"Putting the needs of GPs first"

Local Medical Committee

LMC

DERBYSHIRE

Annual Reports of Derbyshire LMC and Derby & Derbyshire LMC Ltd

2012-2013

Representing and supporting GPs

Derbyshire LMC
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LOCAL MEDICAL COMMITTEE MEMBERS 01.04.2012 – 31.03.2013

Name		Surgery	LMC Constituency	Meetings attended (max 10)
Dr Rita Armonaite-Engelmaniene		Cresswell	North East	4
Dr J Ashcroft	Deputy Chairman	Old Station Surgery, Ilkeston	Erewash	7
Dr M Bermingham		Baslow HC	High Peak	7
Dr G Crowley		Arthur MC, Horsley Woodhouse	Amber Valley	10
Dr R Dils		Whittington Moor	Chesterfield	7
Dr P Enoch		Co-opted		9
Dr K Gale		Ashbourne Medical Centre	South Derbyshire	4
Dr M Gembali		Friargate Surgery, Derby	Derby North	11
Dr D Glover		Hasland Medical Centre	Chesterfield	7
Dr J S Grenville	Secretary	Macklin Street Surgery, Derby	Derby South	11
Dr B G Hands		Willington Surgery, Willington	South Derbyshire	7
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 A Jordan		Moir Medical Centre, Long Eaton	South Derbyshire	6
Dr S Kama		Castle Street Surgery, Bolsover	Bolsover	0
Dr S F King		Elmwood Medical Centre, Buxton	High Peak	7
Dr H Kinsella		Whitemoor MC, Belper	W Derbyshire Central	8
Dr P Love		Bakewell MC	W Derbyshire North	8
Dr K Markus		Calow and Brimington Practice	Chesterfield	8
Dr J North		Parkside Surgery, Alfreton	South Derbyshire	9
Dr D Portnoy		Ilkeston Health Centre	Erewash	2
Dr B Ryan		The Surgery, Wheatbridge	Chesterfield	8
Dr P R D Short		Stewart MC, Buxton	High Peak	5
Dr R Tinker	Deputy Chair	Darley Dale MC	N.E. Derbyshire	9
Dr P Weston-Smith		Littlewick MC, Ilkeston	Erewash	8
Dr P Williams	Chairman	Butts Road, Bakewell MC	W Derbyshire North	11
Dr M Wood		Darley Dale MC	W Derbyshire North	10

CHAIRMAN'S REPORT

Well here we are at the end of another year, and what a year it has been! The LMC is 100 years old this year and there probably isn't much that it hasn't seen before, despite some unprecedented approaches to those changes!

The year started with the angst of the profession over pension changes. This resulted in a ballot of the profession, and industrial action being taken half heartedly. This caused a smirk on the face of politicians and achieved nothing. The contract imposition was to stay, despite it's long term implication.

Early in the year we finalised a long piece of work to encourage better communication between health visitors and general practice. This was originally envisaged to encompass more health professionals, but this in the end was impossible to achieve, but the outcomes agreed are now clear for all, and should help to improve communication, and decrease some of the issues that have been highlighted in so many serious case reviews over the years.

This was the year that saw the abolition of PCT's, and SHA's in favour of CCG's, an AT and the NCB. Apart from more acronyms, this has not seemingly reduced the bureaucracy as promised by HMG.... where top down rule has not only continued but developed. The CCG's have developed well in Derbyshire and are trying to take hold of the NHS within the narrow confines that they have been allowed. They are doing a good job, and communicate well with the LMC which is to be praised.

The CCG's have looked at the Basket of Services to differing degrees of enthusiasm. The North have developed this as the year has gone on where some areas have started to let go of it. We see that this is a good vehicle to keep contracting within general practice and would urge all the CCG's to look at this, not least, because the government see it as the way forward for a new contract in the future.

With the abolition of the SHA so went the deanery in favour of the LETC. The East Midlands LMC's have been instrumental in getting a GP onto the new board, and strong representation to the LETC locally. This will increase the voice of the GP for future training in a world where the trusts shout is heard loudest. In a time where we are supposed to see transfer of work into primary care this is imperative.

During the year the appraisal process changed to account for the introduction of revalidation. I presented a paper on this to North Yorkshire LMC as their registrar rep 14 years ago. And here we are with a very different looking revalidation than was originally envisaged. Time will tell whether it will make any difference with regards to the kind of instances that caused it it to be created - namely the Shipman affair.

Another imposition was that of CQC upon the profession. This has often been felt to be unnecessary, costly, and time consuming. The visits have now begun, and practices have spent hours preparing reports that may never be read, and we await how much more 'rigorous' they are to become as yet another health secretary says that we will be overseen to the nth degree with 'OFSTED' style inspections. All of this removing front line clinicians to do more paperwork and concentrate on patients less.

111 was another new idea of HMG that was introduced during the year. This has caused much national anger, but has been well received in Derbyshire due to the innovative integration with the GP run OOH service. We applaud them for this, and urge them to continue to innovate and stand out from the crowd.

Lastly, this year saw the imposition of a new contract as it finished. This has ruined much of the good that the QOF has achieved, and increased the target driven-ness. The DoH seem to have got away with this scot free. Little do they know how much the profession is off side at present and

what this may cause as we go forward. However, with a 4 year vision any government are not here to stay. What has gone returns again, and the cycle continues. But the LMC is here to stay.

Peter Williams

SECRETARY'S REPORT

2012-13 was an extremely busy year for the LMC. The entire NHS was convulsed by preparations for the introduction of the Health and Social Care Act 2012 and almost everything that happened was 'subject to Parliamentary approval'. The Bill duly became the Act – it would have been fascinating to see what would have happened if MPs had dared to change anything but probably very dangerous for patients!

The office team has worked extremely hard and my sincere thanks are due, as always, to Helen, Kate and Lisa for keeping me on the straight and narrow and for everything they have done to help Derbyshire GPs and their practices. Helen ensured that the LMC was ready for the transition to PAYE Real Time Information and ensured excellent communication with practices through the Newsletter and the move from a précis to unapproved minutes following each LMC meeting. Kate and Lisa managed to find the time to support practices with CQC registration and the subsequent introduction of inspections on top of all their other activities (see more below).

The redesigned LMC website has been hugely successful, with tens of thousands of hits.

As ever, we have assisted many GPs and practices with individual problems. We cannot reveal details of these efforts but suffice it to say that we have saved some of our constituents many thousands of pounds.

Perhaps the biggest problem for practices this year has been knowing who to contact for what, given the wholesale organisational changes that we have seen. I am tempted to say that the greatest success of the LMC this year has been to keep abreast of these changes and to be able to signpost practices and GPs to the right person/ organisation when problems have arisen.

At the beginning of the year we were involved in helping the CCGs to develop, prior to their authorisation and their establishment as statutory bodies on 1 April 2013. We were asked to provide structured feedback on the performance of each of them as shadow organisations and we commented on each of their constitutions as they went through their various drafts. I am pleased to say that our suggestions for ensuring that member practices could hold CCG Boards to account were accepted, as were our suggestions for ensuring that CCGs would consult the LMC on matters relating to the provision and performance of General Practice.

We quickly established good relations with the brand new Local Area Team of the NHS Commissioning Board, rebranded to the Area Team of NHS England before the ink was dry on their respective notepapers – always good to see that the centre keeps its eye on the really important things in life. Vikki Taylor (Director of Commissioning) and Doug Black (Medical Director and Responsible Officer) each attended several LMC meetings. We understand that this was in marked contrast to some other parts of the country. We were pleased that our suggestion that the AT organise itself on a Derbyshire/ Nottinghamshire, rather than a North/South (as originally proposed) basis was accepted.

During the early part of the year we worked hard with Dr Black and with the Safeguarding Boards to ensure an understanding that Safeguarding training for GPs is not simply a tick-box exercise in attending training events specifically badged by outside organisations, but a self-directed, on-going, multi-stranded learning process.

As mentioned above, CQC registration loomed large on practices' horizons during the year. We continued our work on this and were able to give advice to practices which helped to ensure that all of them successfully registered without major problems. Just as importantly, Lisa and Kate developed an 'Are you ready' visit template that they took round to practices to help them to prepare for the CQC visits that would commence in 2013-14. By 31st March 2013 the vast majority of Derbyshire practices had received one of these visits, each lasting pretty much a whole day. Feedback from these visits has been excellent. We continued to be heavily involved with 111 as it moved from a pilot scheme to a mainstream service. We remain convinced that the Derbyshire model of an integrated 111/Out of Hours service is preferable to the split service seen in other parts of the country, a view

emphasised by the catastrophic failures in some places when 111 was rolled out on April Fool's Day during the Easter weekend (a timing decision that could only have been made by a Government Minister!)

We responded to East Midland Ambulance Service's consultation on re-organising its resources and ways of working, although we remain concerned that the service received by some of our patients in the remoter parts of the Peak District is not as good as it should be.

We have continued to be involved in Emergency Preparedness planning, although this is an area of work that has been somewhat fragmented by the changes brought about by the HSCA. We now have rather more committees to attend.

The reorganisation of training and education has continued apace. We are represented on the Derbyshire Local Education and Training Council to ensure that the voice of primary care is heard and we continue to feed into the East Midlands Local Education and Training Board, in co-operation with our neighbouring LMCs. Lisa has become involved with a County-wide Practice Nurses' network and is to undertake a large piece of work on behalf of the LETC to improve the resources available to the nurses.

Pauline Love has worked tirelessly on our behalf to try, unsuccessfully so far, to knock sense into peoples' heads so that a DNACPR form held by an end of life patient is recognised by all organisations, no matter who the professional is who has signed it and no matter what colour ink it is printed in.

We advised practices on what the government's push towards the 'boundaryless practice' meant for them, in terms of both inner and outer boundaries and registration distant from home pilots.

Royal Derby Hospital produced a bowel cleansing protocol which would have meant GPs authorising the giving of prescription only medications under circumstances over which they had no control. We were able to engage with the gastro-enterologists and radiologists to modify the protocol in such a way that patients would get the correct bowel preparation without putting GPs at medico-legal risk.

Integrated care between health and social care was very much on the agenda during the year. The health aspects are being led by the CCGs but we have been able to ensure the engagement of LMC representatives to guard against the expectations placed on GPs becoming unmanageable.

Changes were proposed in Derby City to the management of the neonatal blood spot screening for haemoglobinopathies that would have shifted a burden onto GPs for which they were wholly unprepared. We were able to persuade those concerned that this is a highly specialised area where the numbers affected are sufficiently small that expertise needs to be concentrated, rather than generalists seeing very small numbers of affected families.

Lisa, working with Marie Scouse from North Derbyshire CCG, wrote a comprehensive Locum Induction Pack framework, which we sent to practices and which is available on our website. Use of this pack should improve patient safety and experience, improve the working lives of locum GPs and impress CQC inspectors.

The flu immunisation campaign hit a major setback with the failure of a major supplier and the LMC worked hard with many other agencies to ensure that practices had sufficient supplies to immunise those who were eligible. It is greatly to the credit of all practices that, by the end of the campaign, the Derbyshire coverage rates were among the highest in the East Midlands in all categories of at-risk people.

The transfer of parts of the Public Health service to Local Authorities together with certain Local Enhanced services caused considerable turmoil. Against a background of massive cuts in Local Authority funding we were able to renegotiate the intrauterine contraceptive device and contraceptive implant LES, at least for the short term, in such a way that the funding available to General Practice was not reduced overall. The abolition of LESs and their conversion into locally commissioned services, commissioned by both CCGs and Local Authorities, while Directed Enhanced Services will continue to be commissioned by NHS England, will certainly cause problems for practices over the next several years.

We will do what we can to mitigate these. Things may be made a little easier by the fact that Derbyshire adopted the Fairer Funding initiative with the Basket of Services, except in Southern Derbyshire CCG, which has inherited the dual systems of BoS and Quality Enhanced Service (in the City). We will work with the CCG to find a way to integrate these two initiatives in a way that is fair to all.

We liaised with Adult Services in the County over the fact that it is harder for a GP to make a referral through Call Derbyshire than it is for patients to refer themselves. Given the resource constraints at Local Authorities, this one will probably run and run.

Helen and I attended the annual conference of LMC Secretaries to give a presentation on 'How to run a successful LMC' – this was well received and it was gratifying that we were asked to run this session.

The LMC debated the issue of eDSM (patient record sharing) within SystemOne and made its views forcefully known to those concerned with IM and T. The sharing of data in all sorts of fora is a societal issue and it must not be assumed that GPs have the resources to give people all the information they need to make informed choices about how, when and with whom they want their personal information shared. We are fortunate indeed to have as a member of the LMC Peter Short, a GP in Buxton, who is a national lead on these and related topics.

Towards the end of the year it became clear that there had been a catastrophic failure by the Department of Health to consider the impact of the NHS reorganisation on the various issues to do with Primary Care premises. This promises to be a serious problem going forward and is likely to cause problems for individual practices, as well as putting a major brake on efforts to transfer care closer to patients' homes.

The government's decision to impose upon the profession wholesale changes to GMS and PMS contracts from April 2013 has caused a huge crisis in morale. The degree of micro-management of General Practice is mind-boggling and the workload implications on a profession that is already struggling to cope with demand are just horrifying.

Yet again, the LMC has lived within its means and there has been no need to ask for an increase in the levy paid by member practices. If only all organisations could be as efficient as we are! Once again, I thank my fellow officers, the LMC members and the office staff for their support throughout the year. But most of all, I thank GPs and practices throughout Derby and Derbyshire for their immense dedication which, I believe, means that the people we serve receive among the best Primary Care services in the country.

John Grenville

TREASURER'S REPORT

This report refers to matters up to 31 March 2013. Previous treasurers report's were usually unavailable until twelve months after the year-end because of the timing of account preparation. This report is presented to you at a record early stage in the financial year certainly for the 32 years that I have been on the local medical committee. This is a tribute to the increasing and professionalism within the office that has allowed us to meet deadlines with the accountants in order to deliver this report and the annual accounts at this stage in the year. I would just state we cannot do this any earlier because we cannot close the books on the previous year until around the end of April. The accountants themselves need the books for several weeks and there is no LMC meeting in August.

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 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:

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 31/03/2012 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 <u>before</u> tax is

		Y/E 31/3/2013	**Y/E 31/3/2012**
A	LMC	(£1766)	(£5133)
	D&D LMC Ltd	£17318	£29654
Total		**£15522**	**£24521**

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 3.53% (4%) up to £344837 in 2013 from 333081 in 2012. All our income except bank interest comes from LMC levies which have risen by 0.7% (-1.81%) from £412014 in 2012 to £414875 in 2013.

Bank interest rates have fallen dramatically over the past six 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 the LMC and £195 for the company)
y/e 31/03/2103 £1587
(£1320 for the LMC and £208 for the company)

To run the whole LMC operation the costs for y/e 31 March 2013 were (2012 in brackets).

D&D LMC Ltd company costs £341517 (£331081) plus £2000 contributions towards the East Midlands Local Medical Committees bringing the D&D LMC Ltd costs to £343517 (£33081).

LMC costs were £58020 including the GPDF levy of £56700 (£59234) – all of the decrease being relative caused by a GPDF levy fall due to population shift.
Grand Total expenditure of £343517 + £58020 = £401537 (£ 392315)

The income comprised £414875 in levies (£412014) plus £1587 bank interest totalling £416462 (£414101)

We have reserves, after paying our creditors, of £160818 (£146672) in the company plus £332809 (£334575) in the LMC Grand Total of £493627 (£481247) or 122.9% (122.6%) of one year's operating costs excluding inflation. It should be noted that the stability in these figures is still largely due to GPDF rebates which are not guaranteed It should be noted that our expenditure on a like for like basis is up 1% (4%) and our levy income up 0.7% (-1.81%).

Our income in real terms has fallen during 2012-2013 as the levy has been static for almost ten years and any significant contribution from bank interest must now be completely discounted. Rising inflation and staff pay awards have affected our operating costs. The current favourable reserve position over the last year is due to the levy holiday from the GPDF which cannot be relied upon in future years.

Bitter experience over 25 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. As predicted last year we have been able to improve our surveillance capability of the finances because of new financial management software and I would particularly like to pay tribute to Helen who implemented this.

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 is bringing 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.

Servicing our responsibilities
To service such responsibilities Derbyshire LMC has its office base at Norman House, Friar Gate, Derby, DE1 1NU. The lease was renegotiated in the summer of 2012 on largely unchanged terms. 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 ongoing constructive dialogue with most practice managers and all the 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 4 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 list server. 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/CCG relations because problems are nipped in the bud and the professionalism of the LMC is recognised by most 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. There is little reason to believe that this evidence although 10 years old has changed.

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 ten 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

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 particularly with relation to local enhanced services and MPIG redistribution. 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 24 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 defer any levy rise until 2015/16 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 2014/15 to take effect in 2015/2016 by which time the current levy will have been held for almost thirteen 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.

Our office team are exploring the possibilities of using their skills and professionalism to generate income for the LMC this is still at an early stage and success in this venture may further postpone any levy rise.

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 2013/14 it is expected that a judicial review will be started on practice expenses and I have little doubt that yet further Judicial Reviews may be necessary to protect your legitimate practice and professional interests.

PMS practices seem to be in for a very hard time indeed. From personal experience, as the lead GPC financial negotiator I 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 Treasurer
05 September 2013

DERBYSHIRE LMC
BALANCE SHEET AT 31 MARCH 2013

CURRENT ASSETS	2013	2012
Debtors	-	4148
Cash at Bank	290981	288599
Derby & Derbyshire LMC Ltd loan	41856	41856
Corporation Tax	662	662
	333499	335265
LESS CURRENT LIABILITIES		
Creditors	(690)	(690)
Corporation Tax		
	(690)	(690)
EXCESS OF ASSETS OVER LIABILITIES	332809	334575
Represented by:-		
ACCUMULATED FUND		
Balance brought forward	334575	339046
Surplus for the year	(1766)	(4471)
	332809	334575

DECLARATION OF ACCEPTANCE

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

P Williams — Chairman
PJP Holden — Honorary Treasurer
xx/xx/2013 — 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 05.06.13

DERBYSHIRE LMC
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2013

		2013		2012
Levy on members		414875		412014
Bank interest		1379		2087
		416254		414101
Less expenses				
Accountancy charges	1032		750	
Bank charges	48		50	
Insurance	240		234	
		1320		1034
		414934		413067
Contributions				
GPDF Ltd	56700		58200	
Derby & Derbyshire LMC Ltd	360000		360000	
		416700		418200
SURPLUS ON ORDINARY ACTIVITIES BEFORE TAXATION		(1766)		(5133)
TAX ON SURPLUS ON ORDINARY ACTIVITIES		(-)		(662)
SURPLUS AFTER TAXATION TRANSFERRED TO ACCUMULATED FUND		(1766)		(4471)

DERBY & DERBYSHIRE LMC LIMITED, COMPANY LIMITED BY GUARANTEE
COMPANY INFORMATION FOR THE YEAR ENDED 31ST MARCH 2013

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 2013

	Year ended 31/3/13	Year ended 31/3/12
TURNOVER	361772	362540
Distribution costs	-	-
Administrative expenses	344662	333081
OPERATING PROFIT	17110	29459
Interest received & similar income	208	195
PROFIT ON ORDINARY ACTIVITIES BEFORE TAXATION	17318	29654
Tax on profit on ordinary activities	3172	6023
PROFIT FOR THE FINANCIAL PERIOD AFTER TAXATION	14146	23631

DERBYSHIRE LMC Ltd
BALANCE SHEET
31 MARCH 2013

		2013		2012
FIXED ASSETS				
Tangible assets		2991		1564
CURRENT ASSETS				
Debtors	1277		3915	
Cash at bank and in hand	222697		211778	
	223974		215693	
CREDITORS Amounts falling due within one year	66147		70585	
NET CURRENT ASSETS		157827		145108
TOTAL ASSETS LESS CURRENT LIABILITIES		160818		146672
RESERVES				
Members' funds		160818		146672
		160818		146672

DERBYSHIRE LMC Ltd
REVENUE ACCOUNT
FOR THE YEAR ENDED
31 MARCH 2013

		2013		2012
Derbyshire LMC contributions		360000		360000
Sundry income		1772		2540
Deposit account interest		208		192
		361980		362735
Expenditures: Premises costs	10520		10143	
Rates and water	(325)		109	
Insurance	2074		1810	
Directors' salaries	46255		43730	
Directors' Social Security	2237		2126	
Wages	211148		208368	
Social Security	23635		23128	
Pensions	15451		13862	
Computer expenses	3240		2752	
Telephone	2319		2869	
Post and stationery	3182		3038	
Meeting & travelling expenses	13999		13543	
Repairs & renewals	1523		354	
Cleaning	874		872	
Sundry expenses	177		88	
Training	934		-	
Accountancy charges	2822		2578	
Legal fees	1452		960	
Trent Regional LMC	2000		2000	
Bank charges	147		229	
Fixtures and fittings	-		552	
		343517		332330
Depreciation	998		522	
NET PROFIT		17318		29654

The company is entitled to exemption from audit under Section 249A (1) of the Companies Act 1985 for the year ended 31 March 2013.
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 ?18 October 2013 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 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 Blyth & Partners
Dr Brian Bates & Partners
Dr Bryant & Partners
Dr Bull & Belfitt
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 Denny & 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 Holliday & Partners
Dr Holden & Partners
Dr Houlton & Burns
Dr Hurst & Woods
Dr Hutchinson, Adler & Howson
Dr Jackson & Green
Dr G Jones
Dr Jones, W A K
Dr Jones & Briggs
Dr Jones & Clayton
Dr Jordan, Barstow & Bermingham
Dr Kar
Dr Kemp
Dr Kinghorn & Partners
Dr King & Partners
Dr Kinsella & Partners
Dr Kirtley & Partners
Dr Langan & 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 Moss & Partners
Dr Natt & Miller
Dr Nichols & Partners
Dr Nicholson & Partners
Dr Noble, Walker, Foskett & Mellor
Dr O'Reilly & Davidson
Dr Palmer & Gardner
Dr Parmar
Dr 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 Smallman & Partners
Dr Spencer & Partners
Dr Sutherland & Partners
Dr Tampi & Tampi
Dr Taylor, Tooley, Milner & Horsfield
Dr Thomson & Partners
Dr Thurstan & 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