WESSEX
Local Medical Committees
Incorporating Wessex LEaD

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THE ROLE OF LMC

As we are all aware the NHS is facing some of the most significant challenges it has seen since its inception in the 1940s this is not only in terms of financial problems but is also related to capacity, workload and recruitment and retention. At a time when general practice is unable to recruit younger GPs and retain older ones there is a need as defined in the Five Year Forward View (5YFV) to invest more in community services and general practice and remove the barriers between providers. This means replacing choice and competition with partnership working.

In Wessex we are already seeing a real change in attitude towards general practice and a wish to work more closely with general practice. But few outside general practice seem to understand the independent contractor status and practices working as small businesses.

The NHS needs to be less reliant on hospital based services, and this means that there needs to be an out of hospital service that is delivered at scale and to make this effective it needs to be embedded in general practice.

The Sustainability and Transformation Plans (STPs) have brought together Commissioners, Public Health, the Local Authority and Providers (which includes general practice) to try and ensure the local system covered by the STP footprint works together effectively and efficiently. One question that repeatedly gets raised is, who represents general practice both locally and nationally? The LMC thought it would be helpful to clarify this matter.

The LMC is the only body that has a statutory duty to represent GPs at a local level. This statutory duty was first enshrined in law in 1911 and has been included in the various NHS Acts over the recent past and is included in the Health and Social Care Act. The LMC has a constitution that ensures it is representative of GPs and this was produced and updated regularly following consultation with GPs and NHS England. In every area of the country there is a local representative committee called a Local Medical Committee whereby GPs are nominated by their peers and elections to these roles take place regularly (normally every 2 – 4 years). The committee also ensures there is a balance in terms of representation (contractual status and other factors).

Whilst *recognised* by statute and having statutory functions, unlike CCGs, LMCs are NOT themselves statutory bodies, they are *independent.* It is this unique status as independent representative bodies recognised by statute that allows them to be so effective in standing up for and supporting their GPs. They are accountable to the GPs they represent, unlike CCGs who are answerable to their NHS England and the Department of Health leaving LMCs free to speak up on behalf of GPs, practices and their patients when others cannot.

The Health and Social Care Act reinforces the requirement for NHS Bodies to consult with the LMC on issues that relate to general practice. It is important to understand that the LMC is not a trade union and cannot act as such, this is the role of the British Medical Association (BMA).

The LMC would therefore consider itself the voice of general practice at a local level. We work for and support individual GPs. Practices and also the wider professional voice of general practice.

The current confusion occurs when people consider the role of the Clinical Commissioning Groups (CCGs), federations or GP provider companies, the Royal College of General Practice (RCGP) and the General Practitioners Committee of the BMA.

CCGs were constituted as a clinically led commissioning organisation whereby all local practices are members of the CCG. This would normally mean either practices or individual GPs elect their peers to sit on the Board of the CCG. Their role is to provide their expertise in order to better commission services to the population and this should not be confused with the role of the LMC who represent GPs as providers.

It is therefore incorrect when some GPs who work for CCGs say they represent GPs, they do not, the CCGs have member practices not GPs as members

GP federation (or GP provider companies) these organisations are becoming more important especially in terms of providing services at scale and they can represent their member practices in terms of provision of services that lie outside essential services, additional services, local contracts (practice level) and QoF. If the provider company is speaking on behalf of practices they must ensure they have a mandate to undertake this role.

The Royal College of General Practice – is the national membership body that is focused on quality and training and is committed to improving patient care, clinical standards and GP training.

The General Practitioners Committee is part of the BMA and is the only body that represents all GPs (even those who are not members of the BMA). It remains the voice of general practice at a national level.

The LMCs work with the GPC and ensure that there is close liaison between the national and local representation for general practice.

Dr Nigel Watson
Chief Executive

July 2017