

*“Putting the needs of GPs first”*

*Local  
Medical  
Committee*

**LMC**

**DERBYSHIRE**

**Annual Reports  
of  
Derbyshire LMC  
and  
Derby & Derbyshire LMC Ltd  
  
2007-2008**

Representing  
and supporting

**GPs**

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## CHAIRMAN'S REPORT

General Practice again took a prominent part in the nation's news making in 2007/2008. More adverse comment from the chattering classes in the media contributed to the government perpetrating the outrageous imposition of additional hours for a cut in pay. Few believed the media in general behaved independently of an apparently ferociously hostile Brown government. The biggest issue was the extended hours one which was initiated by Gordon Brown promising that 50% of practices would be open outside of the 5 day 8-6.30 p.m. agreed and contracted period. The government then offered two alternatives of increased hours for less pay or increased hours for even less pay utilising clauses in our contract put in to allow government to vary conditions in times of national emergency.

Outrage throughout general practice followed with hundreds of GPs turning up to meetings organised by the LMC and addressed by Peter Holden and John Grenville. In the end the subsequent poll approved the lesser of the two evils but let no-one forget the way we were treated by Gordon Brown. There will be a general election sometime.

On a local level the work of the LMC continued. Issues dealt with during the year included: working in co-operation with the PCTs to correct payment difficulties to practices, discussions to help with the many difficulties associated with Choose and Book, new DES and LES schemes, confidentiality issues with the National Programme, Chesterfield Maternity Services consultations, Derbyshire Health United shifts issues and pensions

and many more. The LMC continues to be actively involved in just about every issue affecting our constituents in the ever changing world. Presentations were received from DHU, Derbyshire County PCT, and LIFT.

During the year Drs Ashcroft, Barrett, Weston-Smith, Grenville, Holden and myself attended the Conference of LMCs, contributing to debate at a national level.

We were sorry to lose Drs Claire Blackwall and John Orchard who resigned in year and wish them well for the future.

Congratulations went to Dr Peter Short who resigned his Deputy Chairmanship of the LMC to become one of the National Clinical leads in the National Programme for IT; happily Peter has remained on the LMC contributing from the "back benches". In his place we welcomed Dr Rachel Tinker as new Deputy Chairman, elected *nem con*.

We continue to work for our constituents with the secretariat being ever busy supporting Derbyshire General Practice and I would like to thank our staff for the hard work they have put in over this challenging year.

Derbyshire General Practice remains renowned for its quality of care and reasonable approach even in the face of unreason from our government.

**Sean King**

## LOCAL MEDICAL COMMITTEE MEMBERS 01.04.2007 – 31.03.2008

Name		Surgery	LMC Constituency	Meetings attended (max 11)
Dr J Ashcroft	Deputy Chairman	Old Station Surgery, Ilkeston	Erewash	8
Dr F Barrett		Main Street, Shirebrook,	Bolsover	8
Dr A Bartholomew		Goyt Valley, Whaley Bridge	High Peak	6
Dr M C H Blackwall (to 1.5.07)		Sinfin Moor Health Centre	Derby South	1
Dr G Crowley		Arthur MC, Horsley Woodhouse	Amber Valley	6
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	11
Dr J S Grenville	Secretary	Macklin Street, Derby	Derby South	10
Dr B G Hands		Willington Surgery, Willington	South Derbyshire	7
Dr P J P Holden	Treasurer	Imperial Road, Matlock	W Derbyshire North	On leave of absence whilst on GPC business 0
Dr D D Holland		Blackwell Medical Centre	Bolsover	4
Dr M Iqbal		Clarence Road, Derby	Derby South	4
Dr S F King	Chairman	Elmwood Medical Centre, Buxton	High Peak	9
Dr H Kinsella		Green Lane, Belper	W Derbyshire Central	10
Dr R Livings		Brimington, Chesterfield	Chesterfield	7
Dr S K T Neofytou		High Street, Clay Cross	N.E. Derbyshire	11
Dr J Orchard		Limes Medical Centre, Alfreton	Amber Valley	7
Dr D Portnoy		Ilkeston Health Centre	Erewash	9
Dr H Salisbury (from Jan 08)		Thornbrook, Chapel en le Frith	Co-opted, salaried	4
Dr P R D Short	Deputy Chairman to Feb 08	Hartington Road, Buxton	High Peak	1
Dr R Tinker	Deputy Chair from Mar 08	Moss Valley, Eckington	N.E. Derbyshire	7
Dr P Weston-Smith		Littlewick, Ilkeston	Erewash	11
Dr P Williams		Butts Road, Bakewell	W Derbyshire North	10
Dr J Zammit-Maempel		Keldholme Lane, Derby	Derby South	8

## SECRETARY'S REPORT

### A Critical Year for General Practice

2007/08 was a year of two (unequal) halves for the LMC. For the first nine months we worked positively and co-operatively with the various partner organisations and made progress on a number of issues. We spent a great deal of time negotiating on Choose & Book in the light of the threat to "turn off paper referrals". We were successful in that the PCTs stopped talking about "turning off paper referrals" and, instead, worked with us to try to iron out the problems with Choose & Book, including poor functionality and the need for the ability to refer to named consultants, with the result that most practices now use Choose & Book for the vast majority of their referrals.

We commented negatively, but constructively, on Chesterfield Royal Hospital's review of its maternity services and achieved retraction from some of the proposals that caused GPs the greatest concern and also the commitment by the County PCT, as commissioner, to undertake its own review. We spent considerable time at the beginning of the year grappling with problems with payments to practices in the County, which were related to the transfer of the payment function to Derwent Shared Services. The fact that what should have been a simple transfer caused such difficulties for practices gives us cause for concern now that wholesale reorganisation of the services provided by Derwent Shared Services is being proposed.

We were successful in discussions with the County Council regarding the introduction of application forms for their Gold Card travel scheme and were able to persuade them that policing this scheme was no part of a GP's work.

During the early part of the year we successfully incorporated the LMC. We hope that this move has been seamless and that practices have noticed no unwanted changes in our level of service to them. We can assure constituents that the formation of the company has taken a great weight off the minds of

the officers and members of the LMC in terms of theoretical financial liabilities. I would like to take this opportunity to thank Shelley for all her hard work in liaising with BMA Law and enabling this change to take place.

The second part of the year hit us like a bombshell on 19 December 2007 when the government made clear its intention fundamentally to alter the nGMS contract with regard to practices' hours of opening. The first three months of 2008 were spent informing GPs of the proposed changes and of the Government's disgraceful tactics in withdrawing from the principle of negotiation. We held open meetings throughout the county and were able to gauge the feelings from large numbers of GPs. As is now well known, the profession voted reluctantly to accept Option A as a least worse alternative to the imposition of Option B, but also delivered a resounding vote of no confidence in the Government's handling of the NHS. This upset marked a new low in relationships between the Government and general practice and there is precious little sign that the Government wishes to remedy this state of affairs.

At the same time as the Government was railroading through changes to the contract, it introduced its scheme for extended hours practices (Darzi practices). The directive that each PCT was to set up at least one of these practices, whether it needed it or not, and the time scale given for the process was absolutely ridiculous and signalled the Government's intention completely to alter the face of general practice, at least in England.

All in all, this year has left GPs wondering what is the future of primary care in the NHS. The message from the LMC can only be that patients appreciate their GPs and we must continue to provide a service to them, whatever obstacles may be placed in our way.

**John Grenville**

## TREASURER'S REPORT

This Treasurer's report technically refers to matters up to 31 March 2008; but was actually drafted in late December 2008 because the annual accounts only became available from the accountants on 19 December 2008.

The reasons for the delay are firstly that the accompanying accounts are the first sets of accounts which deal with the new legal and financial arrangements of Derby and Derbyshire Local Medical Committee Ltd (the Company) and Derbyshire Local Medical Committee (the LMC). Secondly we are dealing with a new accountant although with the same firm. From now on there will be two sets of accounts – the company accounts and the LMC accounts. The company is a wholly owned subsidiary of the LMC.

To remind you of the need for this change: in my last report I reported the potential need to incorporate. During 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 affairs.

This liability was deemed by the LMC to be extremely unsatisfactory and following careful legal and financial advice a limited liability company was set up to transact certain aspects of the LMCs work. The company was formed on 4<sup>th</sup> April 2007 and formally started trading on 16 July 2007. The reason for the delay in starting trading is because money laundering regulations require various legal steps and processes to be completed, documented and verified before a bank account can be opened.

This delay resulted in almost exactly one quarter of the activity during the period 1 April 2007 to 31 March 2008 being attributed in the old manner through Derbyshire Local Medical Committee (The LMC) accounts and three quarters through Derby & Derbyshire Local Medical Committee Ltd (the company). This makes direct comparisons awkward in that cross referencing between LMC and Company accounts has to be undertaken but clarity should emerge next year.

I can fully assure you that the control of the limited 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 surpluses accrue to the LMC.

The directors of the company are the officers for the time being of the statutorily established Derbyshire Local Medical Committee. The LMC members and officers derive personal protections from this arrangement as do you the levy payers and electors as well as our employees. If anyone wishes further information on this subject please contact me through the LMC office.

As the company is, under the Companies Act 1985, deemed to be a small company it is only required to present abbreviated accounts. In setting up the company the directors were mindful of the political sensitivities of the paucity of information of such a presentation and full accounts are therefore presented.

For those bored by accountancy and more trusting of their elected representatives the salient matters are that

### 1. The Company accounts

- The full company accounts contains an unqualified report in the accountant's statement at page 5 of the full accounts.
- The company has made a profit and is having Corporation Tax levied on it. Even if the profit had been reverted back to the LMC before the year-end the LMC would have paid exactly the same amount of tax. Therefore, rather than shunt money around needlessly (and not without both banking and accountancy expense), it was decided to leave the profit for taxation with the company.

### 2. The LMC accounts

1. This year most of the expenses items are approximately one quarter of the year ending 31 March 2007 values. This reflects the fact that from 16 July 2007 onwards such expenses are attributed to the company accounts rather than the LMC accounts. From year ending 31 March 2009 they will drop away altogether.

2. The Contributions section will remain attributable to the LMC.

3. Taking all our activities together our surplus of income over expenditure before tax is

LMC	£10,126
D&D LMC Ltd	£45,871
Total	£55,927

4. Of these sums £11,268 for the LMC and

£2,217 for the company are bank interest totalling £13,485 earned when accounts were paying 4-6% interest.

**5.** To run the whole LMC operation via the LMC and the Company cost £310,231 in operating costs plus £2,000 contributions towards the Trent Local Medical Committees and £55,800 to the GMSDF levy, giving a Grand Total of £368,031. The income comprised £410,543 in levies and £13,485 in bank interest

**6.** We have **reserves** after paying our creditors of £36,424 in the company plus £331,475 in the LMC giving a Grand Total of £367,899 or **99.96% of one year's operating costs excluding inflation.**

**7.** Our income will fall during 2008-2009 as the levy has been static for almost five years and the £13,000 contribution of bank interest should be completely discounted. Rising inflation and staff pay awards will affect our operating costs and that means our reserves will begin to fall away quite quickly from our longstanding policy position.

**8.** Bitter experience over 20 years has shown us that allowing the reserves to fall costs GPs more in the long run because to rebuild them requires us to replenish those reserves from TAXED surpluses.

### The LMC's responsibilities

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 continual reorganisation. The LMC role will also increase as the NHS makes ongoing business continuity preparations should Pandemic Flu strike.

### Servicing our responsibilities

To service such responsibilities Derbyshire LMC has its office base at Norman House, Friar Gate, Derby, DE1 1NU 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 and officers have an ongoing constructive dialogue with most practice managers and all the PCT senior managers in the city and county. The office is open 5 days a week from 9-5 pm for the benefit 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.

### Does it work?

The best evidence that this system continues to work for GPs is evidenced by the lack of Derbyshire "crises" on the LMC Secretaries listserver. 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 a 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. On a national level Derbyshire LMC is regarded by the GPC as being in the Premier League of LMCs for the quality of its work, despite the fact that we are only medium sized.

### Value for money

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.

### Our reserves policy

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

### Does the levy actually cost you anything at all?

The LMC is funded by the LMC levy. The LMC then funds its representative activities through a tightly and carefully worded service level agreement with Derby and Derbyshire LMC Ltd which is funded by the Local Medical Committee. 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 the lead GPC 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.

### **We believe in the principle of voluntarism**

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 to avoid 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 nGMS 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.

### **Have we achieved our financial aims?**

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. Last year I reported that I expected this to be completed in 2007/08 on current projections and that by prudent operational policies we could achieve this aim without increasing the levy before July 2008. **Both aims have been achieved and one exceeded. We have reserves of 99.96% of one year's operating costs excluding inflation. The levy will not rise until sometime in 2009.**

### **Increasing the levy**

To increase the levy requires a resolution of the LMC. As a matter of principle the officers prefer to give 6 months notice of an increase although we only have to give 3 months constitutionally. Financial reality will require a levy increase during 2009 by which time the current levy will have been held for almost five years and when that step occurs I look for the customary solidarity traditionally demonstrated by Derbyshire General Practice on this matter where over 92% of you pay the levy. 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 of maintaining at least one year's operating costs in reserve.

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.

Politically we retain our strategic and mutual aid alliances with Nottinghamshire and Lincolnshire LMCs. Relationships with the LMCs in the newly enlarged region are somewhat slow in developing as they come to terms with the reality that we all now work in the East Midlands Strategic Health Authority region co-terminous with regional government.

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. **This judicial review was upheld.** Many colleagues who have retired during the past 4 years will soon be receiving pension increases of around 20-30% and cheques for arrears of £30,000-£40,000. This action was funded through your LMC levy and informed by the joint wisdom and expertise of the LMC system. I have little doubt that further Judicial Reviews may be necessary to protect your legitimate practice and professional interests.

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 re-negotiations of PMS contracts is

1. LMC expertise
2. LMC leadership
3. and most importantly every single practice standing together as one.

The onslaught against GMS practices is just as hostile as this overbearing administration seeks 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. 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 during these times of massive threat not least from Darzi initiatives but also from inflation.

**Peter J P Holden, Treasurer  
29 December 2008**

<b>DERBYSHIRE LMC BALANCE SHEET AT 31 MARCH 2008</b>		
CURRENT ASSETS	2008	2007
Cash in Hand	-	150
Cash at Bank	292335	335000
Rent prepaid	-	345
Derby & Derbyshire LMC Ltd	<u>43222</u>	-
	335557	335495
<b>LESS CURRENT LIABILITIES</b>		
Creditors	(2057)	(1986)
Corporation Tax	<u>(2025)</u>	<u>(10135)</u>
	(4082)	(12121)
<b>EXCESS OF ASSETS OVER LIABILITIES</b>	<u>331475</u>	<u>323374</u>
Represented by:-		
<b>ACCUMULATED FUND</b>		
Balance brought forward	323374	26572515 8994
Surplus for the year	<u>8101</u>	<u>57649</u>
	331475	323374

**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  
1.11.08

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

<b>DERBYSHIRE LMC REVENUE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2008</b>		
	2008	2007
Levy on members	410543	403694
Bank interest	11268	8175
	<u>421811</u>	<u>411869</u>
Less expenses (part year to 31.7.08)		
<b>Staff costs</b>		
Clerk's salary	7983	23488
Secretary's salary	22973	67384
Practice Liaison Officers	31522	92866
Officers' practice compensation	14081	33852
Members' practice compensation	-	28267
Pension contributions	4706	12111
Online Filing Fee Repaid	250	-
Computer expenses	358	2228
Printing, postage, stationery, telephone & secretarial work	1301	4662
Meeting & travelling expenses	2992	9520
Repairs & renewals	2100	-
Accountancy charges	2550	1986
Bank charges	122	179
Norman House – rent & rates	4007	11924
Insurance	235	1618
Sundries	156	-
Corporation Tax interest paid	49	-
	<u>95385</u>	<u>290085</u>
	326426	121784
<b>Contributions</b>		
Trent Regional LMC	500	2000
GPDF Ltd	55800	52000
Derby & Derbyshire LMC Ltd	260000	-
	<u>54000</u>	<u>54000</u>
<b>SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION</b>	<u>10126</u>	<u>67784</u>
<b>TAX ON SURPLUS ON ORDINARY ACTIVITIES</b>	2025	10135
<b>SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND</b>	<u>£8101</u>	<u>£57649</u>

**DERBY & DERBYSHIRE LMC LIMITED, COMPANY LIMITED BY GUARANTEE  
COMPANY INFORMATION FOR THE PERIOD 4 APRIL 2007 TO 31 MARCH 2008**

DIRECTORS: Dr J S Ashcroft, Dr P J P Holden, Dr S F King, Dr R Tinker

SECRETARY: Dr J S Grenville

REGISTERED OFFICE: Norman House, Friar Gate, Derby DE1 1NU

REGISTERED NUMBER: 06203380 (England and Wales)

AUDITORS: Smith Cooper, Registered Auditors, St John's House, 54 St John Street, Ashbourne, DE6 1GH

**DERBYSHIRE LMC Ltd  
PROFIT & LOSS ACCOUNT  
TO 31 MARCH 2008**

TURNOVER	260000
Administrative expenses	216346
OPERATING PROFIT	43654
Interest received & similar income	2217
PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION	45871
Tax on profit on ordinary activities	9447
PROFIT FOR THE FINANCIAL PERIOD AFTER TAXATION	36424

**DERBYSHIRE LMC Ltd  
BALANCE SHEET  
31 MARCH 2008**

FIXED ASSETS	593
CURRENT ASSETS	
Debtors	2598
Cash at bank and in hand	88289
	90887
CREDITORS	
Amounts falling due within one year	55056
NET CURRENT ASSETS	35831
TOTAL ASSETS LESS CURRENT LIABILITIES	36424
RESERVES	
Members' funds	36424
	36424

**DERBYSHIRE LMC Ltd  
REVENUE ACCOUNT  
FOR THE YEAR ENDED  
31 MARCH 2008**

Derbyshire LMC contributions	260000
Deposit account interest	2217
	262217
Expenditure (part year from 31.7.08)	
Premises costs	10547
Rates and water	1201
Insurance	801
Directors' salaries	21324
Directors' Social Security	952
Wages	139651
Social Security	14987
Pensions	9559
Computer expenses	831
Telephone	1306
Post and stationery	1994
Meeting & travelling expenses	5933
Repairs & renewals	35
Cleaning	642
Sundry expenses	56
Accountancy charges	2350
Legal fees	2446
Trent Regional LMC	1500
Bank charges	33
Fixtures and fittings	198
	216346
NET PROFIT	45871

These financial statements have been prepared in accordance with the special provisions of Part VII of the Companies Act 1985 relating to small companies and with the Financial Reporting Standard for Smaller Entities (effective January 2007). These financial statements were approved by the Board of Directors on 7 November 2008 and were signed on its behalf by:  
Dr J S Ashcroft (Director), Dr P J P Holden (Director), Dr S F King (Director), Dr R Tinker (Director)

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

Chilvers McCrae  
 Dr Adams, Jootun & Cowley  
 Dr Ahmed  
 Dr Ahmed, Lodge, Tompkinson & Lynas  
 Dr Aldred & Partners  
 Dr Allamby & Davidson  
 Dr Allen & Partners  
 Dr Anderson & partners  
 Dr Bakshi  
 Dr Barrett & partners  
 Dr Bates & Wedgwood, Brailsford  
 Dr Bates & Partners, Borrowash  
 Dr Birks & Partners  
 Dr Black & partners  
 Dr Brodie & Partners  
 Dr Chadwick & Partners  
 Dr Chand & Babu  
 Dr Chawla  
 Dr Collins & Partners  
 Dr Cooke & Partners  
 Dr Cotton & Partners  
 Dr Cox & Mark  
 Dr Crowder & partners  
 Dr Davidson & Partners  
 Dr Dodgson & Partners  
 Dr Donovan & Partners  
 Dr Doris & Partners  
 Dr Farmer & partners  
 Dr Farrell & Partners  
 Dr Fogarty & partners  
 Dr G Bryant  
 Dr Gates & Partners  
 Dr Gembali & Partners  
 Dr Gokhale & Gokhale  
 Dr Goodwin & Partners  
 Dr Gould & Brown  
 Dr Gould & Partners  
 Dr Hamilton & Partners  
 Dr Hanna & Gayed  
 Dr Harris & Partners  
 Dr Hartley & Partners  
 Dr Heappy & Partners  
 Dr Hehir-Strelley  
 Dr Hogg & Partners  
 Dr Holden & Partners  
 Dr Houlton & Sword  
 Dr Hurst & Woods  
 Dr Hutchinson, Adler & Howson  
 Dr Iqbal  
 Dr Jackson & Green  
 Dr Jones  
 Dr Jones & Clayton  
 Dr Jones & Partners  
 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 M P Singh  
 Dr Macleod & Partners  
 Dr Manley & Partners  
 Dr Mann & partners  
 Dr Markus, Tyler & Hee  
 Dr McMurray & Partners  
 Dr Mee & partners  
 Dr Miller, Purnell & Bailey  
 Dr Morrissey & Partners  
 Dr Natt & Miller  
 Dr Nichols & Partners  
 Dr Nicholson & Partners  
 Dr Noble, Walker, Foskett & Mellor  
 Dr O'Reilly & Davidson  
 Dr Palmer & Gardner  
 Dr Parmar  
 Dr Patel & Patel  
 Dr Pickworth & Partners  
 Dr Powell, Jefferson & Fisher  
 Dr Price, Pilcher, Neep & Riches  
 Dr Ramzan & Jha  
 Dr Rapoport & Partners  
 Dr Riddell, Abraham & McGroarty  
 Dr Riddell, Bartholomew, Holderness & Ruck  
 Dr Rowan-Robinson & Partners  
 Dr Scott & Partners  
 Dr Sen & Sen  
 Dr Serrell & Partners  
 Dr Shand & partners  
 Dr Short & partners  
 Dr Shrestha & Rai  
 Dr Singh  
 Dr Singh & Kelman  
 Dr Skidmore & partners  
 Dr Spencer & partners  
 Dr Spincer & Partners  
 Dr Starey & 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, Dronfield  
 Dr Turner & partners, Derby  
 Dr Veale & partners  
 Dr Vickers & partners  
 Dr W A K Jones  
 Dr Ward & Partners  
 Dr Webb, Johal, Portnoy & Portnoy  
 Dr Weston-Smith & Partners  
 Dr Williams, Douglas, Royle & Start  
 Dr Zaman & Piracha  
 Dr Zammit-Maempel  
 United Health UK Normanton  
 United Health UK Vidya