

Functions of the Local Medical Committees

What are Local Medical Committees (LMCs)?

LMCs are the bodies recognised by successive NHS Acts as the professional organisation representing individual GPs and GP Practices as a whole.

They have existed since the passing of the Local Insurance Act in 1911 when they worked in partnership with the Local Insurance Committees to ensure that the services of “Panel GPs” were available to lower paid workers. Over the years LMCs have provided impressive continuity and expanded their role in the face of many changes in NHS structure.

The 1999 NHS Act extended the LMC role to include representation of all GPs whatever their contractual status. This includes GMS GPs, PMS GPs, Sessional GPs and GP registrars.

Broad Functions of Local Medical Committees (LMCs)

- To seek and represent the spectrum of GP views
- To acquire wide ranging expertise to support GPs
- To advise GPs and practices on anything relevant and within LMC competence
- To help GPs in difficulty through ill-health, poor performance and relationships with colleagues
- To disseminate usable guidance on all issues of relating to GP activity
- To advise organisations both inside and outside the NHS on all GP matters
- To troubleshoot areas that affect GPs ability to perform their job enjoyably and well
- To facilitate earning opportunities for GPs
- To raise the profile of general practice and promote the worth of GPs
- To seek to limit any damage to GP interests resulting from the decisions of others.
- To manage selected bulk discount schemes
- To defend the profession's views when those of others conflict with what we believe is in our patients' best interests
- To represent local GP practice views nationally.

Local Representation and Structure

Each County LMC consists of GP representatives elected on a constituency basis every 4 years.

The constituencies comprise practices serving a total of between 30 and 40 thousand patients.

In addition, members are co-opted when appropriate to provide additional expertise.

The agreed processes and rules of the LMC are stipulated in its written Constitution which is approved by all its practices and the PCTs to which the committee relates.

Any GP registered with the LMC as a contractor or sessional GP may be nominated for and vote in an election.

Each county committee appoints a Chair and Treasurer. The business of the committee is generally managed by its Medical Secretary who is also the Chief Executive of the Secretariat

The LMC meets approximately every two months in full session and in between at Local Reference Committee (LRC) meetings where representatives liaise with each PCT.

The three LMCs of Berkshire, Buckinghamshire and Oxfordshire are separate organisations jointly funding and served by one Secretariat based in Marlow.

Each LMC is an independent self financing body with both statutory and voluntary functions.

The LMC is not a trade union; this is the role of the BMA.

The Secretariat helps each LMC fulfil its function by providing administrative backup and much of the advice and support to GPs. It operates 8-4:30 every weekday and outside these hours help is available by mobile phone.

The Secretariat comprises:

- A Chief Executive (Dr Paul Roblin)
- A Medical Director (Dr Jim Kennedy)
- An Administration & Information Manager (Pauline Green)
- An Administrative Officer (Michelle Brownlie)
- An Office Assistant (Gillian King).

Communication

The LMC regards good communication between the Secretariat, representatives, constituent GPs and practices as essential.

The routes used include:

- Hot Topic Emails
- Bimonthly Information Roundups; emailed to all GPs and practices
- Website at www.bbolmc.co.uk
- The BBOLMC Listserv (individual registration via the Secretariat)
- Information bulletins on major issues and summaries of national guidance
- Open meetings
- Consultation with specific GPs
- Telephone, email, fax and mail
- Annual Report
- Local LMC representative
- Meetings/Seminars/Conferences.

Funding of LMC

The LMC is funded by capitation based contributions (the local LMC Levy) from GP Practices, of both contractual types (GMS and PMS).

In addition, GPs are asked to contribute to a national levy, which is used to finance the LMC's contribution to the national GMS Defence Fund. This pays for the General Practitioners Committee (GPC) of the BMA.

PCT payment agencies are authorised via a signed mandate to deduct the LMC levy at source from practice income.

Some self employed locum GPs elect to pay a levy themselves if they have no allegiance to one practice.

Helping Individual GPs and Practices

The LMC provides help and advice to assist GPs and practice managers navigate through the NHS. Help is available on all matters relevant to general practice including:

- GPs' remuneration
- GPs' terms and conditions of service
- Complaints
- Premises
- Partnership affairs
- Employment matters
- Any disputes which may occur between GPs and the PCTs of which they are part.

Detailed LMC Activity

The LMC represents and advises on all matters concerning:

1. GP Practices as providers and users of NHS services including:

- GP contracts, both independent and salaried
- The NHS Regulations and Directions, and Statements of Financial Entitlement
- The PMS (Personal Medical Services) equivalents
- Primary Care Trust (PCT) and Strategic Health Authority policy and plans.
- The NHS complaints process and disciplinary procedures.
- Liaison with other agencies, NHS Trusts, local authority Social Services and voluntary services.
- Relationships with Primary Care Trusts
- The interface with Acute Trusts
- The use of GMS resources by PCTs and Health Authorities

2. GPs as professionals:

- Education, training and continuing professional development - undergraduate, postgraduate and vocational training.
- Professionally-led regulation and professional standards, ethical conduct and performance, including clinical governance
- Workforce planning
- Liaison with consultant and hospital colleagues
- Collaboration with the PCT performance committees, General Medical Council and NCAS
- Collaboration with national professional bodies - British Medical Association, Royal College of General Practitioners
- Occupational health issues, e.g. sick doctors
- Liaison with other professions allied to medicine
- Development of Practice staff and partnership.

National GP Representation

The national representative committee for GPs is the General Practitioners Committee (GPC) which meets monthly throughout the year. The GPC is a craft committee of the British Medical Association with full authority to deal with all matters affecting NHS GPs, whether or not they are BMA members. It is recognised by the Department of Health as NHS GPs' sole negotiating body. Every part of the country has at least one spokesperson on the GPC to present its views and debate key issues. Throughout the year, papers are produced for discussion at LMCs and from time to time the GPC consults all GPs directly through surveys and questionnaires.

These are also available via the BMA website www.bma.org.uk

The GPC has a continuous dialogue with the Secretary of State and his/her team through its national negotiators who are elected annually by members of the GPC.

The Secretary of State's team is supported by the senior civil service, the NHSE and the resources of the NHS and is supported by other professionals including public affairs and relations staff.

The issues negotiated nationally mirror those at local level, but also include the submission of evidence to the Doctors' and Dentists' Review Body.

GPC representatives and LMC representatives also meet annually in June at the National Conference of LMCs. Motions from individual LMCs across the country are debated alongside those from the GPC. The outcome of the debate determines the broad direction of the profession's national negotiations.

[Companies House information](#)

<http://www.bbolmc.co.uk/lmc/lmcrole2/comphse.pdf>