"Putting the needs of GPs first"

Local Medical Committee

LMC

DERBYSHIRE

Derbyshire LMC Annual Report 2005-2006

Representing and supporting GPs

LOCAL MEDICAL COMMITTEE MEMBERS 1.4.05 – 31.03.06 ERBYSHIRE LMC COMMITTEE MEMBERS 1.4.04 – 31.3.05

Name		Surgery	PCT	Meetings attended (max 11)
Dr J Ashcroft Deputy Chairman from 1.9.05		Old Station Surgery, Ilkeston	Erewash	9
Dr F Barrett		Main Street, Shirebrook,	N.E. Derbyshire	10
Dr A Bartholomew		Goyt Valley, Whaley Bridge	High Peak & Dales	4
Dr M C H Blackwall		Sinfin Moor Health Centre	Central Derby	8
Dr P Chakraborti Deputy Chairman to 31.8.05		London Road, Alvaston	Greater Derby	(max 4) 1
Dr A S Davidson		Swadlincote Surgery	Dales & South	(max 2) 1
Dr N Early		Church Street Surgery, Ashover	N.E. Derbyshire	8
Dr P Enoch		Co-opted		9
Dr D Evans		Emmett Carr Surgery, Renishaw	N.E. Derbyshire	(max 9) 6
Dr M Gembali		Friargate Surgery, Derby	Greater Derby	9
Dr J S Grenville	Secretary	Macklin Street, Derby	Central Derby	11
Dr B G Hands		Willington Surgery, Willington	Dales & South	11
Dr P J P Holden	Treasurer	Imperial Road, Matlock	High Peak & Dales	On leave of absence whilst on GPC business 1
Dr D D Holland		Blackwell Medical Centre	N.E. Derbyshire	6
Dr S F King	Chairman	Elmwood Medical Centre, Buxton	High Peak & Dales	11
Dr R Meredith		Holywell House, Chesterfield	Chesterfield	0
Dr S K T Neofytou		High Street, Clay Cross	N.E. Derbyshire	8
Dr D Portnoy		Ilkeston Health Centre	Erewash	9
Dr J B Ryan		Ash Lodge, Chesterfield	Chesterfield	11
Dr P R D Short	Deputy Chairman	Hartington Road, Buxton	High Peak & Dales	9
Dr R Tinker		Moss Valley, Eckington	N.E. Derbyshire	(max 2) 2
Dr P Weston-Smith		Littlewick, Ilkeston	Erewash	11
Dr P Williams		Butts Road, Bakewell	High Peak & Dales	9
Dr J Zammit-Maempel		Vicarage Road, Mickleover	Greater Derby	10

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CHAIRMAN'S REPORT

Last year proved another eventful year.

Change continued to be the predominant feature in the NHS with the further development of Practice Based Commissioning and the Patient Choice agendas coming to the fore. The Government continued to encourage the diversification policy of health service providers with APMS schemes starting to become more prevalent and the private secondary care providers such as the Independent Treatment Centres taking increasing amounts of work from the District General Hospitals. Yet another reorganisation of management came with the announcement of the reduction in numbers of Primary Care Trusts – in Derbyshire going from seven to two. In secondary care Foundation Trusts spread and cast their nets wide in search of payment by results.

The cover story for all this was claimed to be a constructive tension – genuinely argued from Whitehall that developing mutually incompatible management systems, forcing them on the service and then watching staff and patients flounder in chaos was not only intended but positive. Unsurprisingly, we ended the year with claims of overspent Trusts having to lay off staff.

On the primary care front, far from praising General Practice for delivering the only population-wide target and evidence based chronic disease management scheme in the world, we were vilified for costing the Treasury more than it had anticipated. If ever a government demonstrated a talent for snatching defeat from the jaws of victory this one has. They should have been piling on the accolades (and sharing in the plaudits), not rubbishing the contract they had only just negotiated.

Locally we saw the beginnings of private companies tendering for General Practice and met Richard Smith, chief executive of UHE (United Health Europe) in England, at an LMC meeting. Tenders were received for two practices in Derbyshire from UHE. In the case of one of these the local population reacted to UHE becoming the PCT's preferred provider by taking the matter to judicial review and winning, compelling the PCT to repeat the tendering process. Clearly the government intends to press ahead with the policy of diversification of providers. There are obviously going to be more such episodes up and down the country as the debate intensifies as to whether large private companies should be allowed to run General Practices.

During the year the LMC continued to thrive. Well over 90% of GPs pay the voluntary levy and the secretariat is kept busy serving our constituents.

We bade farewell to Dr Prasanta Chakraborti who retired as Deputy Chairman and he will be sorely missed. The committee was pleased to appoint the experienced Dr John Ashcroft as his replacement. We also said goodbye to Drs Rick Meredith, Andrew Davidson and Andrew Saywood whose contributions were always valued on the committee. Drs David Evans and Rachel Tinker joined us and we look forward to benefiting from their experience and wisdom. Our secretary Dr John Grenville and our treasurer Dr Peter Holden continued to serve in the national arena of the GPC bringing the benefit of that wider perspective to our committee.

In April 2006 a new committee will be elected for the forthcoming four year term. I have complete confidence Derbyshire LMC will continue to represent and support GPs across the county to the benefit of our patients and constituents in this changing and uncertain time.

Sean King

SECRETARY'S REPORT

It has been a busy year for the secretariat. Much work has been done to assist individual GPs, practices, localities and the totality of general practice across Derbyshire.

IM&T issues have been high on the agenda, particularly Choose & Book. We have given assistance to practices who feel that their PCTs have not been giving them sufficient support for their IM&T needs, as well as to practices who have felt that they are being railroaded into projects for which they are not prepared.

Plurality of providers in primary care has been an

important issue. The LMC has been involved in the long drawn out process involved in the tendering for practices in the Normanton area of Derby and in Creswell/Langwith. We have also been closely involved in trying to develop an appropriate primary care service for patients in a privately run medium secure mental health unit. We have come tantalisingly close to finding a solution for these patients but the problem has not yet been finally solved.

Practice Based Commissioning is emerging as a high priority for the NHS and may turn out to be the only game in town. Our PPLOs, Kate and Melanie, have worked tirelessly to support emerging PBC consortia, where this support has been requested.

We spent a lot of time working with a small practice whose viability was threatened when it proved next to impossible to recruit a replacement for a retiring partner. At the end of the day we were able to facilitate the merger of the practice with another practice, thus avoiding the PCT going out to tender in the open market.

The Hazardous Waste Regulations were introduced during the year and the secretariat worked hard with Derwent Shared Services to ensure that all practices were registered with the Environment Agency and that clinical waste services continued uninterrupted.

Much work has been done in negotiating with PCTs about Local Enhanced Services with the result that most of our PCTs have introduced a range of LESs that practices felt able to engage with.

We have been involved in pandemic flu planning and this work continues.

We worked closely with the two major out of hours providers to ensure that GPs working for the providers were able to superannuate their income with minimal financial loss.

We undertook a survey of practice resourcing and were able to show that there are major inequities between practices across Derbyshire. We have tried to engage with the PCTs to address this but it has been particularly difficult in the climate of uncertainty brought about by yet another NHS reorganisation.

We have been heavily involved in the planning for a new practice in the south of the county. It is noteworthy that the setting up of a new practice under the new contractual arrangements is much more difficult than it was under the old arrangements.

We have continued to play our part across the Trent region with involvement in the Trent LMCs Joint Executive Committee and (a new departure) a conference for LMC members across the region.

I wish to pay tribute to Shelley, our office manager, Melanie and Kate, who all work tirelessly on behalf of GPs and practices across Derbyshire. We hope that constituents find members of the secretariat approachable, available, knowledgeable and helpful. We welcome feedback, whether positive or constructively negative.

John Grenville

TREASURER'S REPORT

This Treasurer's report technically refers to matters up to 31 March 2006, but was actually drafted in November 2006 because the annual accounts only become available from the accountants in September annually.

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 continuing reorganisations.

We are in an ever-present state of evolutionary flux. Only last year I reported that the Derbyshire LMC had just consolidated the significant structural and organisational changes 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

Now we are gearing up to work with just two much larger PCTs – Derby City and Derbyshire. The Strategic Health Authority has also expanded to

take in Northamptonshire and Leicestershire – a case of welcome and hello again respectively. Fortunately, at a regional level at least, the new structure is likely to last for a good many years to come and is part of the drive to regional government.

To service such responsibilities Derbyshire LMC has its office base at Norman House, Friar Gate, Derby and employs 3.5 whole time equivalent members of staff consisting of 2 PPLOs, an LMC Office Manager, 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 constructive 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 of 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.

The best evidence that this system continues to work for GPs is evidenced by the lack of "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 and knowledge of our staff. 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. The Derbyshire LMC was highlighted in a 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.

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. During the past four years we have faced and survived BOTH contingencies and continued to develop services to colleagues.

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 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 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 that have been incorporated into their funding streams on the basis that the LMC, as a statutory body, should be financially supported.

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.

Our reserves are now substantially rebuilt thus ensuring that we will be able to achieve our 20 year old policy to keep on reserve one year's operating costs as a contingency. I expect this to be completed in 2007/08 on current projections.

By prudent operational policies we can achieve this aim without increasing the levy during 2006/07.

Politically we retain our strategic and mutual aid alliances with Nottinghamshire and Lincolnshire LMCs, having brought back in house many administrative functions which were undertaken at Nottingham. This move has, as projected, saved us several thousand pounds per annum. We will have to consider how our relationships evolve with the newly enlarged region but this should have a minimal financial effect.

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.

Derbyshire Local Medical Committee strives to rep-

resent 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 is currently signed up to the LMC levy.

The environment in which LMCs operate is rapidly evolving. There is a consensus of opinion amongst leading LMCs that for sound financial and business reasons Local Medical Committees should consider the question of incorporation. I will report on this topic formally next year.

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 at this time of massive change.

Peter J P Holden, Treasurer
30 November 2006

BALANCE SHEET AT 31 MARCH 2006

CURRENT ASSETS	2006	2005
Cash in Hand	150	100
Cash at Bank	264894	158271
Rent prepaid	2326	2268
	267370	160639
LESS CURRENT LIABILITIES		
Creditors	(1645)	(1645)
EXCESS OF ASSETS OVER LIABILITIES	265725	158994
Represented by:-		
ACCUMULATED FUND		
Balance brought forward	158994	90267
(Deficit) for the year	106731	68727
	£265725	£158994

REVENUE ACCOUNT FOR THE YEAR ENDED 31 MARCH 2006

		2005		2004
Levy on members		393846		375064
Bank interest		5557		2745
		399403		377809
Less expenses				
Staff costs				
Clerk's salary	22574		21708	
Secretary's salary	63250		57192	
Practice Liaison Officers	88796		83428	
Other officers' practice compensation	28375		32920	
Members practice compensation	22277		21673	
Pension contributions	5029		3722	
Reversal of prior years salary costs over provision	(26861)		0	
Computer expenses	178		2463	
Printing, postage, stationery, telephone and secretarial work	4886		8597	
Meeting and travelling exps	16768		12689	
Legal charges	270		0	
Accountancy charges	1833		1645	
Bank charges	153		210	
Norman House rent & rates	11475		12835	
Insurance	1369		0	
		240372		259082
		159031		118727
Contributions				
Trent Regional LMC	4000		5000	
GMSDF	48300		45000	
		52300		50000
SURPLUS (DEFICIT) ON ORDINARY ACTIVITIES		106731		68727
SURPLUS (DEFICIT) TRANSFERRED TO ACCUMULATED FUND		£106731		£68,727

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

22.09.06 — 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

Derbyshire LMC thanks the following practices for their contributions to the voluntary levy. 92% of Derbyshire practices have agreed to pay the levy.

Creswell Primary Care Centre
Dr Adams & Jootun
Dr Ahmed
Dr Ahmed, Lodge, Tompkinson & Lynas
Dr Aldred & Partners
Dr Alexander, Crowther & Crowther
Dr Allen & Partners
Dr Anderson & partners
Dr Bakshi
Dr Bartlett, Lockhart, Isherwood & Williams
Dr Binnie & partners
Dr Binnie, Gembali, Trafford & Girn
Dr Black, Long, Thomas, Das & Wright
Dr Blackwall & Partners
Dr Bold & partners
Dr Brian Bates & partners
Dr Bates & Wedgwood
Dr Brodie & Partners
Dr Chadwick, Newton & Jordan
Dr Chand & Babu
Dr Collins & Partners
Dr Cooke & Partners
Dr Cox & Mark
Dr Davidson & Partners
Dr Dilley & 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 Game, Houlton & Sword
Dr Gates & Partners
Dr Gokhale & Gokhale
Dr Goodwin & Partners
Dr Gould & Brown
Dr Gould & Partners
Dr Hamilton & Partners
Dr Hanna & Gayed
Dr Harris & Partners
Dr Hehir-Strelley
Dr Henderson-Smith & Bell
Dr Hennessy & partners
Dr Hogg & Partners
Dr Holden & Partners
Dr Holland & Egdell
Dr Horden & Partners
Dr Hurst & Woods
Dr Iqbal
Dr Jones & Clayton
Dr Jones & Partners
Dr Jowett & Partners
Dr Kar
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 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
Drs Nichols & Parkes
Dr Nicholson & Partners
Dr Noble, Walker, Foskett & Mellor
Dr O'Reilly & Rastogi
Dr Orchard & partners
Dr Palmer & Gardner
Dr Parmar
Dr Patel & Patel
Dr Patel, Ramzan & Jha
Dr Pickworth & Partners
Dr Powell & Jefferson
Dr Price, Pilcher, Neep & Riches
Dr Rapoport & Partners
Dr Riddell & Abraham
Dr Riddell, Bartholomew, Holderness & Ruck
Dr Saunders & Partners
Dr Sen & Sen
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 Starey & Partners
Dr Stevens & Partners
Dr Sutherland, Cracknell, Shaw, Brar & Harris
Dr Taleb, Hannon, Harrison & Clegg
Dr Tampi & Rangaraj
Dr Taylor, Tooley, Milner & Horsfield
Dr Thomson & partners
Dr Turner & Bull
Dr Turner & partners
Dr Varma & Singh
Dr Vickers & partners
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, Short, Pearson, Collier & Isherwood
Dr Zaman & Piracha
Dr Zammit-Maempel
Highfields Medical Centre
The Village Surgery