

“Putting the needs of GPs first”

*Local
Medical
Committee*

LMC

DERBYSHIRE

**Annual Reports
of
Derbyshire LMC
and
Derby & Derbyshire LMC Ltd
2008-2009**

Representing
and supporting

GPs

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CHAIRMAN'S REPORT

The LMC continued in active mode throughout 2008.

At national level the government happily announced they had secured Gordon Brown's target of GPs opening extended hours over and above their agreed contract. The press continued in hostile mood never missing an opportunity to criticize GPs with misinformation provoking formal complaints by the GPC to the Press Complaints Commission.

The Save Your Surgery campaign collected over a million signatures from the public and achieved national news on the day of the conference of LMCs when it was televised being handed in to Downing St.

The Darzi report came and went and new practices opened across the country, whether needed or not, and polyclinics opened in London on a similar basis.

Meanwhile money which should have been spent on services and keeping taxes down continued to be required to keep a greedy and demonstrably failing financial services industry in the luxury to which it had become accustomed. The full impact of the credit crunch became increasingly apparent and the long-term implications for the NHS both for its patients and its staff became increasingly worrying.

World Class Commissioning became a catch phrase throughout the health community. The dogma of "any willing provider" emerged with the benefits of competition thought to outweigh the risk of loss of continuity involved and the potential for fragmentation of services.

At a local level the LMC continues to regard positive discussion and reasoning as the best way forward and values its relationships with the two PCTs in Derbyshire as we try to make local sense of national policy. Besides representing constituents' views to our PCTs and local providers generally, the LMC contributes to discussion on PCT contractors' forums and is also involved with the underperforming contractor process in the PCTs, helping to make the processes as fair to contractors as possible while seeking to maintain the highest standards of patient safety.

In our monthly meetings the committee welcomed the County PCT Professional Executive Committee, the City PCT medical director, the County PCT Chief Executive, the DHU Chief Executive, received presentations from Derbyshire Rape Crisis Project and The Primary Care Research Network.

Drs Grenville, Holden, Ashcroft, Kinsella, Weston-Smith and I attended the national conference of LMCs.

The LMC officers continue to meet with the officers of neighbouring LMCs across the East Midlands Region.

The secretariat did sterling work dealing with the myriad of day-to-day enquiries from constituents and other agencies.

The LMC in Derbyshire believes Derbyshire GPs will continue to deliver services to their patients of the highest quality come what may.

At the end of the year rumours began to surface of a new flu virus detected in Mexico-we wondered if it would be of any significance in 2009....

Sean King

LOCAL MEDICAL COMMITTEE MEMBERS

01.04.2008 – 31.03.2009

Name	Surgery	LMC Constituency	Meetings attended (max 10)
Dr J Ashcroft	Deputy Chairman Old Station Surgery, Ilkeston	Erewash	9
Dr F Barrett	Main Street, Shirebrook,	Bolsover	9
Dr A Bartholomew	Goyt Valley, Whaley Bridge	High Peak	3
Dr G Crowley	Arthur MC, Horsley Woodhouse	Amber Valley	10
Dr R Dils	Darley Dales Medical Centre	W Derbyshire North	10
Dr N Early	Church Street Surgery, Ashover	N.E. Derbyshire	6
Dr P Enoch	Co-opted		7
Dr D Evans	Holywell House, Chesterfield	Chesterfield	8
Dr M Gembali	Friargate Surgery, Derby	Derby North	9
Dr J S Grenville	Secretary Macklin Street, Derby	Derby South	7
Dr B G Hands	Willington Surgery, Willington	South Derbyshire	8
Dr P J P Holden	Treasurer Imperial Road, Matlock	W Derbyshire North	On leave of absence whilst on GPC business 2
Dr D D Holland	Blackwell Medical Centre	Bolsover	7
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	9
Dr R Livings	Brimington, Chesterfield	Chesterfield	5
Dr P Love	Butts Road, Bakewell	W Derbyshire North	3
Dr S K T Neofytou	High Street, Clay Cross	N.E. Derbyshire	10
Dr D Portnoy	Ilkeston Health Centre	Erewash	8
Dr H Salisbury	Thornbrook, Chapel en le Frith	Co-opted, salaried	7
Dr P R D Short	Hartington Road, Buxton	High Peak	4
Dr R Tinker	Deputy Chair Moss Valley, Eckington	N.E. Derbyshire	8
Dr P Weston-Smith	Littlewick, Ilkeston	Erewash	10
Dr P Williams	Butts Road, Bakewell	W Derbyshire North	6
Dr J Zammit-Maempel	Keldholme Lane, Derby	Derby South	8
Dr C Morgan (Registrar)			3

SECRETARY'S REPORT

As always, I would like to thank the office staff, Kate, Melanie and Shelley for their sterling work during the course of the year. Unfortunately, Melanie has had significant sick leave during the year and I am particularly grateful to Kate and Shelley, who have coped magnificently with the situation.

The Chairman has covered the medico-political scene comprehensively in his report and I have nothing to add.

I have decided this year to concentrate on performance. As GPs, we are all aware that we are increasingly performance managed by a whole range of bodies. It is easy to become demoralised by this but I think we should look upon it as a positive! People (and politicians) have such high expectations of GPs, which are normally met, that it is easy to be nit picking about our performance. There is a old saying "the more you do the more you might" and I certainly feel that this applies to GPs. We are criticised and performance managed precisely because we do our jobs so well.

Some colleagues have asked about the performance management of PCTs. It is sometimes easy to forget that PCTs are subject to the whims of their masters at the Strategic Health Authorities and the Department of Health and that they have very little latitude in implementing policies that are thrust upon them

from above. Nevertheless, it is worth remembering that there are ways of complaining to and about PCTs if you feel that their performance has fallen short.

Like all other NHS bodies, PCTs are subject to the NHS complaints procedure. PCTs will also respond if complaints about their commissioning activities are brought to their attention through commissioning incident reports. PCTs are directly performance managed by the SHA and it is possible to make a complaint to the SHA, although in our experience the SHA has only a marginal interest in primary care. If you think that your PCT has made an error in interpreting the Regulations that apply to any part of your contract you can appeal to the Family Health Services Appeals Authority (FHSAA). In extreme cases it is possible to complain to the Health Service Ombudsman if you think that a PCT may be guilty of maladministration.

I hope that the above serves to show that there is a degree of balance between the roles and responsibilities and the rights and obligations of practices and PCTs. Perhaps it will help you to know that others get complained against as well, even if sometimes it doesn't feel like it!

John Grenville

TREASURER'S REPORT

This Treasurer's report refers to matters up to 31 March 2009; but was actually drafted in late December 2009 because the full annual accounts of both the LMC and Derby and Derbyshire LMC Ltd. become only available from the accountants a few weeks after the draft accounts were approved on 22 October 2009.

Since last year we have presented two sets of accounts in connection with LMC related activities – the limited company accounts and the LMC accounts themselves. The company is a wholly owned subsidiary of the LMC. Both sets of accounts should be read in tandem.

To remind you of the need for this change in my 2006 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 LMC's work. The company was formed on 4 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 10 April 2007 and 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 made direct comparisons awkward in that cross referencing between LMC and Company accounts has to be undertaken but clarity has emerged this year ending 31 March 2009.

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 Commit-

tee. 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 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
- Although 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 then 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 bulk of profit for taxation with the company.

2. The LMC accounts

(comparable figures for y/e 31/03/2008 in brackets)

- This year almost all of the expenses are attributable to the drip feed into Derby and Derbyshire Local Medical Committee Limited and our annual subvention to the GMSDF levy. The Contributions section remains attributable to the LMC

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

LMC	£ 321
D&D LMC Ltd	£44109
Total	£44430

4. Interest rates have fallen dramatically. To illustrate this in y/e 31/03/2008 we earned £13485 between the two entities whereas in the current year

ending 31 March 2009 we earned only £8683 £5958 for the LMC and £2725 for the company. This will fall further when the full year effects of low bank interest rates appear in the 2010 accounts

5. To run the whole LMC operation the costs for y/e 31 March 2009 were
 - D&D LMC Ltd company costs £316616 (£310231) plus £2000 contributions towards the Trent Local Medical Committees bringing the D&D LMC Ltd costs to £318616
 - LMC costs were £56250 (£55800) to the GMSDF levy.
 - Grand Total expenditure of £318616 + 56250 = £374866. (£311731 + £55800 = £367531).
 - The income comprised £410661 in levies (£410543) and £8683 (£13485) in bank interest
 - We have **reserves** after paying our creditors of £71260 (£36424) in the company plus £331729 (£331475) in the LMC Grand Total of £402989 (£367899) or **107.5%** (99.96%) **of one year's operating costs excluding inflation.**
 - Our income will fall during 2009-2010 as the levy has been static for almost six years and the 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. The current favourable reserve position last year is due to phasing of certain payments and the levy holiday from the GPDF which cannot be relied upon in future years.
 - Bitter experience over 20 years has shown us that allowing the reserves to fall in the long run 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 and if the economy should prove to be so unstable as to require real terms cuts in NHS GP expenditure.

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 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 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. 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 even 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 seven 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 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

For 97 years 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.

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. In 2007 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 exceeded. We have reserves of 99.96% of one year's operating costs excluding inflation. The levy will not rise until sometime in late 2010 and we may be able to hold off any levy rise until 2011.**

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 2011 by which time the current levy will have been held for almost seven years and when that step occurs I look for the customary solidarity traditionally demonstrated by Derbyshire General Practice on this matter where over 97% 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 long-standing 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 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. Our door remains open to them.

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 2004-2008 received pension increases of around 20-30% and cheques for arrears of £30-40 thousand pounds each. This action was funded through your LMC levy and informed by the joint wisdom and expertise of the LMC system. During 2009 it is expected that a judicial review will be started on widowers' pensions and 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 renegotiations of PMS contracts is

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

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

Peter Holden

**DERBYSHIRE LMC
BALANCE SHEET AT 31 MARCH 2009**

CURRENT ASSETS	2009	2008
Cash at Bank	290630	292335
Derby & Derbyshire LMC Ltd loan	41166	43222
	331796	335557
LESS CURRENT LIABILITIES		
Creditors	-	(2057)
Corporation Tax	67	(2025)
	67	(4082)
EXCESS OF ASSETS OVER LIABILITIES	<u>331729</u>	<u>331475</u>
Represented by:-		
ACCUMULATED FUND		
Balance brought forward	331475	323374
Surplus for the year	254	8101
	<u>331729</u>	<u>331475</u>

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
22.10.09

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
Date 23.10.09

**DERBYSHIRE LMC
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2009**

	2009	2008
Levy on members	410661	410543
Bank interest	5958	11268
	416619	421811
Less expenses		
Staff costs		Part year
Clerk's salary	-	7983
Secretary's salary	-	22973
Practice Liaison Officers	-	31522
Other Officers' practice compensation	-	14081
Pension contributions	-	4706
Online Filing Fee Repaid	-	250
Computer expenses	-	358
Printing, postage, stationery, telephone & secretarial work	-	1301
Meeting & travelling expenses	-	2992
Repairs & renewals	-	2100
Accountancy charges	-	2550
Bank charges	48	122
Norman House – rent & rates	-	4007
Insurance	-	235
Sundries	-	156
Corporation Tax interest paid	-	49
	48	95385
	416571	326426
Contributions		
Trent Regional LMC	-	500
GPDF Ltd	56250	55800
Derby & Derbyshire LMC Ltd	360000	260000
	416250	316300
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION	<u>321</u>	<u>10126</u>
TAX ON SURPLUS ON ORDINARY ACTIVITIES	67	2025
SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND	<u>£254</u>	<u>£8101</u>

**DERBY & DERBYSHIRE LMC LIMITED, COMPANY LIMITED BY GUARANTEE
COMPANY INFORMATION FOR THE YEAR ENDED 31ST MARCH 2009**

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 2009**

	Year ended 31/3/09		Period 4/7/07 to 31/3/08	
TURNOVER	360000		260000	
Distribution costs	206		-	
Administrative expenses	318410	318616	216346	216346
OPERATING PROFIT	41384		43654	
Interest received & similar income	2725		2217	
PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION	44109		45871	
Tax on profit on ordinary activities	9273		9447	
PROFIT FOR THE FINANCIAL PERIOD AFTER TAXATION	34836		36424	

**DERBYSHIRE LMC Ltd
BALANCE SHEET
31 MARCH 2009**

	2009	2008
FIXED ASSETS		
Tangible assets	445	593
CURRENT ASSETS		
Debtors	2458	2598
Cash at bank and in hand	121150	88289
	123608	90887
CREDITORS		
Amounts falling due within one year	52793	55056
NET CURRENT ASSETS	70815	35831
TOTAL ASSETS LESS CURRENT LIABILITIES	71260	36424
RESERVES		
Members' funds	71260	36424
	71260	36424

**DERBYSHIRE LMC Ltd
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2009**

	Year ended 31/3/09	Period 4/7/07 to 31/3/08
Derbyshire LMC contributions	360000	260000
Deposit account interest	2725	2217
	362725	262217
Expenditure		
Hire of plant & equipment	206	-
Premises costs	10290	10547
Rates and water	2156	1201
Insurance	1198	801
Directors' salaries	34425	21324
Directors' Social Security	1617	952
Wages	210343	139651
Social Security	22887	14987
Pensions	15763	9559
Computer expenses	1445	831
Telephone	1725	1306
Post and stationery	2096	1994
Meeting & travelling expenses	7445	5933
Repairs & renewals	59	35
Cleaning	856	642
Sundry expenses	130	56
Accountancy charges	3814	2350
Legal fees		2446
Trent Regional LMC	2000	1500
Bank charges	13	33
Fixtures and fittings	148	198
	318616	216346
NET PROFIT	44109	45871

The company is entitled to exemption from audit under Section 249A (1) of the Companies Act 1985 for the year ended 31 March 2009. These financial statements have been prepared under the historical cost convention and in accordance with the Financial Reporting Standard for Smaller Entities (effective January 2007). These financial statements were approved by the Board of Directors on 22 October 2009 and were signed on its behalf by: Dr P J P Holden (Director) and Dr S F King (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 Abell & partners
 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
 Dr Birks & Partners
 Dr Black & partners
 Dr Brian Bates & Partners
 Dr Brodie & Partners
 Dr Bryant
 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 Donaldson & Partners
 Dr Donovan & Partners
 Dr Doris & Partners
 Dr Dunn & partners
 Dr Farmer & partners
 Dr Farrell & Partners
 Dr Fogarty & partners
 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 Hannon & partners
 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 Jackson & Green
 Dr Jones
 Dr Jones & Clayton
 Dr Jones & Partners
 Dr Jordan & Barstow
 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 & A Iqbal
 Dr Macleod & Partners
 Dr Mann & partners
 Dr Markus, Tyler & Hee
 Dr McMurray & Partners
 Dr Miller, Purnell & Bailey
 Dr Natt & Miller
 Dr Nichols & Partners
 Dr Nicholson & Partners
 Dr Noble, Walker, Foskett & Mellor
 Dr O'Reilly & Davidson
 Dr Palmer & Gardner
 Dr Parmar
 Dr Pickworth & Partners
 Dr Powell, Jefferson & Fisher
 Dr Price, Pilcher, Neep & Riches
 Dr Ramzan, Jha & Ali
 Dr Rapoport & Partners
 Dr Riddell, Abraham & McGroarty
 Dr Riddell, Bartholomew, Holderness & Ruck
 Dr Rowan-Robinson & Partners
 Dr Scott & Partners
 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 & Partners
 Dr Tampi & Tampi
 Dr Taylor, Tooley, Milner & Horsfield
 Dr Thomson & partners
 Dr Thurstan & Partners
 Dr Turner & Bull
 Dr Turner & partners
 Dr Veale & partners
 Dr Vickers & partners
 Dr W A K Jones
 Dr Ward & Partners
 Dr Webb, Johal, Portnoy & Portnoy
 Dr Weston-Smith & Partners
 Dr Wilkinson & Partners
 Dr Williams, Douglas, Royle & Start
 Dr Zaman & Piracha
 Dr Zammit-Maempel
 Integral Healthcare Partnership (IHP)
 One Medicare
 United Health UK