"Putting the needs of GPs first"

Local Medical Committee

LMC

DERBYSHIRE

Annual Reports of Derbyshire LMC and Derby & Derbyshire LMC Ltd

2009-2010

Representing and supporting GPs

Derbyshire LMC
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LOCAL MEDICAL COMMITTEE MEMBERS 01.04.2009 – 31.03.2010

Name		Surgery	LMC Constituency	Meetings attended (max 10)
Dr J Ashcroft	Deputy Chairman	Old Station Surgery, Ilkeston	Erewash	11
Dr F Barrett		Main Street, Shirebrook,	Bolsover	8
Dr M Bermingham		Ashenfell, Baslow	High Peak	2
Dr G Crowley		Arthur MC, Horsley Woodhouse	Amber Valley	7
Dr R Dils		Darley Dales Medical Centre	W Derbyshire North	9
Dr N Early		Church Street Surgery, Ashover	N.E. Derbyshire	9
Dr P Enoch		Co-opted		11
Dr D Evans		Holywell House, Chesterfield	Chesterfield	7
Dr M Gembali		Friargate Surgery, Derby	Derby North	10
Dr J S Grenville	Secretary	Macklin Street, Derby	Derby South	8
Dr B G Hands		Willington Surgery, Willington	South Derbyshire	10
Dr P J P Holden	Treasurer	Imperial Road, Matlock	W Derbyshire North	On leave of absence whilst on GPC business 0
Dr M Iqbal		Clarence Road, Derby	Derby South	1
Dr S F King	Chairman	Elmwood Medical Centre, Buxton	High Peak	10
Dr H Kinsella		Green Lane, Belper	W Derbyshire Central	8
Dr R Livings		Brimington, Chesterfield	Chesterfield	7
Dr P Love		Butts Road, Bakewell	W Derbyshire North	9
Dr S K T Neofytou		High Street, Clay Cross	N.E. Derbyshire	11
Dr D Portnoy		Ilkeston Health Centre	Erewash	10
Dr H Salisbury		Thornbrook, Chapel en le Frith	Co-opted, salaried	3
Dr P R D Short		Hartington Road, Buxton	High Peak	3
Dr R Tinker	Deputy Chair	Moss Valley, Eckington	N.E. Derbyshire	9
Dr P Weston-Smith		Littlewick, Ilkeston	Erewash	8
Dr P Williams		Butts Road, Bakewell	W Derbyshire North	8
Dr J Zammit-Maempel		Keldholme Lane, Derby	Derby South	10

CHAIRMAN'S REPORT

This will be my final Chairman's Report as I am pleased to tell you my friend and colleague Dr Peter Williams succeeded me as Chairman from 1st April 2010. It has been a most enjoyable privilege to Chair the LMC over the last eight years and I shall miss it enormously. I have every confidence the Chair is in the safe keeping of Peter Williams and I wish him every success.

2009 began with ominous news from Mexico of the appearance of a new Influenza strain and initially we heard of alarmingly high death rates. Accordingly plans were made at national and local levels. Our GPC Negotiator and LMC Treasurer Peter Holden was at the forefront of national planning and later John Grenville and I were involved at County level. During the spring of the year the virus spread inexorably toward us and to typically restrained tabloid reporting it arrived in early summer (headline "KILLER FLU IS HERE"- an example).

The spread through the country required constant development of new mechanisms to cope. First there was quarantine and swabbing with nuances of who to swab, how to do it and who to contact. John was intimately involved in the planning and communication and the LMC worked with Public Health, Derbyshire and Derby PCTs, the Local Authority, Health Protection Agency and other Agencies across the County through the Emergency Planning Group (ably chaired by Dr Bruce Laurence) to coordinate our response. DHU were closely and helpfully involved initially with swabbing and throughout the rest of the emergency. As June drew on we began to see body counts being announced nightly on the BBC 10'Clock news. Tamiflu began to be distributed and local centres were organized across the county for this. Practices were organized into buddy systems in anticipation of major casualties among Health Care staff requiring practices to coalesce to enable primary care to continue, the final stage would have been central direction if the clusters collapsed.

I know our practice was probably most under pressure in early July. We had identified a flu room and were seeing patients called into it directly from the car park to avoid cross infection. Numbers were becoming difficult to manage. This all occurred before vaccines were available and before the true severity of the infection became apparent.

Happily we were given respite by the onset of the school holidays and the opening of the National Flu Advice line to deal with the flood of enquiries from those who believed they had Swine flu and needed Tamiflu.

As the autumn came on we saw another peak of infection but it also became apparent it was not as severe as first thought. The projected deaths did not occur although it was affecting the young or pregnant more severely and the age profile of those killed was markedly younger than in seasonal flu.

The next issue was the distribution of Swine flu vaccination. An entire national programme was constructed and through the winter delivered by Primary Care. Discussion occurred at national level (Peter Holden a national lead) and at County level led by John Grenville.

We were fortunate that Swine flu turned out, and hopefully will remain, a less serious threat than was originally thought.

I shall certainly not forget the afternoons spent in the Emergency Planning Rooms in the bomb-proof bunker beneath County Hall in Matlock.
Derbyshire GPs should be justly proud of their response in all aspects to this emergency.

Alongside all the furore of pandemics the day to day work continued. GPs were represented at the LMC and through the various committees of the PCTs. Certainly as Chairman my time was spent probably more in these discussions than in chairing our monthly meetings at Higham Farm.

During the year the committee was saddened to hear of the loss of Dr Claire Blackwell who had served the LMC faithfully for many years and will be sorely missed. We also mourned the passing of a past Chairman (and much more) Dr Ralph Lawrence. Others who knew him better than I will no doubt have more to say but I know his contribution to General Practice is highly regarded and much appreciated.

Members leaving us for pastures new were Drs David Holland, Andy Bartholomew, Frank Barrett, Stavros

Neofytou, and Nigel Early. All stalwart and wise supporters of the LMC, we wish them well for the future.

We were pleased to welcome new members Pauline Love and Mark Bermingham during the year.

The monthly meetings continued with a number of visitors presenting details of items of interest and importance to GPs in Derbyshire continuing our policy of constructive dialogue with the PCT and other organisations relevant to General Practice. We believe it is always best to be involved, talking and influencing events in most situations.

In the snowy month of February we were pleased to welcome Dr Laurence Buckman, Chairman of GPC, to our 4 yearly dinner who made a typically entertaining and informative after dinner speech.

For the future we will face two major issues in 2010. The distribution of resources to practices has produced a debate that risks pitting GPs against each other while the PCTs are compelled either to increase the work done for the same money or decrease the money for the same work. This is a difficult situation but should be possible to resolve with goodwill and constructive dialogue.

The second major issue is the development of Commissioning. Unless the Coalition falters, GPs are faced with taking responsibility for not only Commissioning but managing the vast majority of Health Services for the nation. If we fail it is not difficult to see the NHS breaking up as it is handed over to narrow commercial interests. If we refuse to take on the role we risk the loss of any credibility when discussing any NHS management. This against the background of the mess in public finance caused by the bankers, decimating NHS funding. If we are to succeed we need to be involved and innovative. We will need to find ways of delivering Primary Care that provide more for less and of higher quality. Without losing the undoubted value in existing practice we will need to embrace change as a means to improvement and a better life for ourselves and our patients. The realisation that what we do and how we do it really matters to our patients as individuals is nothing new but the importance of our actions at population level is perhaps not so familiar.

I believe we stand at a pivotal moment in the NHS and whatever we may think about the desirability of taking on the job the reality is we seem to have been made an offer we cannot refuse.

No Consortium will have any hope of success unless it values those that work for it as much as those it serves. We need the Consortia to succeed not least because this is OUR NHS and they will be OUR Consortia.

Although there is undeniable risk in this there is also opportunity. Opportunity to create structures which retain close links to the craftsmen at the front line and their patients, which value those who make decisions and value the humanity in medicine that patients miss when it is lost in the necessary but sometimes overwhelming technical detail of our job. Opportunity to promote that medical practice to which we all aspire. You never know, we might just wing it.

It is certainly a wrench to leave the Chairmanship but I am pleased I have left the post when the LMC is thriving, having managed its way through the ever changing NHS over the last 8 years. I would like to record my thanks to the LMC staff Kate, Shelley and Melanie who have provided such loyal and reliable support. Particular thanks to John Grenville and Peter Holden for their wise counsel throughout my Chairmanship, thanks also to my able Deputies John Ashcroft, Rachel Tinker and their predecessors in my first term Peter Short and Prasanta Chakraborti.

I am confident the new Chairman will help the new committee rise to the challenges and opportunities it faces.

Most of all I am confident in the GPs of Derby and Derbyshire.

Sean King

SECRETARY'S REPORT

Following on from the Chairman's comprehensive report I want, this year, to look forward rather than back. Before doing so, however, I would like to pay tribute to Sean for his two terms as Chairman of the LMC. He has worked tirelessly on behalf of Derbyshire GPs and has played a major role in raising the profile of the LMC. As ever, I express my heartfelt thanks to the office staff, who have supported me so ably. My memories of 2009/10 can be summed up in three words – flu, flu, flu.

So what does the future hold for general practice? I believe that this question can only be answered by looking at the context. We have been used, over the last 20 odd years, to ever rising expectations - expectations that we will undertake more work and more complex work; expectations that people's needs equate to their wants; expectations that resources and our rewards consequent upon them will rise. Underlying all this, however, has been a trend away from the post Second World War consensus that society has a duty to help those of its members who are struggling, towards a belief that the greater good is served by allowing markets to take their course. Unfortunately, markets have indeed taken their course and, having enjoyed a period of boom, we are now seeing a major bust.

The market in health is here to stay, at least for the foreseeable future. Fourteen years of a Labour government saw the concept strengthen and five years, at least, of a Conservative and Liberal Democrat coalition will see further progress. If we are to continue to help our patients, general practice must accept this and adapt to it. We are in the difficult position of being both commissioners and providers and our commissioning role is about to be formalised and increased. We will have to rise to the challenge of commissioning because, if we do not, the market will take its course and large multinational companies will fill any gaps. Such companies are likely to have both commissioning and providing arms but their major interest will be in the provision of secondary care services because that is where the vast majority of healthcare expenditure takes place and where the biggest profits are to be made. It would, in my view, be disastrous for the overall health of our population if health services were commissioned by organisations that had a specific interest in maximising the use of high tech, complex health interventions.

Perhaps even more important, however, are the changes that general practice needs to make in order to continue effectively to deliver what we recognise as primary care to our patients. I am sure that we all wish to continue to provide high quality, accurate and fast diagnostic services to patients who become ill; effective care for those who are ill but can be treated in the community, together with appropriate referral for those who need it; reassurance for those who are concerned about their health but who need little in the way of intervention; support for those who have chronic or progressive illness and, last but not least, preventative services for all those who could benefit from them. In order to do this in an environment where financial resources are stretched (as will inevitably be the case for the next several years) we must change. We cannot continue to accept the huge variations in funding that exist between practices, usually for entirely historical reasons. We must investigate and define factors that do justify differential funding but we must strive for equity between practice populations. We will have to make efficiencies and I foresee practices working ever more closely together and, indeed, practice mergers involving large as well as small practices. We must make sure that our efforts target our populations and are based on the way that they live their lives now, not the way they lived their lives 30, 40 or 50 years ago; equally, we must recognise that changes in society have affected different groups in different ways and that the needs and wants of the most vocal often have very little in common with the needs and wants of the most vulnerable.

In the short to medium term we must recognise that practice profits and the pay of salaried doctors is going to be under siege. We have seen three years of falling profits and I suspect that this will continue. Nevertheless, most of us can count on a degree of job security which is not going to be available to significant numbers of our patients. I fear that the government will not regard us, either as individuals or as practices, as being too important to fail. I think the private sector is much more ready to step in to primary care than they were in 2004 and, if they do so, they are likely to exert downward pressure on GP remuneration.

To sum up, general practice is in for a very rough ride. We are going to have to adapt and change and we are going to have to tighten our belts. For those who think I am being melodramatic I would cite the example of the legal profession. You would think that access to justice is just as much a basic right of a citizen as access to healthcare but such access has become increasingly difficult for many citizens over the past 10-15 years and Legal Aid firms have been making huge numbers of staff redundant and/or have cut salaries by as much as 20%. Many have disappeared altogether. If we don't want to be forced down the same path we need fundamentally to rethink how we deliver primary care in the second decade of the 21st Century.

John Grenville

TREASURER'S REPORT

This Treasurer's report refers to matters up to 31 March 2010; but was actually first drafted in late December 2010 because the full annual accounts of both the LMC and Derby and Derbyshire LMC Ltd only became available from the accountants a few weeks after the draft accounts were approved at the January 2011 LMC meeting (deferred from the December meeting cancelled because of snow).

I am seeking to have the accountancy work advanced to a September report. We cannot complete the books for the accountants until the end of May annually. The accountants need 8 weeks minimum to prepare the accounts and it would be unlikely that we can have the drafts before the July LMC meeting and therefore the earliest we can get approved accounts will be end of September following September LMC meeting approval.

Since the year ending 31 March 2009 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. The two sets of accounts should be read in tandem.

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 formally started trading on 16 July 2007.

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 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.

Please note that the accounts referred to in this report are the final set under the old directors and officers who demitted office at the start of the April 2010 LMC meeting consequent upon the LMC elections for the term April 2010 to 2014.

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 contain 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 31/03/2009 in brackets)

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

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

	Y/E 2010	**Y/E 2009**
LMC	£ 6112	£ 321
D&D LMC Ltd	£ 24971	£ 44109
Total	**£ 31083**	£ 44430

4. Interest rates have fallen dramatically over the past two years reducing our income from that source by 90%. To illustrate this in y/e 31/03/2008 we earned £13485 between the two entities, last year £8683 and in the current year ending 31 March 2010 we earned only £1397 (£1263 for the LMC and £134 for the company).

5. To run the whole LMC operation the costs for y/e 31 March 2010 were

- D&D LMC Ltd company costs £334018 (£316616) plus £2000 contributions towards the East Midlands Local Medical Committees bringing the D&D LMC Ltd costs to £ 336018 (£318616)

- LMC costs were £50956 including the GPDF levy of £50000 (£56298) – all of the reduction being caused by a GPDF rebate

- Grand Total expenditure of £336018 + £50956 = £ 386974 (£375544)

- The income comprised £415048 in levies plus £1397 bank interest plus sundry income of £855 totalling £417300 (2009- £419344)

- We have **reserves,** after paying our creditors, of £91184 (£71260) in the company plus £336557 (£331729) in the LMC Grand Total of £427741 (£402989) or **110.1%** (107.5%**) of one year's operating costs excluding inflation. It should be noted that the improvement in these figures are largely due to GPDF rebates which are not guaranteed**

- Our income in real terms will fall during 2010-2011 as the levy has been static for almost seven years and any contribution from bank interest must now 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 22 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 economy proves to be so unstable as to require real terms cuts in NHS GP expenditure. As regards the future political scenario, the new government have yet to publish their new Health Bill which promises far reaching NHS changes of an uncertain nature as such a bill is very likely to be significantly amended during its passage through parliament.

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. During the next year we will have recruitment and staff training costs of a larger order because we have one member of staff on long term sickness leave and another is approaching her indicated retirement age

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 though 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 has 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
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 98 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 21 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 **110.1% of one year's operating costs excluding inflation. The levy will not rise until sometime in late 2012 and we may be able to hold off any levy rise until 2013 but much will rely upon the underlying rate of inflation and the political "temperature' in the meantime.**

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 2013 by which time the current levy will have been held for almost nine 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 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 sessional doctors. 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 other 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 which is coterminous 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 2011 it is expected that a judicial review will be started on widowers pensions and I have little doubt that yet further Judicial Reviews may be necessary to protect your legitimate practice and professional interests particularly in the field of pensions after the Hutton review.

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

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 during these times of massive threat.

Peter Holden

DERBYSHIRE LMC
BALANCE SHEET AT 31 MARCH 2010

CURRENT ASSETS	2010	2009
Cash at Bank	296675	290630
Derby & Derbyshire LMC Ltd loan	41856	41166
	338531	331796
LESS CURRENT LIABILITIES		
Creditors	(690)	-
Corporation Tax	(1284)	(67)
	(1974)	(67)
EXCESS OF ASSETS OVER LIABILITIES	336557	331729
Represented by:-		
ACCUMULATED FUND		
Balance brought forward	331729	331475
Surplus for the year	4828	254
	336557	331729

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
4/11/2010 — 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 4.11.10

DERBYSHIRE LMC
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2010

		2010		2009
Levy on members		415805		410661
Bank interest		1263		5958
		417068		416619
Less expenses				
Accountancy charges	690		-	
Bank charges	47		48	
Insurance	219		-	
		956		48
		416112		416571
Contributions				
GPDF Ltd	50000		56250	
Derby & Derbyshire LMC Ltd	360000		360000	
		410000		416250
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION		6112		321
TAX ON SURPLUS ON ORDINARY ACTIVITIES		1284		67
SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND		4828		254

DERBY & DERBYSHIRE LMC LIMITED, COMPANY LIMITED BY GUARANTEE
COMPANY INFORMATION FOR THE YEAR ENDED 31ST MARCH 2010

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 2010

	Year ended 31/3/10		Year ended 31/3/09	
TURNOVER		360855		360000
Distribution costs			206	
Administrative expenses	336018	336018	318410	318616
OPERATING PROFIT		24837		41384
Interest received & similar income		134		2725
PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION		24971		44109
Tax on profit on ordinary activities		5047		9273
PROFIT FOR THE FINANCIAL PERIOD AFTER TAXATION		19924		34836

DERBYSHIRE LMC Ltd BALANCE SHEET 31 MARCH 2010

		2010		2009
FIXED ASSETS Tangible assets		1352		445
CURRENT ASSETS				
Debtors	3449		2458	
Cash at bank and in hand	135639		121150	
	139088		123608	
CREDITORS Amounts falling due within one year	49256		71260	
NET CURRENT ASSETS		89832		70815
TOTAL ASSETS LESS CURRENT LIABILITIES		91184		71260
RESERVES				
Members' funds		91184		71260
		91184		71260

DERBYSHIRE LMC Ltd REVENUE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2010

	2010		2009	
Derbyshire LMC contributions		360000		360000
Sundry income		855		-
Deposit account interest		134		2725
		360989		362725
Expenditure				
Hire of plant & equipment	-		206	
Premises costs	10059		10290	
Rates and water	1290		2156	
Insurance	1157		1198	
Directors' salaries	45250		34425	
Directors' Social Security	2871		1617	
Wages	212468		210343	
Social Security	23174		22887	
Pensions	15734		15763	
Computer expenses	1194		1445	
Telephone	2045		1725	
Post and stationery	2446		2096	
Meeting & travelling expenses	10819		7445	
Repairs & renewals	6		59	
Cleaning	837		856	
Sundry expenses	140		130	
Accountancy charges	2875		3814	
Legal fees	1093		-	
Trent Regional LMC	2000		2000	
Bank charges	109		13	
Fixtures and fittings	451		148	
		336018		318616
NET PROFIT		24971		44109

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 4 November 2010 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 Allamby & Davidson
Dr Allen & Partners
Dr Anderson & partners
Dr Barrett & partners
Dr Bates & Wedgwood
Dr Birks & Partners
Dr Black & partners
Dr Brian Bates & Partners
Dr Bryant & Partners
Dr Chand
Dr Chawla
Dr Cocksedge & Partners
Dr Collins & Partners
Dr Cooke & Partners
Dr Cotton & Partners
Dr Cox & Mark
Dr Crowder & partners
Dr Culverwell & Partners
Dr Davidson & Partners
Dr Dodgson & Partners
Dr Donaldson & Partners
Dr Donovan & Partners
Dr Doris & Partners
Dr Dunn & Partners
Dr Dunphy & 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 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 & Burns
Dr Hurst & Woods
Dr Hutchinson, Adler & Howson
Dr Jackson & Green
Dr Jones, W A K
Dr Jones & Briggs
Dr Jones & Clayton
Dr Jordan, Barstow & Bermingham
Dr Kar
Dr Kemp
Dr King & Partners
Dr Kinghorn & Partners
Dr Kirtley & Partners
Dr Langan & Partners
Dr Leyland & Partners
Dr Lindop & 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 & Partners
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
Dr Redferne & 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 Singh
Dr Singh & Kelman
Dr Skidmore & partners
Dr Spencer & partners
Dr Spincer & Partners
Dr Sutherland & Partners
Dr Tampi & Tampi
Dr Taylor, Tooley, Milner & Horsfield
Dr Thomson & partners
Dr Thurstan & Partners
Dr Veale & partners
Dr Vickers & partners
Dr Ward & Partners
Dr Webb, Johal, Portnoy & Portnoy
Dr Weston-Smith & Partners
Dr Wilkinson & Partners
Dr Williams, Douglas, Royle & Start
Dr Wood & Partners
Dr Wordley & Partners
Dr Zaman & Piracha
Dr Zammit-Maempel
Integral Healthcare Partnership (IHP)
One Medicare