

*“Putting the needs of GPs first”*

*Local  
Medical  
Committee*

**LMC**

**DERBYSHIRE**



# **Derbyshire LMC Annual Report 2006-2007**



Representing  
and supporting

**GPs**

**LOCAL MEDICAL COMMITTEE MEMBERS**  
**1.4.2006 – 31.3.2007**  
**DERBYSHIRE LMC COMMITTEE MEMBERS 1.4.04 – 31.3.05**

Name		Surgery	LMC Constituency	Meetings attended (max 11)
Dr J Ashcroft	Deputy Chairman	Old Station Surgery, Ilkeston	Erewash	10
Dr F Barrett		Main Street, Shirebrook,	Bolsover	10
Dr A Bartholomew		Goyt Valley, Whaley Bridge	High Peak	7
Dr M C H Blackwall		Sinfin Moor Health Centre	Derby South	7
Dr G Crowley		Arthur MC, Horsley Woodhouse	Amber Valley	8
Dr N Early		Church Street Surgery, Ashover	N.E. Derbyshire	7
Dr P Enoch		Co-opted		10
Dr D Evans		Emmett Carr Surgery, Renishaw	N.E. Derbyshire	7
Dr M Gembali		Friargate Surgery, Derby	Derby North	10
Dr J S Grenville	Secretary	Macklin Street, Derby	Derby South	10
Dr B G Hands		Willington Surgery, Willington	South Derbyshire	9
Dr P J P Holden	Treasurer	Imperial Road, Matlock	W Derbyshire North	On leave of absence whilst on GPC business 1
Dr D D Holland		Blackwell Medical Centre	Bolsover	5
Dr M Iqbal		Clarence Road, Derby	Derby South	5
Dr S F King	Chairman	Elmwood Medical Centre, Buxton	High Peak	10
Dr H Kinsella		Green Lane, Belper	W Derbyshire Central	6
Dr R Livings		Brimington, Chesterfield	Chesterfield	7
Dr S K T Neofytou		High Street, Clay Cross	N.E. Derbyshire	10
Dr J Orchard (from June 06)		Limes Medical Centre, Alfreton	Amber Valley	8
Dr D Portnoy		Ilkeston Health Centre	Erewash	6
Dr J B Ryan (to Dec 06)		Ash Lodge, Chesterfield	Chesterfield	6
Dr P R D Short	Deputy Chairman	Hartington Road, Buxton	High Peak	9
Dr R Tinker		Moss Valley, Eckington	N.E. Derbyshire	7
Dr P Weston-Smith		Littlewick, Ilkeston	Erewash	8
Dr P Williams		Butts Road, Bakewell	W Derbyshire North	9
Dr J Zammit-Maempel		Keldholme Lane, Derby	Derby South	10

**Derbyshire LMC, Norman House**  
**Friar Gate, Derby DE1 1NU**

**Tel: 01332 210008 Fax: 01332 341771**  
**Email: office@derbyshirelmc.co.uk**

## CHAIRMAN'S REPORT

If anyone hoped 2006 would be a quiet year for General Practice after the introduction of the new contract they would have been disappointed.

Having worked hard to implement the first two years of the new arrangements, we suddenly found ourselves the victims of a concerted Government black propaganda campaign. After agreeing a contract intended to improve patient care, GP pay, work life balance, recruitment and retention, the Government decided to complain they had been outwitted in negotiation by those wily Doctors. Never mind the only evidence-based, nation-wide outcome, target-driven, chronic disease management programme in the world, a huge complement of new work to the benefit of patients. Never mind that the free negotiations were completely overseen and at times had vetoes applied by Tony Blair and Gordon Brown, the Government was apparently shocked when GPs worked to their contracted hours of opening and outperformed Department of Health predictions on QoF achievements.

Suddenly we were public enemy number one. In such circumstances it is often difficult to maintain our morale. With Government sponsored media propagandists pumping out the half truths and downright lies as glaring headlines or snide comments on the radio and television, we may feel why bother to take any interest or pride in the job.

This undoubted attack by the Government on our profession must not blind us to the reality of what we do. If you are ill, vulnerable or old the last thing you need is a demoralised resentful Doctor. The sick still need Doctors and for the most part, outside the disgruntled and jealous chattering classes of London, respect and are grateful for good quality General Practice. Doctors are still very necessary to the delivery of the best Primary Care in the world. Derbyshire LMC believes in the quality of Derbyshire GPs and continues to represent that position in all dealings with outside agencies.

At a local level, the LMC began a new four year Committee welcoming Greg Crowley Mussadaq Iqbal, Paddy Kinsella, Richard Livings and John Orchard as new members. We said *au revoir* to Brendan Ryan. The officers were re-elected by the new LMC. Among others, the committee received presentations from Accenture, Pathways to Work and the Carers' Federation. Recurrent themes in committee were Choose and Book, PCT reorganisation, Patient Surveys, the new service at Creswell, the North Derbyshire survey of maternity services and the formation of a limited company. The formation of the limited company is dealt with in more detail in the

Treasurer's Report.

The LMC has engaged the two new PCTs in Derbyshire in constructive dialogue aiming to forge a relationship within which patients, doctors and Government can work to their mutual benefit. Officers continue to meet the PCTs in various regular committees and on an *ad hoc* as necessary basis.

The LMC continues to profit from having two of its officers on the GPC giving additional communication with our national negotiators and the rest of our national representative body. As usual our representatives spoke at the Annual Conference of LMCs giving national voice to the committee.

We live in interesting times. Never before has the profession come under such vitriolic and persistent attack. Under such attack we should guard against giving ammunition to our enemies by continuing to provide the best possible primary care to our patients within the framework of our contracts. We must not become demoralised but remember everyone needs a decent health service at some time in their lives. Our patients still need us.

Derbyshire LMC will continue to represent all the GPs in Derbyshire as we weather the nonsense from Westminster.

Sean King

## SECRETARY'S REPORT

As far as the Secretariat was concerned the major event of 2006-07 was the reorganisation of the PCTs. The City PCT was formally established as a single body, although the two previous PCTs had been working jointly for some time. Nevertheless, the emphasis of the City PCT did change. The reorganisation in the County was even more significant, with the integration of five PCTs into a single organisation. Virtually all the senior managers in the County PCT were new to Derbyshire and we had to get to know them and establish working relationships. At other levels in the organisation almost no-one retained their previous roles and so virtually everyone we spoke to was on a steep learning curve.

We have weathered the storm of reorganisation and we believe that we can maintain the cooperative/cooperative style of working with PCTs that we have long had and which was so praised by the ScHAAR Report on LMCs. In other words, we and our PCTs try to work with each other rather than against each other. This must be in the best interests of Derbyshire GPs and their patients. There are, of course, times when we must agree to differ.

The new PCTs have a completely different role from their predecessor bodies. Stretching all the way back

to the Executive Councils, through the Area Health Authorities, District Health Authorities, Family Practitioner Committee, Family Health Services Authority, Primary Care Groups and the first generation of Primary Care Trusts we have tended to see NHS structures as being supportive (to a greater or lesser extent!) of GPs in their efforts to improve the health of their patients. This is no longer the case. The new PCTs are required to commission services that support the health of their patients but that also meet Government priorities (the two may not always be synonymous). They are required to commission services from anybody who can provide them and, indeed, are encouraged to move away from the traditional model of individual general practices caring for their patients in ways that the Government views as idiosyncratic. The Chairman comments further in his report on the way that this change of emphasis has affected us. It is, nevertheless, something that we must get used to.

The trick over the next few years will be to preserve the essence of general practice – the registered list, continuity of care, individualised care, localness, accessibility, etc – while the Government experiments with big business, one size fits all models.

The LMC is here to help you to maintain and develop the aspects of general practice that our patients value most. Please do not hesitate to contact the Secretariat with any problem relating to general practice, no matter how big or small. We will do our best to help and, if we cannot, we will try to find someone who can.

For the sake of clarity I would like to remind you that, despite reorganisation of the PCTs, our tremendously skilled and hard-working PPLOs, Kate and Melanie, retain their responsibilities for the North and South of the County respectively but there is now considerably more overlap, especially given the size of the County PCT, and if one of them is not available the other should be able to help. The Treasurer has referred to the creation of Derby & Derbyshire LMC Ltd and we would like to record our thanks to Shelley for the enormous amount of hard work she put into making this happen.

**John Grenville**

## TREASURER'S REPORT

This Treasurer's report technically refers to matters up to 31 March 2007; but was actually drafted in November 2007 because the annual accounts only become available from the accountants in September annually and then have to be approved by the LMC in committee.

The Local Medical Committee is the only committee

with a statutory obligation to represent your interests as a General Practitioner working in the National Health Service irrespective of which type of medical services contract you or your practice holds. It has well over 80 statutory responsibilities in addition to being recognised as an expert body with a very considerable and unique corporate memory of the NHS sadly lacking elsewhere because of continuing reorganisations.

Only two years ago I reported that the Derbyshire LMC had just consolidated the significant structural and organisational changes 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

Now we are working with just two much larger PCTs – Derby City and Derbyshire. The Strategic Health Authority now mirrors the boundaries of regional government and, as far as we are concerned, the NHS Ambulance Trust. Fortunately, the new structure is likely to last for a good many years to come and is part of the drive to regional government. The current Chief Executive of the StHA is also the chairman of the NHSE Negotiating team with whom the GPC negotiates and I sometimes feel that the StHA edicts are a test bed for proposals to be made to us in London.

To service such responsibilities Derbyshire LMC has its 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. Our staff 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 of our subscribing constituents. Those who have read many of these annual reports will recognise the significant evolution of the LMC away from the reactive quasi trade union mode towards a specialist business support operation.

The best evidence that this system continues to work for GPs is evidenced by the lack of "crises" on the LMC Secretaries 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, knowledge and long experience of our staff and our officers. 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.

It is worth reiterating that Derbyshire LMC was highlighted in the 2004 University of Sheffield study into the structure, function and financing of LMCs. That study indicated that Derbyshire LMC is one of the most innovative, cost effective, value for money LMCs in the UK yet has a relatively moderate cost base.

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 five years we have faced and survived BOTH contingencies and continued to develop services to colleagues.

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 NHS Employers organisation and/or the Doctors and Dentists Pay Review Body which themselves are 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 that have been incorporated into their funding streams on the basis that the LMC, as a statutory body, should be financially supported.

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.

Our reserves are now substantially rebuilt, thus 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. By prudent operational policies we can achieve this aim without increasing the levy before July 2008.

Politically we retain our strategic and mutual aid alliances with Nottinghamshire and Lincolnshire

LMCs. We will have to consider how our relationships evolve with the newly enlarged region but this should have a minimal financial effect.

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.

The more observant of you will have noted a subtle change to LMC communications during 2007 in that the letterheads now state *Derby and Derbyshire Local Medical Committee Ltd.* In my last report I hinted at the need to consider incorporation. During the financial year ending 31 March 2007 it became clear upon expert legal and financial advice from the BMA in London and from our business indemnity insurers that LMC members were personally financially liable for the acts, errors and omissions of the officers, employees and themselves in connection with LMC business. This was deemed by the LMC to be an unsatisfactory position and following careful legal and financial advice a limited liability company was set up to transact certain aspects of the LMC's work. The company was formed in the spring of 2007 and formally started trading on 01 April 2007 and therefore this set of accounts is the last set in the current format.

What I can fully assure you is that the control of the company both financially and directorially is totally in the hands of those you elect from time to time; it is funded on a tight drip feed of funds from the LMC – your LMC - and all profits revert back to the LMC. The LMC members and officers derive personal protections from this arrangement as do you the levy payers and electors and our employees. If anyone wishes further information on this subject please contact me through the LMC office.

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 is currently signed up to the LMC levy.

No GP can have failed to notice the onslaught against the profession which started in early 2007 when GPC had to launch judicial review proceedings for our pensions. PMS practices seem to be in for a very hard time indeed. From personal experience, as the lead GPC financial negotiator I have travelled the country helping LMCs deal with this threat and the single enduring thread in a successful fending off of draconian renegotiations of PMS contracts is

1. the LMC expertise
2. LMC leadership
3. and, most importantly, every single practice

standing together as one.

The onslaught against GMS practices seems likely to be just as hostile as the politicians seek to claw back the hard won, honestly earned, long overdue rewards that have come to General Practice in recent years.

**You need your LMC like no time ever before in any of our professional lifetimes**

At the end of this report you will find a list of contributors to the voluntary levy and the officers and members of the Derbyshire 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 threat.

**Peter J P Holden**

**BALANCE SHEET AT 31 MARCH 2007**

CURRENT ASSETS	2007	2006
Cash in Hand	150	150
Cash at Bank	335000	264894
Rent prepaid	<u>345</u>	<u>2326</u>
	335495	267370
<b>LESS CURRENT LIABILITIES</b>		
Creditors	(1986)	(1645)
Corporation Tax	<u>(10135)</u>	-
	(12121)	(1645)
<b>EXCESS OF ASSETS OVER LIABILITIES</b>	<u><b>323374</b></u>	<u><b>265725</b></u>
Represented by:-		
<b>ACCUMULATED FUND</b>		
Balance brought forward	265725	158994
(Deficit) for the year	<u>57649</u>	<u>106731</u>
	<b>£323374</b>	<b>£265725</b>

**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  
PJP Holden  
1.8.07

Chairman  
Honorary Treasurer  
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

**REVENUE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2007**

	2007	2006
Levy on members	403694	393846
Bank interest	8175	5557
	<u>411869</u>	<u>399403</u>
<b>Less expenses</b>		
<b>Staff costs</b>		
Clerk's salary	23488	22574
Secretary's salary	67384	63250
Practice Liaison Officers	92866	88796
Officers' practice compensation	33852	28375
Members' practice compensation	28267	22277
Pension contributions	12111	5029
Reversal of prior years salary costs over provision	-	(26861)
Computer expenses	2228	178
Printing, postage, stationery, telephone & secretarial work	4662	4886
Meeting & travelling expenses	9520	16768
Legal charges	-	270
Accountancy charges	1986	1833
Bank charges	179	153
Norman House – rent & rates	11924	11475
Insurance	1618	1369
	<u>290085</u>	<u>240372</u>
	121784	159031
<b>Contributions</b>		
Trent Regional LMC	2000	4000
GPDF Ltd	<u>52000</u>	<u>48300</u>
	54000	52300
<b>SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION</b>	<u><b>67784</b></u>	<u><b>106731</b></u>
<b>TAX ON SURPLUS ON ORDINARY ACTIVITIES</b>	10135	-
<b>SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND</b>	<b>£57649</b>	<b>£106731</b>

Derbyshire LMC thanks the following practices for their contributions to the voluntary levy. 92% of Derbyshire practices have agreed to pay the levy.

Dr Adams, Jootun & Cowley  
 Dr Ahmed, Grassmoor  
 Dr Ahmed, Lodge, Tompkinson & Lynas  
 Dr Aldred & Partners  
 Dr Alexander, Crowther & Crowther  
 Dr Allen & Partners  
 Dr Anderson & partners  
 Dr Bakshi  
 Dr Barrett & partners  
 Dr Bates & Partners, Overdale  
 Dr Bates & Wedgwood  
 Dr Binnie & partners  
 Dr Binnie, Gembali, Trafford & Girn  
 Dr Black & partners  
 Dr Bold & partners  
 Dr Brodie & Partners  
 Dr Bryant  
 Dr Chadwick & Partners  
 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 Early & Jones  
 Dr Farmer & partners  
 Dr Farrell & Partners  
 Dr Fogarty & partners  
 Dr Game, Houlton & Sword  
 Dr Gates & Partners  
 Dr Gokhale & Gokhale  
 Dr Goodwin & Partners  
 Dr Gould & Brown  
 Dr Gould & Partners, Long Eaton  
 Dr Hamilton & Partners  
 Dr Hanna & Gayed  
 Dr Harris & Partners  
 Dr Hartley & Partners  
 Dr Heappy & Partners  
 Dr Hehir-Strelley  
 Dr Henderson-Smith & Bell  
 Dr Hogg & Partners  
 Dr Holden & Partners  
 Dr Horden & Partners  
 Dr Hurst & Woods  
 Dr Iqbal  
 Dr Jackson, Green & Evans  
 Dr Jones & Clayton  
 Dr Jones & Partners, Ripley  
 Dr Jones, Old Whittington  
 Dr Jowett & Partners  
 Dr Kar  
 Dr Kemp  
 Dr King & Partners  
 Dr Kinghorn & Partners  
 Dr Kirtley & Partners  
 Dr Langan & Partners  
 Dr Leyland & Partners  
 Dr Lingard & Partners  
 Dr Little & Partners  
 Dr Livings & Partners  
 Dr Lockhart & partners  
 Dr Macleod & Partners  
 Dr Manley & Partners  
 Dr Markus, Tyler & Hee  
 Dr McMurray & Partners  
 Dr Mee & partners  
 Dr Miller, Purnell & Bailey  
 Dr Morrissey & Partners  
 Dr Moseley, Hutchinson, Adler & Howson  
 Dr Natt & Miller  
 Dr Nichols & Partners  
 Dr Nicholson & Partners  
 Dr Noble, Walker, Foskett & Mellor  
 Dr Orchard & Parkin, Blackwell  
 Dr Orchard & Parkin, Pinxton  
 Dr Orchard & Partners, Alfreton  
 Dr O'Reilly & Davidson  
 Dr Palmer & Gardner  
 Dr Parmar  
 Dr Patel & Patel  
 Dr Patel, Ramzan & Jha  
 Dr Pickworth & Partners  
 Dr Powell, Jefferson & Fisher  
 Dr Price, Pilcher, Neep & Riches  
 Dr Rapoport & Partners  
 Dr Riddell, Abraham & McGroarty  
 Dr Riddell, Bartholomew, Holderness & Ruck  
 Dr Sen & Sen  
 Dr Serrell & Partners  
 Dr Shand & partners  
 Dr Shrestha & Rai  
 Dr Singh, Knowles & Kelman  
 Dr Singh, Pear Tree  
 Dr Sinha  
 Dr Skidmore & partners  
 Dr Sowerby & Partners  
 Dr Spencer & partners  
 Dr Spincer & Partners  
 Dr Starey & Partners  
 Dr Stevens & Partners  
 Dr Sutherland, Cracknell, Shaw, Brar & Harris  
 Dr Taleb, Hannon, Harrison & Clegg  
 Dr Tampi & Tampi  
 Dr Taylor, Tooley, Milner & Horsfield  
 Dr Thomson & partners  
 Dr Thurstan & Partners  
 Dr Turner & Bull  
 Dr Turner & partners, Allestree  
 Dr Varma & Singh  
 Dr Veale & partners  
 Dr Vickers & partners  
 Dr Ward & Partners  
 Dr Webb, Johal, Portnoy & Portnoy  
 Dr Weston-Smith & Partners  
 Dr Williams, McCarthy, Douglas, Royle & Start  
 Dr Williams, Short, Pearson, Collier & Isherwood  
 Dr Zaman & Piracha  
 Dr Zammit-Maempel