DERBYSHIRE LOCAL MEDICAL COMMITTEE

ANNUAL REPORT 2002-03

Representing and supporting GPs

***May you live in interesting times*, says the Chinese curse. It hasn't been a curse being Chair of Derbyshire LMC over the past year, but it has certainly been interesting….**

I had the good fortune to follow an excellent Chairman in Brian Hands and inherited a first class LMC to chair. The North and Southern Derbyshire LMCs were united on 1 April 2002 and we were back as we knew we always would be - one LMC. We began the year by creating a single LMC structure, but in co-operative arrangement with the other two LMCs in the Strategic Health Authority, Nottinghamshire and Lincolnshire.

The new PCT structure across Derbyshire of eight PCTs instead of two health authorities created the need for Liaison Officers and we duly employed Melanie Beatham and Kate Lawrence to the South and North of the county respectively and were lucky to retain Shelley Robotham's services as our Clerk. An office was found and set up with the help of Nottinghamshire LMC in Derby and has now been up and running since last autumn. The Officers of the LMC have met quarterly with Nottinghamshire and Lincolnshire Officers on matters of mutual interest. We had a productive meeting with Alan Burns as Head of the Strategic Health Authority on one occasion. The LMC website has been developed and is now available on www.trentlmcs.org.uk.

We welcomed Prasanta Chakraborti as Deputy Chairman in Southern and Richard Bull as Deputy Chairman in North Derbyshire. We were lucky to retain John Grenville's services as our Secretary with his wealth of experience. We were pleased to congratulate John on his elevation to the GPC as member for South Derbyshire and Leicestershire to join our Treasurer Peter Holden who has been a GPC member and negotiator for the national cause for some years.

We began the task of liaising with the Primary Care Trusts in their fledging state. A major issue for the LMC was appraisal with many lively debates on the subject and, while supporting appraisal in principle, the LMC made clear its intention to ensure appraisal was a formative experience for the GPs and was adequately resourced. This provoked a number of letters and discussions with PCTs in establishing minimum resource recommendations. The LMC was pleased to have a presentation on appraisal by Dr Martin Rowan-Robinson in July. We are pleased to welcome Andy Bartholomew to the LMC, bringing his particular view of PMS and innovation in general to our committee.

The day to day work of the LMC supporting constituents and advising PCTs continues. Of particular importance has been the change to superannuation based subscriptions and managing the new mechanism of collection with the increasing number of practices working under the PMS style contract. So far we have not resorted to compulsory levies on everyone but the financial ship continues to sail close to the wind and we may have to change this policy in the light of future economic news. It is regrettable that some GPs still allow others to pay for the LMC when all GPs receive reimbursement to pay for the LMC compulsory functions demanded by statute.

On the national stage the news was dominated by the new contract. The profession voted to accept the structure of the new contract in June 2002; however the pricing was delayed until March 2003 when the Carr-Hill story began.

Derbyshire participated actively, both through its Treasurer Peter Holden as one of the national negotiators, our GPC member John Grenville and through many lively discussions in committee and attendance at national conferences in January and February. Derbyshire was active in organising roadshows in conjunction with Nottinghamshire and Lincolnshire on two occasions, both of which were well attended by many GPs across the region. While being aware of the controversy around the new contract, the committee has never forgotten the contribution of the negotiators in their efforts and made that feeling public when the new contract pricing was announced. At the time of writing of this report the ballot is in progress. I would ask the reader to await the next instalment of the Chairman's annual report next year to assess the results of all the excitement this year.

Sean King
LMC Chairman

LIFT

A NEW INITIATIVE FOR HEALTH AND SOCIAL CARE PREMISES IN THE COMMUNITY

The Government is committed to Public-Private Finance Initiatives to boost spending and improve standards in the Public Services. A recent development in this strategy has been the introduction of Local Improvement Finance Trust (LIFT) schemes. This is a particular type of PPFI designed for use by PCTs and Local Authorities to create new premises and improve existing premises for the provision of health and social care services in the community. A number of health communities have been chosen to take LIFT schemes forward in the first instance and Southern Derbyshire is one of them.

LIFT schemes are very complicated but, in essence, the PCTs and Local Authorities in a health community get together and invite bids from private sector companies to form a partnership that will develop and run their premises for the next 25 years. The private company (or LIFTCo) is a consortium of financiers, developers, architects, builders, lawyers, estates manager etc that is capable of developing premises from scratch and running and maintaining them for a 25 year lease period. The health and social care agencies and the LIFTCo form a Strategic Partnership Board (SPB), which sets the strategy for premises within the health community.

The health and social care agencies in the health community become shareholders in the LIFTCo. Once they have signed up to the scheme they will normally develop their premises through the LIFTCo.

The process for any particular LIFT scheme is that a PCT identifies the need for some premises to be developed and identifies that it has the recurrent resources to lease back the premises for 25 years. It then submits the plan to the SPB which prioritises it against other plans. This prioritisation may depend on such factors as affordability, value for money, needs assessment, land availability and LIFTCo capacity. Once the scheme has been agreed by the SPB the LIFTCo consults the potential users and designs and builds the premises. LIFTCo then leases the premises back to the PCT for 25 years on a special lease that includes management and maintenance of the premises by LIFTCo.

GPs can participate in LIFT. They do not have to. If a practice wants to upgrade its premises or to move it will normally speak to its PCT. The PCT

may suggest a LIFT scheme and if the practice wants to move in that direction it can do so. It may then be possible for the partners to become shareholders in the LIFTCo. Alternatively, the Department of Health has made it clear that the existing routes of premises financing (cost rent, notional rent, improvement grants and direct reimbursement) should remain available – whether PCTs will prioritise their limited resources to these remains to be seen.

A practice that occupies premises built under a LIFT scheme will be offered a special Lease Plus Agreement. The terms of this agreement are different from a normal commercial lease, being more favourable to the tenant, and in general the rent is higher than for a normal commercial lease – the latter point does not matter to the GP providing that the rent is directly reimbursed by the PCT (which would be the normal situation).

The LMC has a seat on the Strategic Partnering Board and will aim to ensure that the interests of GPs are represented in the work that the SPB does.

Further details and guidance about LIFT are available from the LMC office and from the GPC on its web site www.bma.org.uk.

It should be noted that the single most important piece of advice for practices considering becoming involved in a LIFT scheme is to **seek independent legal and accountancy advice** to ensure that the scheme is appropriate for the practice's particular circumstances.

It is hoped that the introduction of LIFT will solve some of the difficulties that have arisen over the past 10 years or so in relation to the provision of GP premises, which have largely been brought about by fluctuating values of property and by the increasing move by GPs towards flexible career structures.

John Grenville

APPRAISAL – REVALIDATION

This year the majority of GPs have had their first ever exposure to the process of appraisal. For other groups within the NHS (for example nurses and community dentists) it has been an annual event for some years. The uptake of GP appraisal will have been patchy across Derbyshire as the PCTs have all had different ideas about how to implement the programme. As an appraiser for a PCT, I would hope that all have found it to be the unthreatening, supportive process that all appraisers wish it to be. When I suggested that an overview of appraisal should be in this Annual Report, the intention was to summarise the process. By the time you read these comments it is to be hoped that the majority will have had their appraisal and so it seemed pointless to describe the process but it is worth thinking about the background of appraisal and the other big change in our life – revalidation.

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The original concept of appraisal was to provide a context for the doctor's work to be reviewed in a structured fashion to consider how that work could be improved. In the jargon, it is formative and developmental and was never intended to be a performance management tool. If dangerous poor performance is found in the interview, the appraisal is halted and the doctor would have to be referred to the Peer Review process in their area. As a reviewer, I do not expect this to happen more than once in my lifetime – if at all!

The core of the appraisal is the Personal Development Plan (PDP). This is the evidence that GPs have looked at their practice and (inevitably) found areas where their knowledge and skills are not as good as they would wish. The majority of GPs are indeed hypercritical of their performance and do set standards that are often unachievable within the NHS context. We have moved away from the nonsense of the harvesting of valueless points in a way that bears no relationship to needs that has dogged us for as long as I can remember – 30 years come January 1st 2004! It is curious that this point gathering is considered inadequate for education but is the basis of the new contract. Ironic or what? However I digress.

The content of appraisal is confidential. All documentation is retained by the appraisee except for what is called Form 4. This is where comments and action plans are written covering the major themes of the appraisal

(good clinical care, maintaining good medical practice, working with colleagues and so on). This then goes anonymously to the Clinical Governance Lead or Appraisal Lead depending on the PCT's policy. This will enable the PCT to see if there are recurring educational needs within the PCT that should be addressed and as a consequence will place an obligation on the PCT to meet those needs.

The link with Revalidation is potentially the most contentious aspect of appraisal. The fear frequently voiced arises from the linking of a policing process to an educational process. This could potentially lead to a subversion of appraisal's aims and invalidate it. Although this fear is understandable, as things are at the moment I do not see a real problem. The fact that a GP has gone through the appraisal cycle implies that his/her approach is more than adequate for revalidation. Before revalidation, once we were on the register we could practice medicine until we were removed – retirement, death or misdemeanour. Revalidation is designed to stop the "barn door" bad doctor from practising by demanding a regular review to ensure we abide by the standards in *Good Medical Practice.* This is way below the level at which the vast majority of us practise. In other words, very very few of us need fear revalidation.

The revalidation of our licence to practise will be automatic if we are on the register on 31st December 2004 ie to be effective from January 1st 2005. From April 2005 we will all be revalidated. The appraisal Form 4 will provide the evidence that is required. It is expected that it will take 5 years to revalidate all GPs and so in 2010 the cycle will be repeated
It will be possible to go through the revalidation process without producing the evidence generated by appraisal. However, virtually the same evidence is required for both processes. For those of us for whom General Practice is the vast bulk of our work, it is a term of service to have an appraisal and so it would seem silly to not use a scheme that is being funded to achieve both aims.

I hope this brief overview is helpful in encouraging those who have not had their appraisal to contact one of the appraisers in their PCT to get it started – it will not be as ghastly as you fear – and, Heaven forbid, you may even enjoy it!

Brian Hands

New Staff at the LMC!

During 2001-2002 Nottinghamshire, Lincolnshire and Derbyshire LMCs decided to form a federation of Trent LMCs, to ensure the interests of GPs were continued to be represented with the advent of PCTs and the newly formed Strategic Health Authorities in the ever changing world of the NHS.

It was decided to appoint Practice/PCT Liaison Officers (PPLO's) across the Trent Region, there being 2 full time officers in Derbyshire, Kate Lawrence covering the North and Melanie Beatham covering the South. Derbyshire LMC established an office in Derby from which the PPLO's could work supported by Shelley Robotham, the LMC clerk who had worked for the LMC for many years from her home; the whole team headed up by John Grenville, our LMC secretary. The office is open from 9-5 pm, 5 days per week.

One of the first tasks for the PPLO's was to set up the office in Norman House. For a couple of months we operated from a room in Sitwell House in Derby without telephone or fax! Thank goodness for mobiles! And the goodwill of John's practice in Macklin Street. Thank you to all the doctors and staff for their help and patience.

During this time we liaised with solicitors, ordered furniture, decided upon equipment, and commissioned the decorators. At last we moved into Norman House on Tuesday 22 October 2002.

At the same time that the decision was taken to employ PPLO's it was decided to change the way in which the LMC levies were collected ie from pence per patient per annum to a percentage of GPs annual superannuable income. This work took a considerable amount of time and liaison with the Finance Departments of each PCT in collecting the levies and is still ongoing. Now we could develop our role and make contact with GPs, Practice Managers, PCTs, StHA etc and generally make ourselves known to all and promote the work of the LMC.

Kate and Melanie regularly visit practices to offer guidance and advice especially with regards to the new nGMS contract. Our work is increasing all the time and is variable.

It has been a fulfilling and eventful year for us. We have had the opportunity to add to the very valuable work already realised by the LMC for the benefit of all our GPs. We are looking forward to the next year.

Kate Lawrence and Melanie Beatham

March 2002/03 was the first year in the 4-year life of the committee. Drs Gillam, Mukhopadhyaya, Pickworth, Saunders and Taylor left the committee and the following doctors were co-opted: Drs Bartholomew, Early, Enoch, Holland and Williams. Dr S King was elected Chairman, Dr Grenville as Secretary, Dr Holden as Treasurer, and Drs Bull and Chakraborti as Vice Chairmen.

In addition to routine business, the committee considered GP appraisal, violence against primary health care team workers and the new contract. Dr Rowan Robinson spoke to the committee about appraisal. Helen Severns and David Snowden gave a presentation about mental health.

Officers of the committee meet PCT chief executives regularly and the new Liaison Officers have forged good relationships with PCT staff and board members.

Drs Grenville, Humphries, King, Portnoy and Zammit attended Annual and Special Conferences of LMCs. Dr Holden continues to represent North Derbyshire and Nottingham on the GPC and is also a Negotiator. Dr Grenville was elected to represent South Derbyshire and Leicestershire on Dr Crowe's retirement.

Shelley Robotham
LMC Clerk

GPs on committees 2002/03

Southern Derbyshire	
Clinical Priorities Advisory Group	Dr J Grenville, Dr P Chakraborti
Ethics Committee	Dr B G Hands, Dr K Farrell (deputy)
Professional Panel dealing with Prevention of Harm to Patients	Dr J S Grenville
HIV/AIDS Treatment & Care Strategy Overview	Dr D Portnoy
IM&T Local Implementation Board	Dr B G Hands
Stroke Advisory Group	Dr J S Grenville
Osteoporosis Group	Dr J S Grenville
Cancer Services Group	Dr B G Hands
Learning Disabilities Group	Dr J S Grenville
North Derbyshire	
CRH Drugs and Therapeutics Committee	Dr J N Bethell
GP Cancer Lead	Dr Saunders
Ethics Committee	Dr D Clark
GP Peer Support	Dr S King, Dr R Mee, Dr G Harvey, Dr D Pickworth, Dr R Emmerson, Dr M G Dornan, Dr R Tinker, Dr I Bendefy
Medical Services Committee	
Advisors to Independent Review Convenors	Dr M C H Blackwall, Dr D D Holland
Assessors to Independent Review Panels	Dr J S Grenville, Dr L M O'Hara, Dr D Taylor
Members of Discipline Panels	Dr F Barrett, Dr P Chakraborti, Dr J S Grenville, Dr B G Hands, Dr P K Mukhopadhyaya, Dr S K T Neofytou
Child Protection Committees Derbyshire Area Child Protection Committee Derby City Council ACPC	 Dr J S Grenville Dr J S Grenville

TREASURERS REPORT – YEAR ENDING 31 March 2003

Since my last report the Derbyshire LMC has undergone significant structural and organisational changes. These changes have been brought about by the Government's most recent changes for the NHS which have forced us to undertake a major review of our roles and responsibilities if we are to be "fit for purpose" in the 21st century and serve you to the very best of our ability. This is particularly important in view of the additional responsibilities imposed upon LMCs following the Health & Social Care Act 2003.

To service these new responsibilities Derbyshire LMC for the first time has a proper office base at Norman House, Friar Gate in Derby and employs 3½ wte members of staff. Many of you will have already met our staff and they have an ongoing dialogue with most practice managers in the county. The office is open 5 days a week from 9-5 pm for the benefit our subscribing constituents. Such a service costs money and that is why if you look at the back of this report you will find that the reserves for the Derbyshire Local Medical Committee for the year ending 31 March 2003 are somewhat depleted. This was both expected and planned. It remains the Local Medical Committee's policy to keep on reserve one year's operating costs in case the current mandate system were to become disrupted or simply to ensure, as is the case for this year, that the LMC had enough funds in reserve to enable Derbyshire Local Medical Committee to continue and improve its service to meet the needs of its constituents. We have faced and survived BOTH contingencies this year.

As you know, the LMC is THE statutory committee with a statutory obligation to represent your interests in the National Health Service, even more so now that we have a new General Medical Services Contract and permanent PMS contracts on the way. The LMC is funded by the LMC levy. Paying the LMC levy continues to be both a tax allowable expense AND is taken into practice expense calculations by the Doctors and Dentists Pay Review Body which itself is informed by the Technical Steering Group's (TSC) Inland Revenue practice expenses enquiry. As a member of the TSC I can give you a personal and categorical assurance that paying the LMC levy costs the profession nothing overall.

Indeed colleagues who fail to pay the levy are not only

1. making your individual LMC levy greater than it need be and
2. freeloading on you but also
3. pocketing monies due to the LMC through the practice expenses reimbursement system through ignorance of the mechanisms by which it is reimbursed to them.

Derbyshire LMC has always believed in the principle of voluntarism and our levy has always been a voluntary one ever since our inception in 1913. Interestingly we have the legal power to impose a statutory levy. In future both you and your practice are much more likely to need the LMC's services concerning local variations or additions to your new GMS or PMS Contract. The LMC is able to offer you a range of services including timely expert advice and practice support on a range of contractual matters.

In January 2003 the LMC Officers wrote to all GPs in Derbyshire explaining that we needed to increase the LMC levy, which had remained at the same rate for the last 11 years. Because of the differing contractual options now available to GPs it has become necessary to change the method of calculation and collection of the levies. The most efficient way and fair way to calculate the LMC levy is to base the calculation on NHS superannuable income rather than on patient or practice list size as this enables a fair calculation to be made irrespective of the type of contract held.

The re-mandating of practices has taken almost a year to complete and was particularly time consuming requiring our staff to set up new systems with the PCTs in order for the levies to be deducted at source, therefore saving you the time in arranging this.

This Treasurer's report technically refers to matters up to 31 March 2003 but was actually written in December 2003 because

1. Our annual accounts only become available from the accountants in September annually and
2. The new GMS contract negotiation and implementation procedures have only just crystallised.

I am happy to state that at the time of writing this report, we now have excellent financial systems set up with four monthly financial meetings of the officers. We are now receiving regular payments from all the PCTs in the case of PMS practices and Derwent Shared Services in the case of

GMS practices. We are now back on track to rebuild our reserves therefore ensuring that we will be able to achieve policy to keep on reserve one year's operating costs as a contingency. I expect this to be a four-year task on current projections.

Derbyshire Local Medical Committee strives to represent and support all GPs whether they be GMS, PMS or non principals. We aim to ensure that GPs are properly valued and their skills are properly utilised. We provide advice and representation for individual GPs with specific problems where that GP maintains a current and up to date levy mandate. We offer advice to practices ONLY where ALL contract holders within that practice hold an up to date levy mandate for the LMC.

At the end of this report you will find a list of contributors to the voluntary levy and the officers and members of the Local Medical Committee are pleased to have your continuing support.

The LMC Officers thank all those practices for their continuing co-operation at this time of massive change.

Peter J P Holden
Treasurer
27 December 2003

The LMC thanks the following doctors, who are paying the new LMC levy. If your name does not appear on the list and you would like to contribute, please get in touch with the LMC office on 01332 210008.

Dr D Abell
Dr R Adams
Dr T Adler
Dr K A Ahmed
Dr I Ahmed
Dr A Ainsworth
Dr P Aitchison
Dr P R Aldred
Dr K Alexander
Dr A Allan
Dr GR Allen
Dr N Ancliff
Dr D I Anderson
Dr M Andrew
Dr S J Archer
Dr J Ashby
Dr J Ashcroft
Dr A Askew
Dr S Atherton
Dr D J Austin
Dr K Bagshaw
Dr E Bailey
Dr J Bakshi
Dr M Banning
Dr E Barrett
Dr F Barrett
Dr A Bartholomew
Dr N Bartlett
Dr B Bates
Dr J Bathgate
Dr C Bell
Dr M Bhowmik
Dr M Bingham
Dr D Binnie
Dr F Binnie
Dr A K Biswas
Dr I Black
Dr M Blackburn
Dr M Blackwall
Dr M Blagden
Dr J Blissett
Dr J Blyth
Dr T A Bold
Dr D Booth
Dr E Bradbury
Dr H Brar
Dr C Brentnall
Dr M J Brett
Dr J Brewin
Dr M Bridge
Dr A Briggs
Dr G T Brodie
Dr A Brooks
Dr A Broom
Dr M Browne
Dr R Bull
Dr D L Calvert
Dr N Cartmell
Dr J Cartwright
Dr M Chadwick
Dr A Chakraborti
Dr P Chakraborti
Dr C A Chamberlain
Dr A D Chand
Dr J Charlton
Dr S Chatterjee
Dr M Cheedella
Dr R Chishti
Dr S M Chowdhury
Dr E Church
Dr D Clark
Dr C Clayton
Dr A Clegg
Dr M Cluley
Dr S H Cocksedge
Dr A Collier
Dr D J Collins
Dr N J Cook
Dr J Cook
Dr D Cooke
Dr R E Cooper
Dr K Cotton
Dr P Cox
Dr J Cox
Dr N Coxon
Dr P Cracknell
Dr L E Crowder
Dr B Crowley
Dr G S Crowley
Dr R Crowson
Dr P Crowther
Dr E Crowther
Dr N Culverwell
Dr J Curry
Dr R A Curtis
Dr S Dale
Dr J Daniells
Dr P Das
Dr P S David
Dr A S Davidson
Dr A J Davies
Dr G Davies
Dr S Day
Dr P Denny
Dr S E Dew
Dr B Dhadda
Dr S E Dilley
Dr D J Disney
Dr P A Dodgson
Dr C Doig
Dr M J Donaldson
Dr J A Donovan
Dr E Doris
Dr M Dornan
Dr S Douglas
Dr A Dowd
Dr N Downes
Dr M Duffield
Dr R Dullehan
Dr I A Dunn
Dr N Dunphy
Dr N Early
Dr J Eisenberg
Dr C Else
Dr R C Emmerson
Dr C J Emslie
Dr D Farmer
Dr K Farrell
Dr R Farrow
Dr F Fermer
Dr I R Ferrer
Dr M Fieldhouse
Dr G Finch
Dr P J Flann
Dr J Fletcher
Dr R L Follows
Dr V Foot
Dr E Fordham
Dr L Foskett
Dr C S Fowler
Dr A E Frain
Dr J P Frain
Dr J N Francis
Dr T Fryatt
Dr A Fyall
Dr P M Gadsden
Dr P Gage
Dr L Game
Dr J Gardner
Dr D Gates
Dr S Gayed
Dr M Gembali
Dr A George
Dr A Gill
Dr S Girn
Dr N Gokhale
Dr S Gokhale
Dr S H Goodacre
Dr J Goodlass
Dr D Goodwin
Dr N V Gould
Dr A Graham

Dr M Green
Dr S Gregson
Dr J S Grenville
Dr D R Gruffydd
Dr R Guest
Dr A Gundkalli
Dr J Haddon
Dr W Hale
Dr P Halls
Dr J Hambley
Dr D Hamilton
Dr A Hancock
Dr B Hands
Dr N Hanna
Dr M Hannon
Dr S A Hanson
Dr A P Harris
Dr D I Harris
Dr P Harrison
Dr A Hartley
Dr D Haworth
Dr T E Healey
Dr M Heappy
Dr C Hee
Dr R Henderson-Smith
Dr M Henn
Dr J Hennessy
Dr J Heston
Dr D Hewitt
Dr R Hewitt
Dr J Hill
Dr T Hodgkinson
Dr J R Hogg
Dr P J Holden
Dr J Holderness
Dr D Holland
Dr C Holliday
Dr S A Holloway
Dr P J Horden
Dr A Horsfield
Dr J Horton
Dr S Houlton
Dr B Howson
Dr T Humphries
Dr G Hurst
Dr D I Hutchinson
Dr P W Iddon
Dr M Iqbal
Dr W Isherwood
Dr J Isherwood
Dr R Izard
Dr P Jackson
Dr C W Jackson
Dr P Jackson
Dr D J Jackson
Dr R James
Dr R James
Dr H Jervis
Dr N Jha
Dr C Joel
Dr J Johal
Dr G Jones
Dr M Jones
Dr W Jones
Dr T Jones
Dr N Jootun
Dr L Jordan
Dr A Jordan
Dr A Joshi
Dr A Jowett
Dr N Kale
Dr A Kay
Dr C Keeling
Dr M Keeling
Dr S T Kelly
Dr M Kelman
Dr R Kelsey
Dr C Kemp
Dr J Khan
Dr S Khosla
Dr S King
Dr S King
Dr S Kinghorn
Dr H Kinsella
Dr J S Kirk
Dr P Kirtley
Dr A Knight
Dr D Knott
Dr W Knowles
Dr T Knowles
Dr P G Lacey
Dr M Lakhani
Dr S Langan
Dr M Langdon
Dr I Lawrence
Dr E Lawrence
Dr R Lenehan
Dr H Lever
Dr B Leyland
Dr A Lim
Dr A Lindop
Dr P Lingard
Dr S Linley-Adams
Dr S Little
Dr R Livings
Dr S Lloyd
Dr O A Lockhart
Dr R Lodge
Dr J Long
Dr B Lower
Dr J Luff
Dr S Macleod
Dr I Macleod
Dr C A Madden
Dr S Malik
Dr R Manley
Dr J R Mann
Dr C Mark
Dr K Markus
Dr A Marshall
Dr A Matthews
Dr I W Matthews
Dr T May
Dr T McConnell
Dr B McKenzie
Dr A McKenzie
Dr H McMurray
Dr P R McQuade
Dr M McShane
Dr A Meakin
Dr R Mee
Dr S Mellor
Dr R J Meredith
Dr M Merrick
Dr L A Merriman
Dr J Millar-Craig
Dr P Miller
Dr S Miller
Dr B Milton
Dr A K Mistry
Dr V Mok
Dr J L Monteiro
Dr B Morland
Dr J Morrissey
Dr D J Moseley
Dr L Moss
Dr P Moss
Dr S Mukhopadhyay
Dr M Munir
Dr S Murray
Dr R Murray
Dr J Myers
Dr A Nathan
Dr P Nathan
Dr A Natt
Dr R Neep
Dr S Neofytou
Dr S M Newport
Dr R Newton
Dr J Newton
Dr G Nichols
Dr J Nicholson

Dr S Nissenbaum
Dr J Noble
Dr V E Notley
Dr J Nuttall
Dr P O'Flanagan
Dr L O'Hara
Dr M O'Reilly
Dr J Osborne
Dr J M Page
Dr A Palmer
Dr C Parfitt
Dr A P Parker
Dr I Parkes
Dr V Parmar
Dr C Parsons
Dr J M Parsons
Dr K Patel
Dr P Patel
Dr R Patel
Dr M Paterson
Dr K J Patton
Dr J Paul
Dr L Pearson
Dr D Pickworth
Dr C Pilcher
Dr A Piracha
Dr E Pizzey
Dr B Playfor
Dr D J Poll
Dr A Portnoy
Dr D Portnoy
Dr R Poston
Dr D J Powell
Dr D Price
Dr S Purnell
Dr P K Rai
Dr M Ramzan
Dr J Rapoport
Dr A B Ratcliffe
Dr J Redferne
Dr L Redlaff
Dr E Riches
Dr D J Riddell
Dr W Riddell
Dr J Rivers
Dr M Rowan-Robinson
Dr J Sanfey
Dr I Saunders
Dr T N Scott
Dr R Sen
Dr S Sen
Dr S Sengupta
Dr I Shand
Dr S Shaw
Dr C Shearer
Dr S Sheikhossain
Dr P Short
Dr B Shrestha
Dr D Singh
Dr M Singh
Dr C Singh
Dr S Sinha
Dr A D Sinnott
Dr M S Small
Dr R Smallman
Dr K J Smith
Dr H J Smith
Dr J Smith
Dr S Smith
Dr A Sommers
Dr H A Sowerby
Dr M Spencer
Dr J Spincer
Dr S Sreevalsan
Dr S Stanley-Smith
Dr N Starey
Dr J Stephenson
Dr C Stevens
Dr I Stewart
Dr M Stillwell
Dr R Suchett-Kaye
Dr A Summerscales
Dr J Sutherland
Dr D J Swinhoe
Dr S Taleb
Dr M Tampi
Dr A Tampi
Dr D Taylor
Dr S Thomas
Dr D Thomson
Dr J Thomson
Dr M Thornton
Dr J W Thurstan
Dr L Thwaite
Dr R Tinker
Dr R Tippetts
Dr A Tompkinson
Dr J Tompkinson
Dr I Tooley
Dr M Torkington
Dr C Tower
Dr S Trafford
Dr P Travell
Dr R F Trotter
Dr N Tse
Dr R Tupper
Dr C Turner
Dr B Turner
Dr S Tyler
Dr M Underwood
Dr A Ure
Dr A Varma
Dr R Vasudevan
Dr M J Veale
Dr M Vickers
Dr P Vinayagamoorthy
Dr A Walker
Dr G Walton
Dr L Ward
Dr D Ward
Dr J Ward
Dr M Ward
Dr C Warner
Dr M J Wayman
Dr C Webb
Dr J Wedgwood
Dr K Weir
Dr S Welluppillai
Dr J Wenham
Dr C Westaway
Dr P Weston-Smith
Dr A Whitehall
Dr T Whitton
Dr E Wilkinson
Dr M Wilkinson
Dr B Williams
Dr N Williams
Dr D Williams
Dr P Williams
Dr C Williams
Dr K Wilson
Dr M Wong
Dr P Wood
Dr S Woods
Dr A R Wordley
Dr C Worthington
Dr P Wrigglesworth
Dr E L Wright
Dr H Wright
Dr D Wright
Dr D Young
Dr B Young
Dr N Zaman
Dr J Zammit-Maempel

DERBYSHIRE LMC COMMITTEE MEMBERS 1.4.02 – 31.3.03

Name		Surgery	PCT	Meeting attendance (possible)	Meeting attendance (actual)
Dr J Ashcroft		Old Station Surgery, Ilkeston	Erewash	10	10
Dr F Barrett		Main Street, Shirebrook,	N.E. Derbyshire	11	11
Dr A Bartholomew		Goyt Valley, Whaley Bridge	High Peak & Dales	9	6
Dr M C H Blackwall		Sinfin Moor Health Centre	Central Derby	11	8
Dr R Bull	Vice Chairman	High Street, Dronfield	N.E. Derbyshire	11	9
Dr P Chakraborti	Vice Chairman	London Road, Alvaston	Greater Derby	11	9
Dr A S Davidson		Swadlincote Surgery	Dales & South	11	9
Dr M G Dornan		Holywell House Chesterfield	Chesterfield	10	4
Dr N Early		Church Street Surgery, Ashover	N.E. Derbyshire	10	5
Dr P Enoch		Co-opted		10	8
Dr M Gembali		Friargate Surgery, Derby	Greater Derby	11	9
Dr J S Grenville	Secretary	Macklin Street, Derby	Central Derby	11	10
Dr B G Hands		Willington Surgery, Willington	Dales & South	11	11
Dr P J P Holden	Treasurer	Imperial Road, Matlock	High Peak & Dales	On leave of absence whilst attending GPC mtgs	
Dr D D Holland		Blackwell Medical Centre	N.E. Derbyshire	5	4
Dr T A Humphries		Welbeck Road, Bolsover	N.E. Derbyshire	11	6
Dr S F King	Chairman	Elmwood Medical Centre, Buxton	High Peak & Dales	11	11
Dr R Meredith		Holywell House, Chesterfield	Chesterfield	11	10
Dr S K T Neofytou		High Street, Clay Cross	N.E. Derbyshire	11	10
Dr D Portnoy		Ilkeston Health Centre	Erewash	11	9
Dr P R D Short		Hartington Road, Buxton	High Peak & Dales	11	10
Dr P Weston-Smith		Littlewick, Ilkeston	Erewash	11	7
Dr P Williams		Butts Road, Bakewell	High Peak & Dales	10	9
Dr J Zammit		Meadowfields, Chellaston	Greater Derby	11	11