

“Putting the needs of GPs first”

*Local
Medical
Committee*

LMC

DERBYSHIRE

**Annual Reports
of
Derbyshire LMC
and
Derby & Derbyshire LMC Ltd
2011-2012**

Representing
and supporting

GPs

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

Tel: 01332 210008

Fax: 01332 341771

Email: office@derbyshirelmc.nhs.uk

Website: www.derbyshirelmc.org.uk

LOCAL MEDICAL COMMITTEE MEMBERS 01.04.2011 – 31.03.2012

Name		Surgery	LMC Constituency	Meetings attended (max 10)
Dr J Ashcroft	Deputy Chairman	Old Station Surgery, Ilkeston	Erewash	6
Dr M Bermingham		Baslow HC	High Peak	8
Dr G Crowley		Arthur MC, Horsley Woodhouse	Amber Valley	10
Dr R Dils		Whittington Moor	Chesterfield	8
Dr P Enoch		Co-opted		11
Dr K Gale		Ashbourne Medical Centre	South Derbyshire	5
Dr M Gembali		Friargate Surgery, Derby	Derby North	11
Dr J S Grenville	Secretary	Macklin Street Surgery, Derby	Derby South	10
Dr B G Hands		Willington Surgery, Willington	South Derbyshire	8
Dr P J P Holden	Treasurer	Imperial Road, Matlock	W Derbyshire North	Leave of absence for GPC business 1
Dr M Iqbal		Clarence Road, Derby	Derby South	0
Dr N Jha		Ascot MC, Derby	Derby South	0
Dr A Jordan		Moir Medical Centre, Long Eaton	South Derbyshire	9
Dr S Kama		Castle Street Surgery, Bolsover	Bolsover	2
Dr S F King		Elmwood Medical Centre, Buxton	High Peak	10
Dr H Kinsella		Whitemoor MC, Belper	W Derbyshire Central	10
Dr P Love		Bakewell MC	W Derbyshire North	7
Dr K Markus		Calow and Brimington Practice	Chesterfield	2
Dr R Nayak		Cresswell Medical Centre	North East	4
Dr J North		Parkside Surgery, Alfreton	South Derbyshire	10
Dr L O'Hara		Willington Surgery	South Derbyshire	0
Dr D Portnoy		Ilkeston Health Centre	Erewash	8
Dr K Raj		Wilson Street Surgery, Derby	Derby South	2
Dr B Ryan		The Surgery, Wheatbridge	Chesterfield	8
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	9
Dr P Weston-Smith		Littlewick MC, Ilkeston	Erewash	11
Dr P Williams	Chairman	Bakewell MC	W Derbyshire North	9
Dr M Wood		Darley Dale MC	W Derbyshire North	7
Dr J Zammit-Maempel		Keldholme Lane, Derby	Derby South	4

CHAIRMAN'S REPORT

The 2011-12 year was a quiet year in many respects, despite the NHS world being turned upside down. As a year when much change was proposed, many things stood still as potential changes were debated, and reformed, and debated again.

The Health and Social Care bill came into being, and much of the year was taken up discussing the impact of the abolition of PCT's, and formation of clusters in preparation for them being abolished too. In June the shadow commissioning boards came into being before the bill had even been passed, and changes started gradually. Much of the year was spent for the shadow boards preparing themselves to see if they would be allowed to pass into a commissioning group.

Before the implication of any changes were really known about, the start of the year kicked off with the formation of the Local Education and Training Board, to replace the deanery by the end of the year. It was great to see General Practice well represented from the start with a strong LMC influence. Hopefully this will help as we go forward to help General Practice be a strong force in the future.

In September Derbyshire was chosen to be a 111 pilot area to see if there was merit in the combining of the out of hours service and 111. This was because the OOH service had already proven its effectiveness in triage and call handling. This meant many meetings, as the start of the service was planned in a slightly different way from elsewhere. However, even before the end of the year the government announced all areas would go ahead. So much for a pilot phase!

It has been clear that the government will impose change if it cannot be negotiated, and things will happen their way, despite any consultation. This does not bode well for a 'hands off' national commissioning board.....

Peter Williams

SECRETARY'S REPORT

2011-12 has been a year of evolution for the LMC office. Helen Watts and Lisa Sultana have completed their probationary periods and have become permanent members of the team. We have updated our IT and office equipment and we have purchased a new accounts system. As always, I am grateful to the office staff, both long-serving (Kate Lawrence) and new (Helen and Lisa) for their sterling work in ensuring that the service provided by the LMC to its constituents is first class.

This year Helen has improved the financial reporting to the officers beyond all recognition; Kate has led the design of a training package for practices, to be implemented next year and Lisa has completely redesigned our website, re-launching it towards the end of the year.

During the course of the year we have provided help and advice on an individual level to many different practices and individuals – doctors, nurses, practice managers and other members of practice staff. For reasons of confidentiality, it is not possible to report on these matters in detail but feedback suggests that our services are highly valued. We have also given advice to other organisations and to individuals within them; it seems that at this time of change and uncertainty our corporate memory is much appreciated.

The LMC itself has been involved in, and has debated, many issues. Clearly, the overarching theme has been the progress of the Health and Social Care Bill, with the concomitant redesign of the NHS – even before the Bill has been passed. We have developed relationships with the evolving Clinical Commissioning Groups while maintaining our close ties with the PCTs and then the PCT Cluster, which currently retains statutory responsibility for GP contracts.

Of note in the changing landscape of the NHS have been the proposed changes to education and training. The Deaneries are to be abolished and they are to be replaced by a provider-led system, which appears to be going to be driven at Regional level. The LMC has striven to ensure that the GP voice will be heard in this new system and Pauline Love, a member of the LMC and a GP in Bakewell, has been particularly involved.

The LMC has been involved in lengthy, and at times difficult, negotiations around the provision of condoms to the most at risk groups and also smoking cessation services. With no new money available, we have been able to head off demands for significant new reporting requirements.

The Fairer Funding Scheme was introduced in the County and the LMC helped the PCT to design an appeals system for those practices that had the greatest financial losses. We were not involved in determining the appeals – our role was to assist the practices in putting their cases. The majority of practices that went through this process were able to negotiate a solution that enabled them to sign up to Fairer Funding. It was notable that the practices for whom a solution could not be found were all very rural – proof, if it were needed, that Tony Blair's last minute intervention in the 2004 contract negotiations to deny small rural practices an enhancement was entirely misguided.

The Extended Hours DES was changed at the beginning of the year. Most practices opted to continue doing extended hours, despite the reduction in funding. We were able to persuade the PCT Cluster to continue to use its discretion around sessions that were due on a Bank Holiday and over non-payment for sessions that have to be cancelled at short notice (e.g. because of staff sickness) – pro-rata reduction, rather than loss of the whole quarter's payment. For consideration of instances of the latter, a virtual panel was set up and I am a member.

We continued to prepare for CQC registration, introducing training for practices on the new Waste Disposal Regulations – this not only helped practices to meet their legal obligations but also helped them to prepare for compliance with several CQC standards.

The City PCT threatened a wholesale review of PMS contracts. We were able to negotiate for most of the practices to return to GMS with an indicative MPIG. They did lose some funding but are, at least, now protected from further reductions, unless there are changes to the national contract.

The 111 service was rolled out, as a pilot project, in the North of the County, with the South to follow next year. The LMC has been represented on the pilot steering group, the clinical governance group, the public relations and communications group and the call review group. As far as we can tell, the integrated model of a single provider operating both 111 and Out of Hours is working better for patients and practices than the dual provider model used in the other pilot areas.

The LMC supported the push towards a single 'Do Not Attempt Resuscitation' form across the East Midlands. Unfortunately, this has not happened due to the intransigence of certain provider organisations. Patients and their relatives will be the losers here.

The City Quality Enhanced Service included a performance indicator around compliance with a drug formulary that was devised by Medicines Management. The LMC was able to collect and analyse suggestions from practices that caused changes to the formulary that enhanced patient care.

Internally, the LMC did some navel gazing and devised strategies that have improved our representativeness of the GPs in Derbyshire. We have increased the number of new/younger/female/sessional doctors on the committee and our proceedings have reflected their valuable contributions.

Once again, we have been able to hold the LMC levy steady, without eating into our reserves. I wish to record my thanks to my fellow officers, to the staff and to the members for their efforts to ensure that the LMC remains strong, financially and organisationally, at this critical time in the development of the NHS. The demands on practices moving forwards, in their dual roles as providers and commissioners, will be complex and difficult to manage. The LMC remains the only statutory body that exists solely to support practices through this process.

John Grenville

TREASURER'S REPORT

This report refers to matters up to 31 March 2012 and was written in December 2012 when the final annual accounts of both the LMC and Derby and Derbyshire LMC Ltd became available from the accountants after the draft accounts were approved by the officers and directors.

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. 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 very 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 ac-

counts 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:

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 pages 4 and 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.

The LMC accounts

(comparable figures for y/e 31/03/2011 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.

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

	Y/E 31/3/2011	Y/E 31/3/2012
LMC	(£5133)	£3151
D&D LMC Ltd	£29654	£40101
Total	£24521	£43252

This is a tribute to all the staff in Derby who have worked incessantly in keeping a tight grip on our expenditure which has increased by 4% up from £320161 in 2011 to 333081 in 2012. All our income except bank interest comes from LMC levies which have fallen by 1.81% from £419619 in 2011 to £412014 in 2012.

Bank interest rates have fallen dramatically over the past five 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 the company)
y/e 31/03/2012	£2282
	(£2087 for LMC and £195 for the company)

To run the whole LMC operation the costs for y/e 31 March 2012 were (2011 in brackets)

D&D LMC Ltd company costs £331081 (£318161) plus £2000 contributions towards the East Midlands Local Medical Committees bringing the D&D LMC Ltd costs to £333081 (£320161).

LMC costs were £59234 including the GPDF levy of £58200 (£58465) – all of the increase being relative caused by a GPDF levy rise.

Grand Total expenditure of £333081 + £59234 = £392315 (£ 378626)

The income comprised £412014 in levies (£419619) plus £2087 bank interest totalling £414101 (£421778)

We have **reserves**, after paying our creditors, of £146672 (£123041) in the company plus £334575 (£339046) in the LMC Grand Total of £481247 (£462087) or **122.6%** (122.0%) **of one year's operating costs excluding inflation. It should be noted that the stability in these figures is largely due to GPDF rebates which are not guaranteed It should be noted that our expenditure on a like for like basis is up 4% and our levy income down 1.81%**

Our income in real terms will fall during 2012-2013 as the levy has been static for almost nine 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 23 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 BUT we need to keep a careful eye on matters. Next

year I will be able to report that we will have improved financial management software to allow this surveillance to be more sensitive.

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 2012 Health and Social Care Act 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 Act 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. The lease is due for renegotiation in the summer of 2012 and I will report fully in next years report. We employ 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 and CCG 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.

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 and our work on fairer funding is now being carefully reviewed centrally as a model which by and large works.

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 nine 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 100 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 23 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 to take effect in 2014/2015 by which time the current levy will have been held for almost eleven years and when that step occurs I will 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 each of the LMCs having special expertise which we share largely on a knock for knock basis.

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

2012/13 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 2012**

CURRENT ASSETS	2012	2011
Debtors	4148	
Cash at Bank	288599	298542
Derby & Derbyshire LMC Ltd loan	41856	41856
Corporation Tax	662	
	<hr/>	<hr/>
	335265	340398
 LESS CURRENT LIABILITIES		
Creditors	(690)	(690)
Corporation Tax		(662)
	<hr/>	<hr/>
	(690)	(1352)
 EXCESS OF ASSETS OVER LIABILITIES	<u>334575</u>	<u>339046</u>
Represented by:-		
 ACCUMULATED FUND		
Balance brought forward	339046	336557
Surplus for the year	(4471)	2489
	<hr/>	<hr/>
	<u>334575</u>	<u>339046</u>

DECLARATION OF ACCEPTANCE

We approve these accounts and confirm that we have made available all relevant records and information for their preparation.

P Williams
PJP Holden
04/10/2012

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 07.11.12

**DERBYSHIRE LMC
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2012**

	2012	2011
Levy on members	412014	419619
Bank interest	2087	1997
	<hr/>	<hr/>
	414101	421616
 Less expenses		
Accountancy charges	750	705
Bank charges	50	37
Insurance	234	223
	<hr/>	<hr/>
	1034	965
	<hr/>	<hr/>
	413067	420651
 Contributions		
GPDF Ltd	58200	57500
Derby & Derbyshire LMC Ltd	360000	360000
	<hr/>	<hr/>
	418200	417500
 SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION	<hr/>	<hr/>
	(5133)	3151
 TAX ON SURPLUS ON ORDINARY ACTIVITIES		
	(662)	662
 SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND		
	<hr/>	<hr/>
	4471	2489

**DERBY & DERBYSHIRE LMC LIMITED, COMPANY LIMITED BY GUARANTEE
COMPANY INFORMATION FOR THE YEAR ENDED 31ST MARCH 2012**

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 2012**

	Year ended 31/3/12	Year ended 31/3/11
TURNOVER	362540	360100
Distribution costs	-	-
Administrative expenses	333081	320161
OPERATING PROFIT	29459	39939
Interest received & similar income	195	162
PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION	29654	40101
Tax on profit on ordinary activities	6023	8244
PROFIT FOR THE FINANCIAL PERIOD AFTER TAXATION	23631	31857

**DERBYSHIRE LMC Ltd
BALANCE SHEET
31 MARCH 2012**

	2012	2011
FIXED ASSETS		
Tangible assets	1564	2086
CURRENT ASSETS		
Debtors	3915	3354
Cash at bank and in hand	211778	186437
	215693	189791
CREDITORS		
Amounts falling due within one year	70585	68836
NET CURRENT ASSETS	145108	120955
TOTAL ASSETS LESS CURRENT LIABILITIES	146672	123041
RESERVES		
Members' funds	146672	123041
	146672	123041

**DERBYSHIRE LMC Ltd
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2012**

	2012	2011
Derbyshire LMC contributions	360000	360000
Sundry income	2540	100
Deposit account interest	195	162
	362735	360262
Expenditure		
Premises costs	10143	10262
Rates and water	109	512
Insurance	1810	2337
Directors' salaries	43730	42650
Directors' Social Security	2126	2528
Wages	208368	198558
Social Security	23128	21136
Pensions	13862	12894
Computer expenses	2752	1261
Telephone	2869	3027
Post and stationery	3038	2797
Advertising, training, recruitment	-	4793
Meeting & travelling expenses	13543	10840
Repairs & renewals	354	112
Cleaning	872	789
Sundry expenses	88	168
Accountancy charges	2578	2291
Legal fees	960	250
Trent Regional LMC	2000	2000
Bank charges	229	260
Fixtures and fittings	552	696
	333081	320161
NET PROFIT	29654	40101

The company is entitled to exemption from audit under Section 249A (1) of the Companies Act 1985 for the year ended 31 March 2012. 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 October 2012 and were signed on its behalf by: Dr P J P Holden (Director) and Dr P Williams (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	13One Medicare