***GP Representation*** 

The issue of who represents GPs, practices and the profession is a subject that is frequently raised and there remains uncertainty about the role of the GPC, RCGP, local Faculty of the RCGP, the LMC office, the LMC Committee, the CCG and Federations. This paper, I hope, will try and provide some clarity on the issue.

***The Local Medical Committee (LMC)***

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, this is 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 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 and practices and are 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 to better commission services for 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 federations (or GP provider companies) 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.

 Locally the 3 Local Medical Committees that function under the umbrella of Wessex LMCs are:

* Dorset
* Bath & NE Somerset, Swindon and Wiltshire (known as BSW)
* Hampshire & IoW

These are the recognised bodies that represent general practice and these committees have been recognised by NHS England and the CCGs as the local body that represents all GPs.

The LMC, when representing the profession, will try to ensure there is openness, transparency, fairness and equality of opportunity.

The LMC will represent and advise on all matters concerning GPs, whether they are partners or sessional GPs, working in a GMS, PMS or APMS Practice or as a locum, Out of Hours GP or in a different setting that is ever evolving e.g. GP A/E streaming.

The LMC represents the profession in many different ways, for example:

* *education and training undergraduate, postgraduate and vocational training, continuing professional development*
* *professionally-led regulation and professional standards ethical, conduct and performance, including clinical governance*
* *workforce planning*
* *liaison with consultant and hospital colleagues*
* *collaboration with the General Medical Council*
* *collaboration with national professional bodies eg British Medical Association, Royal College of General Practitioners*
* *occupational health issues, eg sick doctors*
* *liaison with other professions allied to medicine.*

**National representation**

The LMC represents local GPs views nationally through representation on and to the General Practitioners Committee (GPC) and by submitting proposals to the annual conference of LMCs.

**Communications**

LMCs regard communication between representatives and constituent GPs as essential. LMCs communicate with GPs in many ways including:

* newsletters
* website - www.wessexlmcs.com
* meetings for the profession
* information bulletins on major issues and summaries of national guidance
* the medical press
* consultation with specific GPs on issues of special interest
* telephone, email and mail

**Links with other bodies**

LMCs maintain an extensive network of formal and informal contacts on behalf of GPs with bodies such as:

* Clinical Commissioning Groups
* NHS England
* Public Health England
* Local Authorities
* other LMCs
* BMA General Practitioners Committee
* Royal College of General Practitioners
* Small Practices Association
* National Association of Primary Care
* NHS Alliance
* Members of Parliament
* Dispensing Doctors Association
* Local Pharmaceutical Committee

**Helping individual GPs**

The LMC will provide help to all GPs on matters relevant to general practice including:

* GPs' remuneration
* GPs' terms and conditions of service
* complaints
* premises
* partnership affairs
* employment matters

The LMC works very closely with Practice Managers and often attends their local meetings to provide information but also to listen to the local issues that may be affecting general practice.

Education and Training has become an important issue for general practice. In 2012 the LMC established Wessex LEaD which provides an extensive range of events aimed at Practice Managers, Practice Nurses and other staff working in General Practice. The LMC also provides some educational events for GPs.

**How do you become a member of the LMC?**

Each practice pays a levy to the body that represents them. If you work in a practice, whether that be as a partner or a salaried GP you are a covered by the practice levy. The LMC represents the professional at a local level and this includes all GPs whether they are members of the LMC or not. For locums to be supported and represented as individuals they can become members of the LMC for a small annual fee.

Some will then ask about the role of the committee and that of Wessex LMCs Ltd and the Secretariat.

***The Committee***

Each area has a constitution which defines the geography covered and the constituencies that exist within those boundaries. There are elections held every 2 years for GPs to represent their peers on that committee, each tenure lasts for up to 4 years. It is important to satisfy the true nature of representation in that there is a balance within the committee of ages, sex and contractual types. The committee can co-opt people onto the committee if they believe someone has expertise that would enhance the committee or if it would help in terms of balance in representation.

The committee, once elected, then elects a chair and vice-chair(s).

The individual who is elected to represent their peers is expected to attend LMC meetings and their role is to provide a voice for their constituency, it is not to promote their own issues or that of their practice.

Committee members must be careful in terms of giving advice as an LMC member, as they are not insured to do so.

***The Secretariat***

In the 1990s there were 6 committees in our area all working independently. Dorset and Wiltshire had a Lay Secretary and Hampshire was divided into 3 committees (Southampton and SW Hants, Portsmouth and SE Hants, North and Mid Hants and the IoW) the 3 Hants committees shared a Medical Secretary and the IoW also had a Medical Secretary.

During the late 1990s and early 2000’s the role of the LMC dramatically changed with the end of the Red Book and the old contract and the introduction of the new GMS Contract, PMS regulations and performance procedures. Greater regionalisation of NHS structures resulted in the various LMCs establishing an organisation that worked on behalf of each LMC and was accountable to them.

Wessex LMCs Ltd was formed – this is a Company Limited by Guarantee; each practice has a liability of £1. The Directors of the company are the chairs and vice-chairs of the 3 LMCs within Wessex. The Secretariat have appointed a Chief Executive and a Company Secretary, and that is currently Dr Nigel Watson.

Wessex LMCs Ltd is the body that works on behalf of each committee and holds Directors and Officers Liability Insurance to undertake that role.

***The LMC Office***

The CEO is responsible and accountable for the staff employed by Wessex LMCs and currently this includes:

* 3 Medical Directors (including a Deputy CEO and Treasurer)
* 3 Directors of Primary Care
* A Business Manager
* A Manager for Wessex LeaD
* An Advanced Nurse Practitioner
* 5 Administrative staff

The LMC Office works with other LMCs and also links with the GPC directly as well as through their representatives.

The Wessex Faculty of the RCGP has a co-opted place on the Hants & IoW LMC.

There is a SW Regional LMC group which includes Cornwall, Devon, Somerset, Avon, Gloucestershire and Wessex.

Dr Nigel Watson represents Wessex LMCs at the Farmers Club which is an informal collection of LMC CEOs focused on the larger LMCs for example, London, Birmingham, Kent, Surrey and Sussex, Cambridgeshire, Yorkshire, Devon, Beds and Herts, Bucks, Berks and Oxfordshire and Wessex.

The Directors of Primary Care also belong to a group called LADs which includes the Directors of Primary Care from a similar geography.

The question has been raised about what is the role of a committee member and how this enables them to have a two-way relationship with their constituents. In addition, some will question how the office is accountable to GPs and practices.

The CEO, Medical Director and Directors of Primary Care spend between 3-5 days a week working for the LMC, which means we spend a lot of time meeting with GPs, Practice Managers, Practices, CCGs, NHS England, Hospitals etc. So, we gain lots of intelligence and information.

The committee’s role currently is therefore to hold Wessex LMCs Ltd to account for delivering the service that the committee wish it to. This is undertaken by the chairs and vice-chairs sitting on the Secretariat who are the employers of those who work for Wessex LMCs.

***The Royal College of General Practitioners***

Each speciality has a Royal College and these bodies are responsible for ***quality and professional standards***. They also provide the framework for education and training for those who are employed in a specialist training programme.

The RCGP has local Faculties and within our LMC area there are two – Wessex and Severn.

***The British Medical Association (BMA)***

The BMA is the Trade Union and professional association that represents all doctors in the UK with the sole negotiating rights for most doctors. The BMA is therefore our national body that has a political dimension as well as a trade union one. Within the BMA each branch of practice has its own committee which includes for example Consultants, Juniors, Public Health, Medical Students and General Practice (called the GPC). Other committees include such areas as Medical Ethics, Pensions, International as well as the Board of Science.

The BMA can provide individual member representation and advice in employment matters and also a wide variety of help and guidance on all aspects of professional life. Members also receive the BMJ and have free access to BMJ Learning and other resources.

***The General Practitioners Committee***

This is a committee that represents GPs and the profession at a national level. It is part of the BMA and has now been divided into GPC UK and GPC England (there has always been a GPC Scotland, Wales and Northern Ireland).

The GPC’s role is to represent the profession with any issues relating to contracts, terms and conditions, and has a broad role in terms of the representation of the profession.

The GPC has many regional representatives that are elected every 3 years.

The regional representatives generally attend LMC meetings to gain an understanding of local issues and feedback on national issues where relevant.

The GPC also has several representatives that are elected from the annual LMC Conference and from the Annual Representatives meeting of the BMA.

Most branches of practice will meet 4 times a year. The GPC meets more frequently, and this is because the breadth of coverage in terms of complexities of GPs being both salaried and independent contractors means that there are far more issues to discuss – for example the annual negotiations about the GMS/PMS contracts.

The BMA funds 4 meetings a year of the GPC (the same for the craft committees) and the GP Defence Fund (GPDF) funds the additional GPC meetings and also the officers of the committee. The GPDF is funded by the national levy raised by the LMC every year from practices (currently between 6-7p).

Within the GPC there are several policy groups which include:

* Commissioning and Service Development
* Contracts and regulations
* Education and Training
* IT
* Sessional GPs
* Representation
* Trainees
* GPFV
* Workload

The GPC and the RCGP work closely together but have different roles which can often get confused.

The LMC believes that all GPs should be aware of the roles and functions of the LMC.

It is essential that GP Trainees become aware of the LMC early on in their career and therefore with agreement with Health Education England (the Deanery) any GP Trainee would be welcome to attend an LMC Committee meeting in order to get a greater understanding of the issues that face general practice.

For those who want to attend please contact Lisa Taylor – lisa.taylor@wessexlmcs.org.uk

Dr Nigel Watson

Chief Executive Wessex LMCs

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