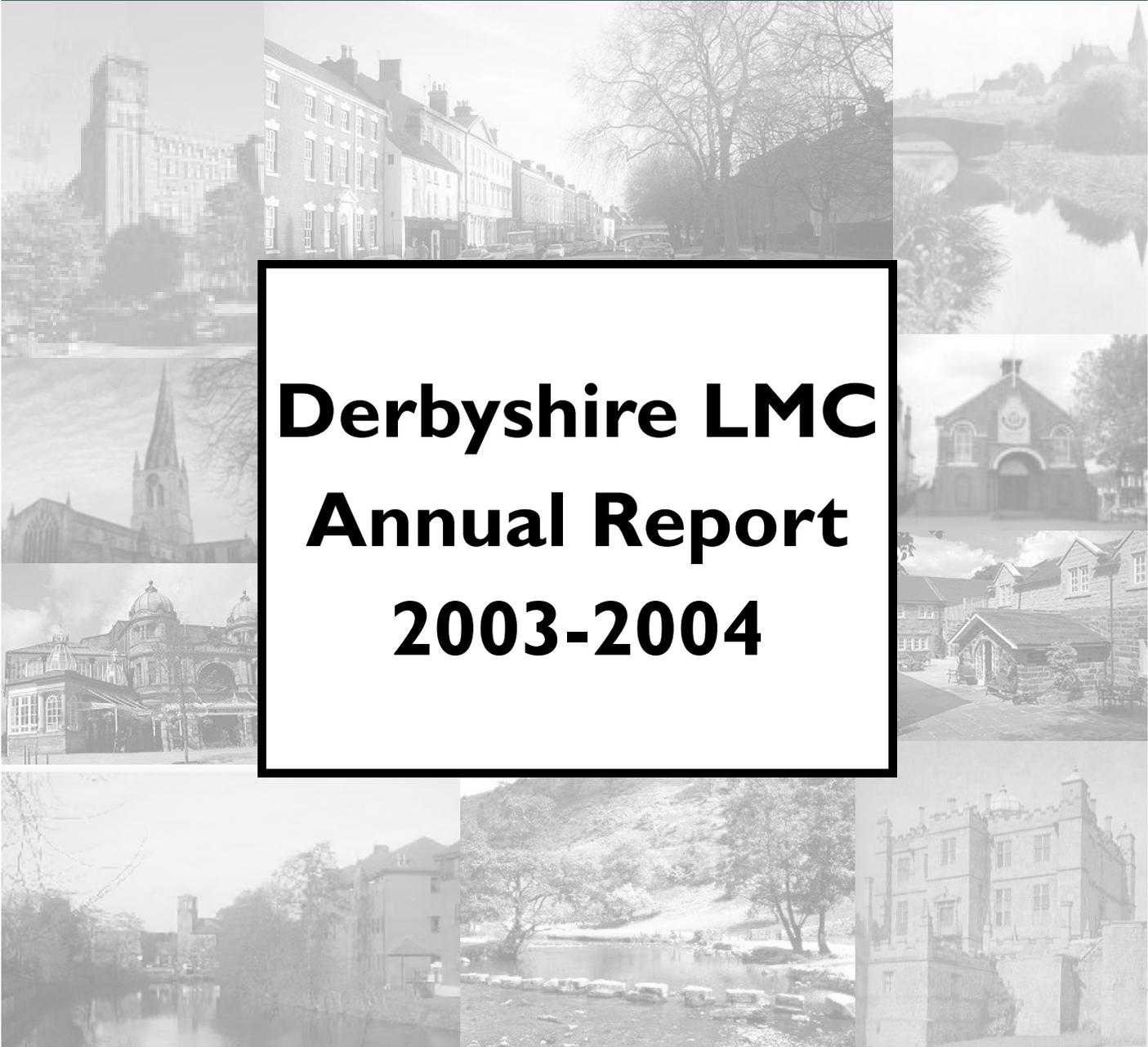


"Putting the needs of GPs first"

*Local
Medical
Committee*

LMC

DERBYSHIRE



**Derbyshire LMC
Annual Report
2003-2004**

Representing
and supporting

GPs

The LMC has deliberately kept the form of this report very simple - black and white on ordinary paper, costing us £250. We could have had colour and glossy paper. We have taken this decision because we know that some practices are unhappy about increases in the LMC levy. In terms of our total annual budget the Annual Report represents a small proportion but we do like to demonstrate financial efficiency wherever possible. Please let us know what you think. It would be possible to increase quality and reduce costs by looking for pharmaceutical company sponsorship but this is a contentious issue and we would welcome your views.

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CHAIRMAN'S REPORT

To pick up the story from my last annual report, this year GPs voted in favour of accepting the new GMS contract with an absolute majority, even allowing for non-voters. You might think that the story then settled down to a calm and measured implementation phase, however the establishment of out of hours services (with most GPs opting out of responsibility) and discussions of just about every aspect of the new contract have continued to provide occupation for all those involved at PCT, LMC, practice and GPC levels. The main developments on the new contract have been extended to the PMS practices, but there still remain difficulties with the two different styles of contracting, not least the government's refusal to allow the GPC to negotiate on behalf of PMS practices. Many issues remain to be finalised, and GPs look to the first full year of the new contract (2004/5) to assess its impact on their working lives.

At a local level, the LMC continued its work, meeting regularly with representatives of all the PCTs in the

county, and the liaison officers, Kate and Melanie, continued to settle in and liaise. The LMC was sorry to see the resignations of Richard Bull and Mike Dornan whose wise counsel will be missed. We were pleased to welcome Peter Short as deputy-chair in the north of the county.

The LMC continues to represent GPs' interests across the county with all seven PCTs, local authorities, the Strategic Health Authority and the national bodies of the GPC. We are, of course, fortunate to have two GPC members as officers of the LMC, who keep us well informed on national events.

While changing the style of levy raising, Derbyshire LMC was pleased this year to be able to suspend any rises in the levy for this year, although increases will be inevitable in the future. The LMC continues to work hard in the interests of its members.

Dr Sean King

DERBYSHIRE LMC COMMITTEE MEMBERS 1.4.03 – 31.3.04

Name	Surgery	PCT	Meetings attended (max 11)
Dr J Ashcroft	Old Station Surgery, Ilkeston	Erewash	9
Dr F Barrett	Main Street, Shirebrook,	N.E. Derbyshire	9
Dr A Bartholomew	Goyt Valley, Whaley Bridge	High Peak & Dales	8
Dr M C H Blackwall	Sinfin Moor Health Centre	Central Derby	8
Dr P Chakraborti Deputy Chairman	London Road, Alvaston	Greater Derby	9
Dr A S Davidson	Swadlincote Surgery	Dales & South	7
Dr N Early	Church Street Surgery, Ashover	N.E. Derbyshire	7
Dr P Enoch	Co-opted		9
Dr M Gembali	Friargate Surgery, Derby	Greater Derby	10
Dr J S Grenville Secretary	Macklin Street, Derby	Central Derby	9
Dr B G Hands	Willington Surgery, Willington	Dales & South	9
Dr P J P Holden Treasurer	Imperial Road, Matlock	High Peak & Dales	On leave of absence whilst on GPC business
Dr D D Holland	Blackwell Medical Centre	N.E. Derbyshire	6
Dr T A Humphries	Welbeck Road, Bolsover	N.E. Derbyshire	7
Dr S F King Chairman	Elmwood Medical Centre, Buxton	High Peak & Dales	11
Dr R Meredith	Holywell House, Chesterfield	Chesterfield	6
Dr S K T Neofytou	High Street, Clay Cross	N.E. Derbyshire	10
Dr D Portnoy	Ilkeston Health Centre	Erewash	9
Dr P R D Short Deputy Chair- man	Hartington Road, Buxton	High Peak & Dales	11
Dr P Weston-Smith	Littlewick, Ilkeston	Erewash	9
Dr P Williams	Butts Road, Bakewell	High Peak & Dales	11
Dr J Zammit-Maempel	Vicarage Road, Mickleover	Greater Derby	10

SECRETARY'S REPORT

2003-2004 was the LMC's first full year of operation in its new incarnation with myself, Kate, Melanie and Shelley working from our fully-equipped offices in Norman House. It is timely to remind constituents that the LMC secretariat resembles a duck! We may appear to be floating serenely through the choppy waters of primary care modernisation and reform but under the surface we are paddling furiously.

Our role is to support GPs, no matter what their contractual status, and to put their needs first. This means that if individual GPs or practices come to us with specific problems we will try to help. The office may receive a dozen or more such approaches per day. The problems we deal with include: requests for information that we have to hand, requests for information where we need to contact GPC to get it, problems with PCTs not having policies or failing to implement them when they do, questions about non-NHS work such as certification requests, problems with hospitals dumping work into primary care, requests for advice about critical incidents, problems with practice staff issues, requests for advice about patient complaints, requests for advice about performance problems among doctors and others, advice on partnership problems, advice on contractual issues and a whole host of others. Some of these contacts can be dealt with immediately and informally, others represent the beginning of weeks of work that may include gathering information, writing letters, attending meetings, etc.

...the LMC resembles a duck .. floating serenely through the choppy waters of primary care reform but under the surface paddling furiously...

It is surprising how often we are contacted by staff at PCTs for our advice on what the Regulations mean, how best they might approach a practice with a problem or what we think practices' reactions to an idea might be.

We keep in touch with our levy-paying practices by visiting them as well as by telephone or email and Kate and Melanie are often out at practice meetings. We arrange meetings in localities or across the county on important issues – the main one this year being the implementation of the new GMS contract.

We are in regular formal contact with our PCTs through regular meetings with the Chief Executives and PEC Chairs in the North and South of the county and through the attendance of Kate, Melanie and myself at PCT Board meetings and a host of other committees and working groups.

We continue our close working relations with Nottinghamshire and Lincolnshire LMCs with joint PPLO meetings, Trent Joint Executive Committee meetings (to set our strategies) and regular meetings between

the officers of the three LMCs and officers of the Strategic Health Authority.

During 2003-2004 we have been active in helping to prepare for the implementation of the new contract and especially the Out of Hours opt out and have been members of the Southern Derbyshire LIFT Shadow Strategic Partnering Board, the two Local Implementation Boards for the National Programme for Information Technology and the Area Child Protection Committees.

These are just some of the activities of the Secretariat – as you can see, we are kept occupied. The other officers and members of the LMC play their parts, most notably at the monthly LMC meetings, at the Annual Conference of LMCs and in keeping their ears to the ground to remain up to date with issues that affect their local constituents.

Individual doctors may not have had personal contact with us (although it might be worth asking your Practice Manager whether he/she has) but you never know when you might need us. In any case, I believe that there is not a single practice in Derbyshire that has not benefited in some way from the work that we have done. I am convinced that there is benefit to all GPs in having an independent organisation with individuals who have the time and expertise to champion the cause of General Practice locally. The LMC is here to support you and we are grateful for your continuing support to enable us to do what we think is a very worthwhile job.

Themes for the Future

The LMC continues to work to ensure that GPs of all contractual status in Derbyshire benefit from the sweeping changes the Government is making to the NHS - the new GMS contract, the new types of PMS contracts, and other aspects of "modernisation" - in terms of workload, remuneration and job satisfaction. We will need to keep our eye on the outcomes of the Shipman and Ayling Inquiries, revalidation and the Freedom of Information Act, to name but a few.

And finally

Looking back over my Annual Reports of the last 18 years I note that change has been a recurring theme. I have to say that I think that the pace of change we are seeing now and will see in the next few years will make all that has gone before seem peaceful. Even in the face of this I believe that, as long as we continue to do our best for our patients, we can all face the future with confidence.

TREASURER'S REPORT – YEAR ENDING 31 March 2004

Since my 2003 report the Derbyshire LMC has completed the significant structural and organisational changes initiated in 2002. The recent changes in NHS organisation and its management arrangements compelled us to undertake a major review of our roles and responsibilities to remain "fit for purpose" in the 21st century and serve you to the very best of our ability. This is particularly important in view of the additional responsibilities imposed upon Local Medical Committees following the introduction of

- the Health & Social Care Act 2003
- the introduction of the new GMS contract
- the parallel changes in PMS contracts
- representational responsibilities for sessional, locum and salaried General Practitioners
- eight Primary Care Trusts within the county

To service these new responsibilities Derbyshire LMC has a proper office base at Norman House, Friar Gate in Derby 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. Many of you will have already met our staff and they have an ongoing dialogue with most practice managers and all the PCT senior managers in the county. The office is open 5 days a week from 9-5 pm for the benefit our subscribing constituents.

Such a professional service costs money and that is why if you look back over recent years you will find that the financial reserves for the Derbyshire Local Medical Committee have become somewhat depleted. This was both expected and planned. It remains the Local Medical Committee's policy to keep on reserve one year's operating costs in case the current mandate system were to become disrupted or simply to ensure, as is the case for this year, that the LMC had enough funds in reserve to enable Derbyshire Local Medical Committee to continue and improve its service to meet the needs of its constituents. Over the past two years we have faced and survived BOTH contingencies.

As you know, the LMC is THE statutory committee with a statutory obligation to represent your interests as a General Practitioner working in the National Health Service. This is even more true now that we have a new General Medical Services Contract and permanent PMS contracts and further fundamental changes on the way.

The LMC is funded by the LMC levy. Paying the LMC levy continues to be both a tax allowable expense AND is taken into practice expense calculations by the Doctors and Dentists Pay Review Body which itself is informed by the Technical Steering Group's (TSC) Inland Revenue practice expenses enquiry. As a 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 due to the LMC through the practice expenses reimbursement system through ignorance of the mechanisms by which it is reimbursed to them.

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 we have the legal power to impose a statutory levy. 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.

In January 2003 the LMC Officers wrote to all General Practitioners in Derbyshire explaining that we needed to increase the LMC levy, which had remained at the same rate for the last 11 years. At that time it seemed that the most efficient way and fair way to calculate the LMC levy was to base the calculation on NHS superannuable income rather than on patient or practice list size as this enabled a fair calculation to be made irrespective of the type of contract held. Because of the different contractual options now available to GPs and the fundamental change in superannuation calculations systems it has become necessary to revert to the method of calculation and collection of the levies by reference to capitation for GP practices as the LMC levy monies are within the Global Sum Equivalent monies.

This second re-mandating of practices has taken almost a year to complete and was particularly time consuming requiring our staff to set up new systems with the PCTs in order for the levies to be deducted at source, therefore saving you the time in arranging this.

This Treasurer's report technically refers to matters up to 31 March 2004; but was actually written in November 2004 because

1. Our annual accounts only become available from the accountants in September annually and
2. the new GMS contract implementation procedures have only just bedded down.

I am happy to state that at the time of writing this report, we now have excellent financial systems set up with four monthly financial meetings of the officers. We are now receiving regular payments from all the PCTs in the case of PMS practices and Derwent Shared Services in the case of GMS practices.

We are now back on track to rebuild our reserves therefore ensuring that we will be able to achieve policy to keep on reserve one year's operating costs as a contingency. I expect this to be a four year task on current projections. During the year ending 31 March 2004 we managed all the new activities described above and turned around the previous 2002/2003 deficit of £188259 to an £8063 surplus for 2003/2004.

Politically we retain our strategic alliances with Nottinghamshire and Lincolnshire LMCs but from 01

April 2004 we will bring back in house many administrative functions which were undertaken at Nottingham. This move will save us several thousand pounds per annum.

During 2003/4 the Conference of Secretaries of Local Medical Committees published a survey conducted by of the University of Sheffield into the structure, function and financing of LMCs. Studying the results indicates that Derbyshire LMC is one of the most innovative, cost effective value for money LMCs with a relatively moderate cost base. As new resource filters through to practice level the LMC Officers and members will have to make a decision during 2004/2005 regarding the levy for 2005/2006 as we must now rebuild our reserves in accordance with our policy of one years operating costs on reserve. The track record of the Derbyshire LMC for wise financial management is recognised throughout the LMCs in the UK and therefore the officers seek your continuing support for our longstanding financial

policy.

Derbyshire Local Medical Committee strives to represent and support all GPs whether they be GMS, PMS or non principals. We aim to ensure that GPs are properly valued and their skills are properly utilised. We provide advice and representation for practices or individual GPs with specific problems where that GP is part of a practice which holds an up to date levy mandate for the LMC.

At the end of this report you will find a list of contributors to the voluntary levy and the officers and members of the Local Medical Committee are pleased to have your continuing support.

The LMC Officers thank all those practices for their continuing co-operation at this time of massive change.

Peter J P Holden, Treasurer

DERBYSHIRE LMC REVENUE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2004

	<u>2004</u>	<u>2003</u>
Levy on members	311032	154556
Bank interest	1402	2041
	312434	156597
Less expenses	<u>2004</u>	<u>2003</u>
Staff costs		
Clerk's salary	22166	17684
Secretary's salary	55402	49948
Practice Liaison Officers	82623	49284
Other officers' practice compensation	31091	29528
Members practice compensation	22722	25810
Pension contributions	4321	3502
Computer expenses	3559	2437
Printing, postage, stationery, telephone and secretarial work	8534	6685
Meeting and travelling exps	11467	11134
Legal charges	1027	6395
Accountancy charges	1586	1058
Bank charges	228	268
Sitwell House rent & rates	0	9766
Norman House rent & rates	12699	4226
Norman House set up costs	0	24016
	257425	241741
	55009	-85144
Contributions		
Trent Regional LMC	4946	64840
GMSDF	42000	38275
	46946	103115
SURPLUS (DEFICIT) ON ORDINARY ACTIVITIES	8063	-188259
SURPLUS (DEFICIT) TRANSFERRED TO ACCUMULATED FUND	£8,063	-£188,259

BALANCE SHEET AT 31 MARCH 2004

CURRENT ASSETS	2004	2003
Cash in Hand	163	243
Cash at Bank	89190	79768
Rent prepaid	2148	2898
	91501	82909
LESS CURRENT LIABILITIES		
Creditors	(1234)	(705)
EXCESS OF ASSETS OVER LIABILITIES	90267	82204
	Represented by:-	
ACCUMULATED FUND		
Balance brought forward	82204	270463
(Deficit) for the year	8063	(188259)
	£90267	£82204

DECLARATION OF ACCEPTANCE

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

S F King	Chairman
PJP Holden	Honorary Treasurer
20.11.04	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,

Derbyshire LMC thanks the following practices for their contributions to the voluntary levy. 90% of Derbyshire practices have agreed to pay the levy.

Creswell Primary Care Centre
 Dr A D Chand
 Dr Adams & Jootun
 Dr Ahmed
 Dr Ahmed, Lodge, Tompkinson & Goodlass
 Dr Aldred & Partners
 Dr Alexander, Crowther & Crowther
 Dr Allen & Partners
 Dr Anderson & Partners
 Dr Bakshi
 Dr Bartlett, Lockhart, Isherwood & Williams
 Dr Bhowmik & Partners
 Dr Binnie & Partners
 Dr Binnie, Gembali, Trafford & Girn
 Dr Black, Long, Thomas, Das & Wright
 Dr Blackwall & Partners
 Dr Blissett, Nichols & Parkes
 Dr Bold & Partners
 Dr Bradbury, Hurst & Woods
 Dr Chadwick, Newton & Jordan
 Dr Chakraborti & Chakraborti
 Dr Collins & Partners
 Dr Cooke & Partners
 Dr Cox & Mark
 Dr Davidson & Partners
 Dr Davies, Jamison, Hignett, Marshall & Colley
 Dr Diley & Partners
 Dr Dodgson & Partners
 Dr Donovan & Partners
 Dr Doris & Partners
 Dr Dornan & Partners
 Dr Duffield & Partners
 Dr Early & Jones
 Dr Farmer & Partners
 Dr Farrell & Partners
 Dr Francis & Partners
 Dr Gage, Bates & Wedgwood
 Dr Game, Houlton & Sword
 Dr Gates & Partners
 Dr Gokhale & Gokhale
 Dr Goodwin & Partners
 Dr Gould & Partners
 Dr Gould, Bawden & Brown
 Dr Hamilton & Partners
 Dr Hanna & Gayed
 Dr Harris & Partners
 Dr Henderson-Smith & Bell
 Dr Hennessy & Partners
 Dr Hogg & Partners
 Dr Holden & Partners
 Dr Holland & Egdell
 Dr Hornden & Partners
 Dr Iqbal
 Dr Jones & Clayton
 Dr Jones & Partners
 Dr Jowett & Partners
 Dr Kemp
 Dr King & Partners
 Dr Kinghorn & Partners
 Dr Kirtley, Broom, Ward & Westaway
 Dr Langan & Partners
 Dr Leyland & Partners
 Dr Lingard & Partners
 Dr Little & Partners
 Dr Livings & Partners
 Dr Macleod & Partners
 Dr Manley & Partners
 Dr Markus, Tyler & Hee
 Dr McConnell & Lower
 Dr McMurray, Lloyd & Hilton
 Dr Meakin & Partners
 Dr Mee & Partners
 Dr Miller, Purnell & Bailey
 Dr Morrissey & Partners
 Dr Moseley, Hutchinson, Adler & Howson
 Dr Natt & Miller
 Dr Neofytou, Jackson & Green
 Dr Nicholson & Partners
 Dr Noble, Walker, Foskett & Mellor
 Dr Palmer & Gardner
 Dr Parmar
 Dr Patel & Patel
 Dr Patel, Ramzan & Jha
 Dr Paul
 Dr Pickworth & Partners
 Dr Powell & Mistry
 Dr Price, Pilcher, Neep & Riches
 Dr Rapoport & Partners
 Dr Riddell & Abraham
 Dr Riddell, Bartholomew, Holderness & Ruck
 Dr Saunders & Partners
 Dr Sen & Sen
 Dr Sengupta & Gadhvi
 Dr Serrell & Partners
 Dr Shand & Partners
 Dr Shrestha & Rai
 Dr Singh
 Dr Singh, Knowles & Kelman
 Dr Sinha
 Dr Skidmore, Pryce & MacArthur
 Dr Spencer & Partners
 Dr Spincer & Partners
 Dr Sreevalsan & Tampi
 Dr Starey & Partners
 Dr Stevens & Partners
 Dr Stewart, James, Chisti & Myers
 Dr Sutherland, Cracknell, Shaw, Brar & Harris
 Dr Taleb, Hannon, Harrison & Clegg
 Dr Taylor, Tooley, Milner & Horsfield
 Dr Thomson & Partners
 Dr Turner & Bull
 Dr Turner & Partners
 Dr Varma & Singh
 Dr W A K Jones
 Dr Ward & Partners
 Dr Webb, Johal, Portnoy & Portnoy
 Dr Weston-Smith & Partners
 Dr Williams, McCarthy, Douglas, Royle & Start
 Dr Williams, Newton, Vickers, Smith & Lever
 Dr Williams, Short, Pearson, Collier & Isherwood
 Dr Zaman & Piracha
 The Village Surgery