

“Putting the needs of GPs first”

*Local
Medical
Committee*

LMC

DERBYSHIRE

**Annual Reports
of
Derbyshire LMC
and
Derby & Derbyshire LMC Ltd
2010-2011**

Representing
and supporting

GPs

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

Tel: 01332 210008

Fax: 01332 341771

Email: office@derbyshirelmc.co.uk

Website: www.derbyshirelmc.org.uk

LOCAL MEDICAL COMMITTEE MEMBERS

01.04.2010 – 31.03.2011

Name	Surgery	LMC Constituency	Meetings attended (max 10)
Dr J Ashcroft Deputy Chairman	Old Station Surgery, Ilkeston	Erewash	7
Dr M Bermingham	Baslow HC	High Peak	8
Dr G Crowley	Arthur MC, Horsley Woodhouse	Amber Valley	9
Dr R Dils	Whittington Moor	Chesterfield	7
Dr P Enoch	Co-opted		8
Dr K Gale	Ashbourne Medical Centre	South Derbyshire	1
Dr M Gembali	Friargate Surgery, Derby	Derby North	9
Dr J S Grenville Secretary	Macklin Street Surgery, Derby	Derby South	9
Dr B G Hands	Willington Surgery, Willington	South Derbyshire	8
Dr P J P Holden Treasurer	Imperial Road, Matlock	W Derbyshire North	2
Dr M Iqbal	Clarence Road, Derby	Derby South	1
Dr N Jha	Ascot MC, Derby	Derby South	2
Dr A Jordan	Moir Medical Centre, Long Eaton	South Derbyshire	7
Dr S Kama	Castle Street Surgery, Bolsover	Bolsover	4
Dr S F King	Elmwood Medical Centre, Buxton	High Peak	9
Dr H Kinsella	Whitemoor MC, Belper	W Derbyshire Central	8
Dr P Love	Bakewell MC	W Derbyshire North	7
Dr R Nayak	Cresswell Medical Centre	North East	4
Dr J North	Parkside Surgery, Alfreton	South Derbyshire	4
Dr L O'Hara	Willington Surgery	South Derbyshire	1
Dr D Portnoy	Ilkeston Health Centre	Erewash	8
Dr K Raj	Wilson Street Surgery, Derby	Derby South	7
Dr B Ryan	The Surgery, Wheatbridge	Chesterfield	9
Dr H Salisbury	Thornbrook Surgery, Chapel en le Frith	Co-opted, salaried	5
Dr C Shell	Blue Dykes Surgery, Clay Cross	North East	1
Dr P R D Short	Stewart MC, Buxton	High Peak	4
Dr R Tinker Deputy Chair	Darley Dale MC	N.E. Derbyshire	7
Dr P Weston-Smith	Littlewick MC, Ilkeston	Erewash	8
Dr P Williams Chairman	Butts Road, Bakewell MC	W Derbyshire North	8
Dr M Wood	Darley Dale MC	W Derbyshire North	8
Dr J Zammit-Maempel	Keldholme Lane, Derby	Derby South	9

CHAIRMAN'S REPORT

When I took the chair of the LMC, little was I to know that there would be such upheaval in the PCT and health service!

In the last year we have seen the implementation of Fairer Funding. This was the end of a long project to try to achieve some equity of both provision of services across the county, and also equity of funding to practices. I was grateful to those practices who benevolently helped fund others by voluntarily releasing some of their funding to help those practices with historically less funding.

It is interesting that the interest in this scheme as a model for a new national contract is rising, and we may see something akin to fairer funding when the promised new contract arises. In the mean time many CCG's are looking at this to see if this would be the fairest way of distributing money in their CCG, thus helping practices with funding and patients with services.

Of course a new national contract may be years down the line, and we have likely seen the white paper become statute by the time this report is published. There is a real possibility that with CCG's there may be a fragmentation of service. This is a challenge to GP's. It is of course an opportunity too. Representing GP's will be all the more important in a fragmented health service, and we will continue to try to do this for you. New CCG's will all want to change the way many services are delivered and thus LES's and contracts will change. I believe we need to try to ensure equity of provision and stick together as a larger community as we negotiate with CCG's, Cluster PCT's and the National Commissioning Board. In numbers we will have more power to negotiate good deals to benefit us and our patients.

The LMC levy has been kept the same for another year due to Peter Holden's sound financial management, and we are all grateful to him for this.

The LMC has been actively involved in the development of 111 locally which is radically different to the rest of the country. It seems to be working well, and I believe that integrated Out of Hours service and 111 is essential to give a seamless and integrated service for patients. We continue to work with the PCT, CCG's and DHU as this progresses to all corners of the county.

Peter Williams

SECRETARY'S REPORT

2010-11 saw changes in the LMC office staff. Shelley Robotham retired after some 25 years as Clerk/PA/Office Manager and Melanie Beatham decided to leave her post as Liaison Officer after a prolonged period of ill-health. We welcomed, as their respective replacements, Helen Watts in January 2011 and Lisa Soultana in February. I am most grateful to Shelley and Melanie for their hard work and support over the years and I am delighted that Helen and Lisa have settled in to their new roles so quickly. Kate Lawrence's experience and common sense assisted the transition tremendously and I cannot thank her enough for all the hard work she put in during Melanie's sick leave.

The LMC tackled a wide range of issues during the year and has maintained its reputation as a strong supporter of GPs and their practices, while continuing to be a respected player in the local Health Community.

The Chairman has mentioned the Fairer Funding project in the County and I echo his views that General Practice in Derbyshire has demonstrated itself to be mature in its understanding of the financial crisis that faces the country in general and the NHS in particular. The willingness of all practices to work together for the benefit of patients shows that we are united in our aspirations and that we are prepared to design and implement change in response to changing needs.

Fairer Funding in the County was mirrored by the introduction of the Quality Enhanced Service (QES) in the City. This had a somewhat bumpier ride due to the City's more serious financial situation but the LMC was able to help practices to work together to achieve an acceptable outcome.

A further reflection of the difficult financial situation was seen in the introduction of the Procedures of Limited Clinical Value policy. Again, the LMC worked hard to ensure that this policy was introduced in a sensible way and was able to assist in shaping the content of the policy.

Early in the year there was a General Election and the formation of a Coalition Government. The subsequent White Paper took us all by surprise but the LMC was able to organise open

meetings across the City and County to help GPs understand what it might mean and to transform themselves from Practice-Based Commissioning Consortia to what are now Clinical Commissioning Groups. We continue to work with the CCGs to ensure that services to patients can be maintained and improved. The LMC will retain its role as the body representing GPs as providers and performers of Primary Care, especially to the NHS Commissioning Board – a role that CCGs will not be able to take on due to conflicts of interest.

During the course of the year the PCTs outsourced their back-office functions to a new organisation, SBS. This was a centrally directed initiative and was not without its difficulties. The LMC met senior managers from SBS in order to iron out some of the wrinkles.

The roll-out of Improving Access to Psychological Therapies (IAPT) proved difficult during the year. The LMC discussed the matter on numerous occasions and made suggestions to the PCTs to try to ensure equity of service across the County and the least possible disruption to staff.

Disattachment of Health Visitors and Midwives from practices became a major issue during the year. This was partly a result of the financial crisis and partly a result of national initiatives in the organisation of children's and young people's services. The LMC continues to emphasise the crucial role played by General Practice and the need for face-to-face communication between professionals.

The LMC helped locally with the roll-out of Purple Books for patients taking Lithium, a national initiative promoted by the National Patient Safety Agency following its collation of reports of death and harm in these patients.

As the Chairman has mentioned, Derbyshire became involved with the 111 project, as a second wave pilot. The LMC has been represented at all stages and the Derbyshire model – seamless provision of the 111 call-handling operation and the Primary Care Out of Hours service by a local provider – seems to be working better than other models. It is a pity that the Department of

Health has decided to press forward with national roll-out and procurement before the pilots have been properly evaluated.

Winter pressures in 2010/11 were exacerbated by severe weather conditions (causing, among other things, the cancellation of the December LMC meeting) but, at least, the seasonal flu wasn't as bad as it might have been. The LMC played its part at the Urgent Care Network Board and practices were recognised as having done extremely well to have kept their services going during snowfalls that seemed to paralyse many other sectors of the economy.

Derbyshire was chosen to run the CQC registration pilot in the early spring of 2011. Twenty practices took part and the CQC streamlined the procedure as a result. There were detailed discussions between the CQC, practices and the LMC and the LMC has consequently developed an expertise around CQC registration issues that should help us to help practices when registration finally comes about, after the one year delay.

The LMC was heavily involved in discussions during the year regarding Local Enhanced Services. Perhaps the two most significant were anticoagulation services and smoking cessation services, both in the County.

Internally, the LMC worked hard to improve its communication processes. A closed forum was set up on doctors.net.uk, which has been used by only a few stalwarts but which has discussed some hugely important topics. We moved to electronic distribution of LMC agendas and papers, which has resulted in significant cost savings.

All in all, 2010/11 was a busy year and I am grateful to my fellow officers, to all the LMC members and to Derby and Derbyshire practices for their support. I think that our LMC will move forward into the new NHS in a strong position from which to represent the diverse views of General Practice in our area. That we have achieved all this without having had to increase the levy seems to me to be little short of miraculous.

John Grenville

TREASURER'S REPORT

This report refers to matters up to 31 March 2011 and was written in December 2011 when the final annual accounts of both the LMC and Derby and Derbyshire LMC Ltd became available from the accountants six weeks after the draft accounts were approved by the officers on 18 October 2011

The accountancy work has been advanced to an end September timeline. We cannot complete the books for the accountants until the end of May annually and as the accountants need 10 weeks minimum to prepare the accounts and it would be unlikely that we can have the drafts before the September LMC meeting and therefore the earliest possible date we can get approved accounts is the end of September following a September LMC meeting approval. The officers are looking into the use of a commercial accounting package in order that we can close down the year ending 31 March by 30 April, thus allowing a definite September/October LMC circulation as a pdf file for approval by members

Since the year ending 31 March 2010 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. The reasons for this are set out below.

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. Furthermore the structure of the LMC would not allow the adoption of Directors and Officers liability insurance. 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 and now is the vehicle for ALL LMC related transactions with the exception of receiving the levies and paying the GPDF subvention which for legal reasons must stay with the Derbyshire LMC account as the legally recognised professional representative entity.

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 Derby & Derbyshire LMC Ltd is under Companies Act 1985, deemed to be a small company it is only required to present abbreviated accounts rather than full audited accounts. There is a significant additional accountancy cost to having formal fully audited accounts presented and at a time of financial stringency the officers have for this year arranged only for the legally required unaudited accounts prepared by our accountants Smith Cooper to be published. Should levy payers feel strongly on this point then we are prepared to reconsider the issue of fully audited accounts again for next year and in the meantime the books are available for inspection at Norman House by any levy payer upon notice.

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

1. The Company accounts (Derby & Derbyshire LMC Ltd)

- The company accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 which became effective from April 2008 .

This declaration can be found on page 5 of the full accounts. Because there has been no audit the accountants make their statement to that effect at page 9.

- 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 31/03/2010 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 31/3/2011	Y/E 31/3/2010
LMC	£ 3151	£ 6112
D&D LMC Ltd	£40101	£24971
Total	£43252	£31083

4. This is a tribute to all the staff in Derby who have worked incessantly in keeping a tight grip on our expenditure which has reduced by 5% down from £336018 in 2010 to £320161 in 2011. All our income except bank interest comes from LMC levies which have increased by just under 1% from £415805 in 2010 to 419619 in 2011.

5. Bank interest rates have fallen dramatically over the past three years reducing our income from that source by 90%.

To illustrate this the total income from this source for both LMC and LMC ltd has been

y/e 31/03/2008	£13485
y/e 31/03/2009	£ 8683
y/e 31/03/2010	£ 1397
y/e 31/03/2011	£ 2159 (£1997 for the LMC and £162 for LMC Ltd).

6. To run the whole LMC operation the costs for y/e 31 March 2011 were: (2010 figures are in brackets)

- D&D LMC Ltd company costs £318161 (£334018) plus £2000 contributions towards the East Midlands Local Medical Committees bringing the D&D LMC Ltd costs to £320161 (£336018)
- LMC costs were £58465 including the GPDF levy of £57500 (£50956) – all of the increase being relative caused by a GPDF rebate in 2010 when the levy temporarily reduced
- Grand Total expenditure of £320161 + £58465 = £ 378626 (£386974)
- The income comprised £419619 in levies plus £2159 bank interest totalling £421778 (2010 - £417300)
- We have **reserves**, after paying our creditors, of £123041 (£91184) in the company plus £339046 (£336557) in the LMC Grand Total of £462087 (£427741) or **122.0%** (110.1%) **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 and the fact that we have managed to constrain our expenditure**
- Our income in real terms will fall during 2011-2012 as the levy has been static for almost eight years and any significant 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.

- With continuing careful husbandry of resources it will not be necessary to raise the levy in the foreseeable future provided that the blip in inflation seen in recent months settles down.

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 the Health Bill which promises far reaching NHS changes of an uncertain nature and there will be tensions between what CCGs want and what GPs are obliged to provide under their contractual terms of service. The Health and Social care bill continues the existence of LMCs however it remains to be seen what geographical shape will evolve.

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 on-going 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. Before my next report will be written at the end of 2012, our lease on the offices at Norman House will either have been relinquished or renewed. Either way rest assured that the officers will be seeking value for money as well as convenience for members and economy of operation on a day to day basis.

Corporate financial governance

We are advised on technical and taxation matters by our accountants Smith Cooper and Partners at their Ashbourne office. Shamim Aktar a partner at Ashbourne has looked after our affairs for the past 3 years. Financial controls exist separating the various steps in expenditure. All books are kept at the office in Derby. The cheque raising functions are separate from the cheque signing functions. The cheque book is kept in Derby by the Office Manager who has responsibility for raising cheques. Any of the five officers are signatories but normally it is the Treasurer who signs every cheque. Cheques to the value of £5000 require one signature – The Treasurer normally – and above that require two signatures. No officer signs a cheque payable to themselves or their practice and ALL invoices and expenses claims are signed off by the treasurer weekly.

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 eight 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 99 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 22 year old policy to keep on reserve one year's

operating costs as a contingency. We have **reserves of one year's operating costs excluding inflation. The levy does NOT need to rise and with luck we may be able to hold off any levy rise until 2013/14 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 consideration of a levy increase during 2013/14 by which time the current levy will have been held for almost ten 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 in

creases 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 2012 it is expected that a judicial review will be started on 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 continue to travel 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 continue to 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 J P Holden

**DERBYSHIRE LMC
BALANCE SHEET AT 31 MARCH 2011**

	2011	2010
CURRENT ASSETS		
Cash at Bank	298542	296675
Derby & Derbyshire LMC Ltd loan	41856	41856
	<hr/>	<hr/>
	340398	338531
LESS CURRENT LIABILITIES		
Creditors	(690)	(690)
Corporation Tax	(662)	(1284)
	<hr/>	<hr/>
	(1352)	(1974)
EXCESS OF ASSETS OVER LIABILITIES	<u>339046</u>	<u>336557</u>
Represented by:-		
ACCUMULATED FUND		
Balance brought forward	336557	331729
Surplus for the year	2489	4828
	<hr/>	<hr/>
	<u>339046</u>	<u>336557</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
17/11/2011

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 17.11.11

**DERBYSHIRE LMC
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2011**

	2011	2010
Levy on members	419619	415805
Bank interest	1997	1263
	<hr/>	<hr/>
	421616	417068
Less expenses		
Accountancy charges	705	690
Bank charges	37	47
Insurance	223	219
	<hr/>	<hr/>
	965	956
	<hr/>	<hr/>
	420651	416112
Contributions		
GPDF Ltd	57500	50000
Derby & Derbyshire LMC Ltd	360000	360000
	<hr/>	<hr/>
	417500	410000
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION	<hr/>	<hr/>
	3151	6112
TAX ON SURPLUS ON ORDINARY ACTIVITIES		
	<hr/>	<hr/>
	662	1284
SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND		
	<hr/>	<hr/>
	2489	4828

DERBY & DERBYSHIRE LMC LIMITED, COMPANY LIMITED BY GUARANTEE
COMPANY INFORMATION FOR THE YEAR ENDED 31ST MARCH 2011

DIRECTORS: Dr J S Ashcroft, Dr P J P Holden, Dr R Tinker, Dr P Williams

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 2011**

	Year ended 31/3/11	Year ended 31/3/10
TURNOVER	360100	360855
Distribution costs	-	-
Administrative expenses	320161	336018
OPERATING PROFIT	39939	24837
Interest received & similar income	162	134
PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION	40101	24971
Tax on profit on ordinary activities	8244	5047
PROFIT FOR THE FINANCIAL PERIOD AFTER TAXATION	31857	19924

**DERBYSHIRE LMC Ltd
BALANCE SHEET
31 MARCH 2011**

	2011	2010
FIXED ASSETS		
Tangible assets	2086	1352
CURRENT ASSETS		
Debtors	3354	3449
Cash at bank and in hand	186437	135639
	189791	139088
CREDITORS		
Amounts falling due within one year	68836	49256
NET CURRENT ASSETS	120955	89832
TOTAL ASSETS LESS CURRENT LIABILITIES	123041	91184
RESERVES		
Members' funds	123041	91184
	123041	91184

**DERBYSHIRE LMC Ltd
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2011**

	2011	2010
Derbyshire LMC contributions	360000	360000
Sundry income	100	855
Deposit account interest	162	134
	360262	360989
Expenditure		
Premises costs	10262	10059
Rates and water	512	1290
Insurance	2337	1157
Directors' salaries	42650	45250
Directors' Social Security	2528	2871
Wages	198558	212468
Social Security	21136	23174
Pensions	12894	15734
Computer expenses	1261	1194
Telephone	3027	2045
Post and stationery	2797	2446
Advertising, training, recruitment	4793	-
Meeting & travelling expenses	10840	10819
Repairs & renewals	112	6
Cleaning	789	837
Sundry expenses	168	140
Accountancy charges	2291	2875
Legal fees	250	1093
Trent Regional LMC	2000	2000
Bank charges	260	109
Fixtures and fittings	696	451
	320161	336018
NET PROFIT	40101	24971

The company is entitled to exemption from audit under Section 249A (1) of the Companies Act 1985 for the year ended 31 March 2011. 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 2011 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 Kemp
Dr Abell & Partners	Dr Kinghorn & Partners
Dr Adams, Jootun & Cowley	Dr King & Partners
Dr Ahmed	Dr Kinsella & Partners
Dr Ahmed, Lodge, Tompkinson & Lynas	Dr Kirtley & Partners
Dr Allamby & Davidson	Dr Langan & Partners
Dr Allen & Partners	Dr Lindop & Partners
Dr Anderson & Partners	Dr Lingard & Partners
Dr Barrett & Partners	Dr Little & Partners
Dr Bates & Wedgwood	Dr Livings & Partners
Dr Birks & Partners	Dr Lockhart & Partners
Dr Black & Partners	Dr M & A Iqbal
Dr Blyth & Partners	Dr Macleod & Partners
Dr Brian Bates & Partners	Dr Mann & Partners
Dr Bryant & Partners	Dr Markus & Partners
Dr Bull & Belfitt	Dr McMurray & Partners
Dr Chand	Dr Miller, Purnell & Bailey
Dr Chawla	Dr Moss & Partners
Dr Cocksedge & Partners	Dr Natt & Miller
Dr Collins & Partners	Dr Nichols & Partners
Dr Cooke & Partners	Dr Nicholson & Partners
Dr Cotton & Partners	Dr Noble, Walker, Foskett & Mellor
Dr Cox & Mark	Dr O'Reilly & Davidson
Dr Crowder & Partners	Dr Palmer & Gardner
Dr Culverwell & Partners	Dr Parmar
Dr Davidson & Partners	Dr Pickworth & Partners
Dr Denny & Partners	Dr Powell, Jefferson & Fisher
Dr Donaldson & Partners	Dr Price, Pilcher, Neep & Riches
Dr Donovan & Partners	Dr Ramzan & Jha
Dr Doris & Partners	Dr Redferne & Partners
Dr Dunn & Partners	Dr Riddell, Abraham & McGroarty
Dr Dunphy & Partners	Dr Riddell, Bartholomew, Holderness & Ruck
Dr Farmer & Partners	Dr Rowan-Robinson & Partners
Dr Farrell & Partners	Dr Scott & Partners
Dr Fogarty & Partners	Dr Serrell & Partners
Dr Gates & Partners	Dr Shand & Partners
Dr Gembali & Partners	Dr Short & Partners
Dr Gokhale & Gokhale	Dr Singh
Dr Goodwin & Partners	Dr Singh & Kelman
Dr Gould & Brown	Dr Skidmore & Partners
Dr Hamilton & Partners	Dr Smallman & Partners
Dr Hanna & Gayed	Dr Spencer & Partners
Dr Hannon & Partners	Dr Sutherland & Partners
Dr Harris & Partners	Dr Tampi & Tampi
Dr Hartley & Partners	Dr Taylor, Tooley, Milner & Horsfield
Dr Heappy & Partners	Dr Thomson & Partners
Dr Hehir-Strelley	Dr Thurstan & Partners
Dr Holliday & Partners	Dr Vickers & Partners
Dr Holden & Partners	Dr Ward & Partners
Dr Houlton & Burns	Dr Webb, Johal, Portnoy & Portnoy
Dr Hurst & Woods	Dr Weston-Smith & Partners
Dr Hutchinson, Adler & Howson	Dr Wilkinson & Partners
Dr Jackson & Green	Dr Williams, Douglas, Royle & Start
Dr G Jones	Dr Wood & Partners
Dr Jones, W A K	Dr Wordley & Partners
Dr Jones & Briggs	Dr Zaman & Piracha
Dr Jones & Clayton	Dr Zammit-Maempel
Dr Jordan, Barstow & Bermingham	Integral Healthcare Partnership (IHP)
Dr Kar	14 One Medicare