

The Role of the LMC

The Local Medical Committee (LMC) is an independent, self-financing body, with statutory functions, which is formally recognised by the Secretary of State for Health, the local Area Teams (AT) of NHS England and Clinical Commissioning Groups (CCG). Its independent status allows it to exercise medico-political functions in addition to statutory functions. This duality of function is unique and contributes to the influence of the LMC.

The statutory functions are concerned mostly with the interest of the individual General Practitioner in relation to his/her contract with the Area Teams of NHS England, or other employing organisations, or employer (including GP practices) and the continuing dialogue between the LMC and the ATs/CCGs.

The medico-legal functions are primarily concerned with the collective interest of General Practitioners (irrespective of contractual status) as a group and these operate through a quite separate channel, consisting of LMCs, Conference of LMCs, the General Practitioners Committee (GPC) of the BMA and the Department of Health (DH). If this channel of communication is to be effective, the flow of information must work in both directions from the LMC to the GPC and vice versa.

On a regular basis, the Secretaries of the Local Medical Committees discuss anomalies in the interpretation of the GMS and PMS contracts and payment of fees, within the Statement of Financial Entitlement as well as issues affecting salaried/sessional GPs, which appear to be occurring within different parts of the Region. There are also on-going discussions about APMS practices.

FUNCTIONS AND DUTIES

The many functions and duties of the LMC can be divided into three main categories:

- Those based on the "Partnership Principle" originally established in 1911.
- Those concerned with the administration of the contract(s).
- Those concerned with the representation of General Practitioners as a whole.

1) The "Partnership Principle" Prior to re-organisation of FPCs into FHSAs (in 1990s), the LMC and FPC often worked jointly to determine what action should be taken and, in a sense, there was a form of consultation between the two. With successive re-organisations, the LMC has had no representatives on the ATs, however there is still a statutory obligation for ATs to consult LMCs on many matters and there is evidence of this in the regulations governing the provision of General Medical Services in the NHS and in the GMS and PMS contracts.

The LMC plays a very important role in the General Practitioner complaints procedure. There are also statutory obligations on ATs to involve LMCs in a wide range of matters, including the removal of a doctor from the Performers List.

Whilst there is no longer a requirement that the LMC is consulted on practice vacancies, the LMC is involved in vacancies following retirement or death of single handed doctors.

2) Administration Of The Contract(s) The LMC is consulted on, and gives advice on, many aspects of contracts, for example:

1. General Medical and Pharmaceutical Services Regulations
 - To be consulted where it appears that a doctor is incapable of providing General Medical Services because of his/her physical or mental condition.

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- To be consulted when the AT requires a doctor to be medically examined.
2. The GMS and PMS Contract
 - Local Contract changes. The DH Guidance on the 2004 Contract states that problems should initially be handled at a local level.
 - Service provision. Consulting on planning of the provision of services and changes to service provision.
 - Enhanced services.
 - List closure and patient assignment.
 - Quality and Outcomes Framework review of practices' work.
 - Out of Hours arrangements and granting changes to practices.
 - Breaches in contract or contract failure.
 - Dispute resolution.
 - Premises.
 - Partnership splits.
 - Appraisal system.
 3. Statement Of Financial Entitlement The LMC is consulted on numerous aspects relating to items within the Statement of Financial Entitlement. For example, GPs may require support in challenging the level of seniority pay received.

3) Representation Of General Practitioners LMCs perform many other services for their constituents, the pattern of which is established by local custom and practice. These include the handling of ethical problems, the representation of GPs in relation to bodies and organisations outside the NHS and maintaining the standing of General Practice in the media and among the public generally.

Many LMCs have established close ties with MPs, Local Councillors, Patient Advocacy Agencies and other professional groups such as Nurses, Health Visitors and Social Workers.

In summary, the LMC has a major role in the provision of Primary Care. As a statutory, yet independent body, it occupies a unique position of influence within the NHS.

COMPLAINTS & DISCIPLINARY PROCEDURES

From April 1996, it has been part of a GP's Terms of Service or Contract, to operate an in-house, practice based complaints procedure, "Local Resolution". The LMC strongly supports Local Resolution as an expeditious way of handling problems before they escalate into serious complaints.

Since April 2009, patients have been able to complain directly to either the practice, or to the AT. If the complaint is directed to the AT, the AT could refer the matter back to the practice for investigation. However, it seems more likely that the AT will undertake the investigation itself. Complainants only have one opportunity to make a complaint under the current procedure. Should they remain dissatisfied, their only appeal would be to the Parliamentary & Health Service Ombudsman. It is important that GPs contact either their Medical Defence Organisation or the LMC for advice prior to proceeding with any correspondence.

PROFESSIONAL CONDUCT

Whereas the AT investigates complaints which allege a breach of the contract, when certain aspects of professional conduct are called into question, other investigations may be undertaken by, or involving, the LMC itself and the AT may not be involved, apart from being the referring body in some cases.

The functions are described in the National Health Service (Service Committee and Tribunal) Regulations 1974 (as amended):

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Regulation 17 Certification - failure to exercise reasonable care in the issue of certificates.

Regulation 19 Decisions as to treatment for which fees may be charged.

Regulation 20 Whether a substance was a drug. If the AT questions whether a prescribed substance is a drug, the doctor is advised to request that the PCT refers the matter to the LMC.

Regulation 24 (1) To consider a complaint made to the LMC by any doctor, against a doctor, practising in the locality of the Committee, involving a question of the efficiency of the General Medical Services.

On each matter (except Regulation 24 (1)), the AT refers a specific case to the LMC to investigate and the LMC response directly to the AT.

Although the LMC may only rarely be called upon to exercise some of these functions, it is important that the investigation of professional conduct is thorough and fair to maintain confidence of both the public and the profession.

PARTNERSHIP AGREEMENTS

To ensure that doctors entering into a partnership are not exploited and to ensure that practices can continue to function when a partner leaves a practice, all practices in which two or more doctors are working together are advised to have a partnership agreement. The LMC can review such agreements, or assist if problems occur. Assistance in drawing up partnership agreements is available from BMA Law or other solicitors.

SALARIED DOCTORS

All salaried doctors in GMS practices are expected to be offered the GMS Salaried GP Model Contract. Salaried doctors in PMS and APMS practices are expected to be offered terms similar to the GMS Salaried GP Model Contract. The LMC can provide help in this area. BMA members can also access the BMA's Salaried GP Handbook on the BMA web site.

LOCUM DOCTORS

Practices using the services of Locum GPs must satisfy themselves that any locum is not only registered with the GMC, but is also on a Performers List and carries valid medical indemnity. In some instances, it is a fine line between being considered as locum or salaried GP. Any doctor undertaking regular sessions, and expected to be in attendance at the same time each week, would be considered by HM Revenue and Customs to be salaried, with the employing practice being expected to pay 'employers national insurance'. Advice on working as a locum is available from the LMC. BMA members can also access advice on the BMA web site.

STATUTORY LEVY

The statutory levy is quite distinct from the voluntary levy, which GPs are asked to pay as a contribution to the General Practitioners Defence Fund. As defined in Health Service Legislation, the statutory levy may be used on "for defraying the administrative expenses of the LMC, including travelling and subsistence allowances payable to members of the LMC". The Legislation enables the LMC to make a compulsory levy on every General Practitioner to meet these specified expenses.

The administrative expenses of an LMC are the only expenses that may be collected by statutory levy and this is deducted by the PCT from the practice's financial entitlement and paid over to the LMC for GMS and PMS practices. APMS are expected to pay the LMC directly. As the levy is practice based, all doctors working within the practice, irrespective of status, are entitled to LMC representation.

VOLUNTARY LEVY

The LMC collects a voluntary levy which is used to contribute towards the General Practitioners Defence Fund. The majority of practices now contribute to this levy on a practice

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basis, and all GPs in these practices are covered by the practice levy. Only GPs who contribute to this levy are eligible to participate and vote in GPC elections. GPs not covered by a practice levy can make individual contributions.

GENERAL PRACTITIONERS COMMITTEE

The GPC is the standing committee of the BMA, with full authority to deal with all matters affecting NHS General Practitioners. It is the only body which represents ALL GPs, irrespective of contractual status or whether or not they are BMA members, and is recognised by the Department of Health as GPs' sole negotiating body. The GPC is responsible for determining what advice should be given and what representation should be made to the Secretary of State for Health and other DOH officials.

Although the GPC is responsible ultimately for policy, it cannot, and would not, formulate its policies in a vacuum. It therefore convenes annually (and on other special occasions) a Conference of Representatives of LMCs. For each conference, the GPC prepares a report, a copy of which is sent to every General Practitioner who then has the opportunity to express a view through his/her elected representative on the LMC.

It is for the LMC to submit motions for inclusion of the Agenda of the Conference of the LMCs. Such motions, if carried, are referred to the GPC and provide a firm basis for formulating policy. It is this democratic process which gives meaning and strength to the GPC in its day to day representation of the interests of family doctors in the NHS.

This outline of the LMC Conference/GPC structure indicates how General Practitioners have chosen to exercise "self-government" through their elected LMCs. Every area of the United Kingdom has at least one spokesman on the GPC (a doctor in active practice) to present its views and problems as they affect negotiations for General Practitioners as a whole or, on occasions, individual practitioners.

LMC EXECUTIVE FUNCTION

The purpose of an LMC is to support, represent and negotiate on behalf of all general practitioners within their area. In order to undertake such a task, the persons involved have to be preferably experienced GPs with knowledge of running a general practice, negotiating on terms and conditions and understand the contractual aspects of GP contracts, which include GMS, PMS and APMS. In order to carry these tasks out with confidence they have to hold the respect and confidence of their colleagues within the area.

The duties under this broad definition of an LMC Executive tasks can be broken down into:

1. ADMINISTRATION

- **Supporting the LMC main committee and all its sub-committees, which means organising/preparing agendas, checking and agreeing minutes for the Local Medical Committee, Area Team (NHS England) Liaison and Local Representative Committees**
- **Reading all incoming documents, which consists of minutes from other allied committees, reports from CCGs, ATs, LRCs, DoH, GPC, BMA and any other allied organisations. These documents have to be read and perhaps commented upon and replied to**
- **There is a high workload regarding composing letters as a consequence of the workings of the various committees and the other functions of the LMC office**
- **The day to day task of responding to emails, letters and telephone calls from GP colleagues, practice managers and PCT/AT Officers**
- **Liaison with national structures, i.e. the Regional LMCs, GPC and BMA**
- **Working closely with our colleagues in nearby LMCs, who are covered by the same joint management PCT**

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- **Managing or helping to manage the financial aspects of the Committee, ensuring that we stay within budget, including being involved in all payments in and out**
- **Frequent, if not daily, liaison with the LMC support staff regarding the above matters**

2. SUPPORT

One of the principle roles of an LMC Executive is to support their colleagues. This means all general practitioners including partners, salaried GPs, sessional GPs and locum GPs within the area. This involves the following:

- **Conversations and meetings with practices, via practice managers or lead-GPs on various issues and disputes including partnership disputes, practice agreement disputes, and also performance issues**
- **Meeting with individual colleagues for discussions regarding any issue of general practice, including disputes, underperformance and health issues**
- **Dealing with various emails, letters and telephone calls from individual general practitioners and practice managers regarding any aspects of GP life**
- **There is an informal support mechanism across LMC areas for GPs who do not wish to speak about their issues locally**

3. REPRESENTATION

Being a representative and speaking on behalf of your colleagues is an important aspect of the job of an LMC Executive, and one that has to be taken with care and sensitivity. It is not the job to put your own views forward but the collective views gained by speaking to your colleagues and listening to national and local arguments around the issues

- **Attendance at the various meetings - LMC, AT Liaison, Local Representative Committee, Professional Services Group and the Performers List Decision Panel (these are now the regional underperformance groups and input is there to ensure fairness and proportionality) and Regional LMC**
- **Negotiate on all aspects of the contractual issues of the various contracts**
- **Negotiate issues over enhanced services and ensure they are appropriate, sensible and resourced appropriately**

4. OTHER

One of the roles of the LMC is to be involved in the future development of general practice within our area, and this involves understanding the local and national agenda, discussing issues very closely with fellow colleagues from other areas and being involved in trying to shape the way forward.