

*“Putting the needs of GPs first”*

*Local  
Medical  
Committee*

**LMC**

**DERBYSHIRE**



**Derbyshire LMC  
Annual Report  
2004-2005**

Representing  
and supporting

**GPs**

**LOCAL MEDICAL COMMITTEE MEMBERS**  
**1.4.04 – 31.03.05**  
**ERBYSHIRE LMC COMMITTEE MEMBERS 1.4.04 – 31.3.05**

Name		Surgery	PCT	Meetings attended (max 11)
Dr J Ashcroft		Old Station Surgery, Ilkeston	Erewash	6
Dr F Barrett		Main Street, Shirebrook,	N.E. Derbyshire	10
Dr A Bartholomew		Goyt Valley, Whaley Bridge	High Peak & Dales	8
Dr M C H Blackwall		Sinfin Moor Health Centre	Central Derby	6
Dr P Chakraborti Deputy Chairman		London Road, Alvaston	Greater Derby	9
Dr A S Davidson		Swadlincote Surgery	Dales & South	9
Dr N Early		Church Street Surgery, Ashover	N.E. Derbyshire	7
Dr P Enoch		Co-opted		10
Dr M Gembali		Friargate Surgery, Derby	Greater Derby	10
Dr J S Grenville	Secretary	Macklin Street, Derby	Central Derby	9
Dr B G Hands		Willington Surgery, Willington	Dales & South	11
Dr P J P Holden	Treasurer	Imperial Road, Matlock	High Peak & Dales	On leave of absence whilst on GPC business
Dr D D Holland		Blackwell Medical Centre	N.E. Derbyshire	2
Dr S F King	Chairman	Elmwood Medical Centre, Buxton	High Peak & Dales	10
Dr R Meredith		Holywell House, Chesterfield	Chesterfield	3
Dr S K T Neofytou		High Street, Clay Cross	N.E. Derbyshire	10
Dr D Portnoy		Ilkeston Health Centre	Erewash	7
Dr J B Ryan		Ash Lodge, Chesterfield	Chesterfield	5
Dr A Saywood		Non-principal		4
Dr P R D Short Deputy Chairman		Hartington Road, Buxton	High Peak & Dales	10
Dr P Weston-Smith		Littlewick, Ilkeston	Erewash	11
Dr P Williams		Butts Road, Bakewell	High Peak & Dales	10
Dr J Zammit-Maempel		Vicarage Road, Mickleover	Greater Derby	10

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## CHAIRMAN'S REPORT

In 2004/05 we saw the switch of responsibility for out of hours passing from individual GPs to the Primary Care Organisations. We also saw the new pay scales being introduced across secondary care with Agenda for Change, and began to assess the implications for general practice. The on-going process of NPfIT/ Connect for Health continued to make progress as Choose and Book/ Patient Choice emerged and, as we move on into 2005, the increasing implications of Patient Choice will begin to unfold. All these new innovations bring with them new guidelines, new regulations and new opportunities for all and sundry to interpret such information to the best of their ability.

As we look to the future, it becomes increasingly likely that GPs will be competing with other organisations to provide primary care. While it seems unlikely that many commercial organisations could command the 70 to 80% approval ratings achieved by GPs generally across the county, we may have to be vigilant to ensure that we are competing on a level playing field. That being said, there is no doubt in my mind that Derbyshire GPs can compete successfully with anybody who cares to try for clinical effectiveness and value for money and all round good service. No other area of the Health Service has proved to be as adaptable and successful as primary care, and we trust this will continue to be so.

The LMC continues to meet regularly with all primary care organisations at Officer level and take

part in discussion regarding just about every aspect of the ever-changing primary care world. Derbyshire LMC meets also regularly with Nottinghamshire and Lincolnshire LMCs, and with the Strategic Health Authority, representing the interests of GPs and patients. The LMC also takes a close interest in arrangements for peer support across the county, and is involved in the committee work behind this.

During 2004/05 the LMC welcomed Andrew Saywood and Brendan Ryan as members co-opted in June and October respectively. We also saw the departure of Tom Humphries, whose contributions will be sorely missed. During the year, the full committee met with the Local Pharmaceutical Committee, had presentations from the National Programme for IT (now Connecting for Health), presentations on Choice, Choose and Book, Single Assessment Process and also from senior officers of Derby Medical Services regarding out of hours.

Despite the challenges of the future, the LMC feels that the GPs of Derbyshire will be able to compete successfully with all comers and the LMC will continue to represent the views and interests of its constituents in the coming years.

Sean King

## SECRETARY'S REPORT

The Chairman's report has highlighted many of the changes that occurred in general practice in 2004/05. There are many more changes to come.

The government is determined to press on with its "modernisation" agenda. This seems to mean that the NHS must become increasingly responsive to patients' desires, in the same way that supermarkets, banks and other commercial organisations respond. Unfortunately, supermarkets, banks and

other commercial organisations do not guarantee a high level of service (or, indeed in some instances, any service at all) to every single member of the population, regardless of their ability to pay.

The Government is trying to solve the dilemma of making the NHS behave more like a commercial enterprise while ensuring that its services are available to all and has had some notable successes, particularly around secondary care waiting times and

throughput. Nevertheless, some of the strategies that have been introduced appear to have been short-term fixes which may exacerbate the underlying problems. There is a real fear that the tension between, say, practice based commissioning and payment by results or between practice based commissioning and patient choice may not be able to be overcome in a tax funded comprehensive service available to all citizens.

As clinical generalists, we must remember that we are uniquely able to provide services that people want and value and we must ensure that we are in a position to continue to provide those services while co-operating with Government in exploring possible improvements in the way in which services are delivered. We must not, however, be afraid to put our heads above the parapet and make it clear when we think that changed methods of working will not achieve the anticipated outcome.

All of this points to an increasingly rough ride for GPs, their teams and other clinical colleagues in the community. Nevertheless, I believe that we can weather the storm but we will need to stand firmly together in order to do so.

The LMC's strength lies in its proven ability to represent the interests of GPs in order to enable them to provide the best possible service to patients. In order to represent your views we need to know what they are and to be able to synthesise them into a coherent whole; I therefore urge all constituents not to hesitate to contact the LMC about any issues pertaining to general practice in these turbulent times.

John Grenville

## NON PRINCIPALS

I was co-opted to Derbyshire LMC in June as a representative for Sessional GP's in Derbyshire. I currently work around Chesterfield as both a Salaried GP and a locum.

I am keen to hear from non-principals who would like issues raised at the LMC and I can be contacted via e-mail at [davidevans@nhs.net](mailto:davidevans@nhs.net) or via the LMC office.

David Evans

## TREASURER'S REPORT – Year Ending 31 March 2005

Since the last report the Derbyshire LMC has consolidated the significant structural and organisational changes initiated in 2002 by completing the re-mandating of all practices during 2004. The changes were imposed upon Local Medical Committees following the introduction of

- the Health & Social Care Act 2003
- the introduction of the new GMS contract
- the parallel changes in PMS contracts
- representational responsibilities for sessional, locum and salaried General Practitioners
- eight Primary Care Trusts within the county.

To service these responsibilities Derbyshire LMC has a proper office base at Norman House, Friar Gate Derby and employs 3.5 whole time equivalent members of staff consisting of 2 PPLOs, an LMC Office coordinator, and a half time medical secretary supported by the elected office holders and members of the LMC. Many of you will have already met our staff and they have an ongoing constructive dialogue with most practice managers and all the PCT senior managers in the county. The office is open 5 days a week from 9-5 pm for the benefit our subscribing constituents.

The best evidence that this system works for GPs is evidenced by the lack of "crises" on the LMC Secre-

taries listservers. Very few problems emanate from Derbyshire and mostly Derbyshire is in the forefront of replies offering constructive solutions and replies. That is a very significant tribute to the professionalism and knowledge of our staff. This is what gives Derbyshire practices the relatively quiet time in PCT relations because problems are nipped in the bud and the professionalism of the LMC is recognised by most of the PCT managers with whom we have a good working relationship.

Such a professional service costs money and that is why if you look back over recent years you will find that the financial reserves for the Derbyshire Local Medical Committee have become 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. During the past three years we have faced and survived BOTH contingencies.

As you know, the LMC is THE statutory committee with a statutory obligation to represent your interests as a General Practitioner working in the National Health Service.

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 although we have the legal power to impose a statutory levy we have fought strenuously against invoking it. 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.

This Treasurer's report technically refers to matters up to 31 March 2005; but was actually drafted in November 2005 because our annual accounts only become available from the accountants in September annually.

This year we have moved the day to day financial operations from my study to the Derby office. As a matter of good corporate governance the invoice payment authorisation function has been separated from the cheque signing functions. We have excellent financial systems and four-monthly financial review meetings by the officers. We are now receiving regular payments from all the PCTs in the case of PMS practices and from Derwent Shared Services in the case of GMS practices.

Our reserves are now substantially rebuilding towards ensuring that we will be able to achieve our 20 year old policy to keep on reserve one year's operating costs as a contingency. I expect this to be completed in 2007/08 on current projections. During the year ending 31 March 2005 we managed all the new activities described above and increased our reserves by almost £70,000.

We can achieve this aim without increasing the levy during 2006/07

Politically we retain our strategic alliances with Nottinghamshire and Lincolnshire LMCs having brought back in house many administrative functions which were undertaken at Nottingham. This move has, as projected, saved us several thousand pounds per annum.

During 2003/4 the Conference of Secretaries of Local Medical Committees published a survey conducted by of the University of Sheffield into the structure, function and financing of LMCs. Studying the results indicates that Derbyshire LMC is one of the most innovative, cost effective, value for money LMCs yet has a relatively moderate cost base. The track record of the Derbyshire LMC for wise financial management is recognised throughout the LMC world in the UK and therefore the officers seek your continuing support for our longstanding financial policy.

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

practices or individual GPs with specific problems where that GP is part of a practice which holds 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  
30 November 2005

**REVENUE ACCOUNT  
FOR THE YEAR ENDED  
31 MARCH 2005**

	<u>2005</u>	<u>2004</u>
Levy on members	375064	311032
Bank interest	<u>2745</u>	<u>1402</u>
	377809	312434
Less expenses		
Staff costs		
Clerk's salary	21708	22166
Secretary's salary	57192	55402
Practice Liaison Officers	83428	82623
Other officers' practice compensation	32920	31091
Members practice compensation	21673	22722
Pension contributions	3722	4321
Computer expenses	2463	3559
Printing, postage, stationery, telephone and secretarial work	8597	8534
Meeting and travelling exps	12689	11467
Legal charges	0	1027
Accountancy charges	1645	1586
Bank charges	210	228
Norman House rent & rates	<u>12835</u>	<u>12699</u>
	<u>259082</u>	<u>257425</u>
	118727	55009
Contributions		
Trent Regional LMC	5000	4946
GMSDF	<u>45000</u>	<u>42000</u>
	<u>50000</u>	<u>46946</u>
SURPLUS (DEFICIT) ON ORDINARY ACTIVITIES	<u>68727</u>	<u>8063</u>
	0	
SURPLUS (DEFICIT) TRANSFERRED TO ACCUMULATED FUND	<u>£68,727</u>	<u>£8063</u>

**BALANCE SHEET AT 31 MARCH 2005**

	<b>2005</b>	<b>2004</b>
CURRENT ASSETS		
Cash in Hand	100	163
Cash at Bank	158271	89190
Rent prepaid	<u>2268</u>	<u>2148</u>
	160639	91501
LESS CURRENT LIABILITIES		
Creditors	(1645)	(1234)
EXCESS OF ASSETS OVER LIABILITIES	<u>158994</u>	<u>90267</u>
	Represented by:-	
ACCUMULATED FUND		
Balance brought forward	90267	82204
(Deficit) for the year	<u>68727</u>	<u>8063</u>
	£158994	£90267

**DECLARATION OF ACCEPTANCE**

We approve these accounts and confirm that we have made available all relevant records and information for their preparation.

S F King	Chairman
PJP Holden	Honorary Treasurer
24.09.05	Date

**ACCOUNTANTS' CERTIFICATE**

In accordance with instructions given to us we have prepared, without carrying out an audit, the accounts set out on pages 1 and 2 from the accounting records of Derbyshire Local Medical Committees and from information and explanations supplied to us and believe them to be in accordance therewith.

Smith Cooper,  
Chartered Accountants,  
Ashbourne

Derbyshire LMC thanks the following practices for their contributions to the voluntary levy. 90% of Derbyshire practices have agreed to pay the levy.

Creswell Primary Care Centre  
 Dr Adams & Jootun  
 Dr Ahmed  
 Dr Ahmed, Lodge, Tompkinson & Lynas  
 Dr Aldred & Partners  
 Dr Alexander, Crowther & Crowther  
 Dr Allen & Partners  
 Dr Anderson & partners  
 Dr Bakshi  
 Dr Bartlett, Lockhart, Isherwood & Williams  
 Dr Binnie & partners  
 Dr Binnie, Gembali, Trafford & Girn  
 Dr Biswas  
 Dr Black, Long, Thomas, Das & Wright  
 Dr Blackwall & Partners  
 Dr Blissett, Nichols & Parkes  
 Dr Bold & partners  
 Dr Brodie & Partners  
 Dr Chadwick, Newton & Jordan  
 Dr Chand & Babu  
 Dr Collins & Partners  
 Dr Cooke & Partners  
 Dr Cox & Mark  
 Dr Davidson & Partners  
 Dr Dilley & partners  
 Dr Dodgson & Partners  
 Dr Donovan & Partners  
 Dr Doris & Partners  
 Dr Dornan & Partners  
 Dr Duffield & Partners  
 Dr Early & Jones  
 Dr Farmer & partners  
 Dr Farrell & Partners  
 Dr Gage, Bates & Wedgwood  
 Dr Game, Houlton & Sword  
 Dr Gates & Partners  
 Dr Gokhale & Gokhale  
 Dr Goodwin & Partners  
 Dr Gould & Brown  
 Dr Gould & Partners  
 Dr Hamilton & Partners  
 Dr Hanna & Gayed  
 Dr Harris & Partners  
 Dr Henderson-Smith & Bell  
 Dr Hennessy & partners  
 Dr Hogg & Partners  
 Dr Holden & Partners  
 Dr Holland & Egdell  
 Dr Hornden & Partners  
 Dr Hurst & Woods  
 Dr Iddon & Partners  
 Dr Iqbal  
 Dr Jones & Clayton  
 Dr Jones & Partners  
 Dr Jowett & Partners  
 Dr Kemp  
 Dr King & Partners  
 Dr Kinghorn & Partners  
 Dr Kirtley, Broom, Ward & Westaway  
 Dr Langan & Partners  
 Dr Leyland & Partners  
 Dr Lingard & Partners  
 Dr Little & Partners  
 Dr Livings & Partners  
 Dr Macleod & Partners  
 Dr Manley & Partners  
 Dr Markus, Tyler & Hee  
 Dr McConnell & Lower  
 Dr McMurray, Lloyd & Hilton  
 Dr Meakin & partners  
 Dr Mee & partners  
 Dr Miller, Purnell & Bailey  
 Dr Morrissey & Partners  
 Dr Moseley, Hutchinson, Adler & Howson  
 Dr Natt & Miller  
 Dr Neofytou, Jackson & Green  
 Dr Nicholson & Partners  
 Dr Noble, Walker, Foskett & Mellor  
 Dr Palmer & Gardner  
 Dr Parmar  
 Dr Patel & Patel  
 Dr Patel, Ramzan & Jha  
 Dr Paul  
 Dr Pickworth & Partners  
 Dr Powell & Mistry  
 Dr Price, Pilcher, Neep & Riches  
 Dr Rapoport & Partners  
 Dr Riddell & Abraham  
 Dr Riddell, Bartholomew, Holderness & Ruck  
 Dr Saunders & Partners  
 Dr Sen & Sen  
 Dr Sengupta  
 Dr Serrell & Partners  
 Dr Shand & partners  
 Dr Shrestha & Rai  
 Dr Singh  
 Dr Singh, Knowles & Kelman  
 Dr Sinha  
 Dr Skidmore, Pryce & MacArthur  
 Dr Spencer & partners  
 Dr Spincer & Partners  
 Dr Sreevalsan & Tampi  
 Dr Starey & Partners  
 Dr Stevens & Partners  
 Dr Stewart, James, Chisti & Myers  
 Dr Sutherland, Cracknell, Shaw, Brar & Harris  
 Dr Taleb, Hannon, Harrison & Clegg  
 Dr Taylor, Tooley, Milner & Horsfield  
 Dr Thomson & partners  
 Dr Turner & Bull  
 Dr Turner & partners  
 Dr Varma & Singh  
 Dr W A K Jones  
 Dr Ward & Partners  
 Dr Webb, Johal, Portnoy & Portnoy  
 Dr Weston-Smith & Partners  
 Dr Williams & partners, Hilton  
 Dr Williams, McCarthy, Douglas, Royle & Start  
 Dr Williams, Short, Pearson, Collier & Isherwood  
 Dr Zaman & Piracha  
 The Village Surgery