 | Legal and Professional Fees | 150.00 |
| | | | 495.00 | Subscriptions | 742.66 |
| | | | 2,380.99 | Premises Expenses | 3,126.46 |
| | | | 1,098.70 | Vehicle Insurances | 1,116.32 |
| | | | 9,620.45 | Sponsored Events | 4,210.76 |
| | | | 2,536.84 | Training Costs | 329. |
| | | | 1,938.50 | Meeting Expenses | 1,471.18 |
| | | | 10,153.15 | Travelling Expenses | 9,509.52 |
| | | | 3,440.20 | Conference Expenses | 5,125.52 |
| | | | 13,690.00 | Chairman's Honoraria/Expenses | 14,080.00 |
| | | | 32,901.26 | Members' Payments | 25,965.29 |
| | | | 0.00 | Recruitment Expenses | 669.28 |
| | | | 421,301.40 | | 447,592.68 |
| | | | 89,434.23 | Excess of receipts over payments | 24,823.21 |
| | Excess of receipts over payments | | 510,735.63 | | 472,415.89 |
| 510,735.63 | | 472,415.89 | | | |

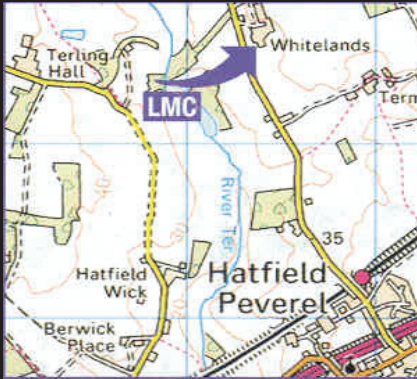


Image from : <http://www.DIAMONDFACTS.ORG>

North & South Essex Local Medical Committees
5 Whitelands, Terling Road, Hatfield Peverel, Chelmsford, Essex CM3 2AG
TEL: 01245 383430 FAX: 01245 383439 EMAIL: info@essexlmc.org.uk
WEB: <http://www.essexlmc.org.uk>