Liverpool
Local Medical Committee

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THE ROLE OF THE LIVERPOOL LOCAL MEDICAL COMMITTEE

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 and NHS England, as well as the Local Clinical Commissioning Group. 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 NHS England, or other employing organisations, or employer (including GP practices) and the continuing dialogue between the LMC, NHS England and the CCG. 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 in Wirral, Liverpool and Sefton, along with Mid Mersey and Cheshire LMCs, 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, and involving, APMS practices.

Between them, the LMCs ensure that there is LMC representation on the North West Regional Council of the BMA.

- **CONSTITUTION**

  The composition of each LMC varies from area to area and the manner in which members are elected is also variable. Liverpool LMC comprises:

  (a) **Elected Members**

  i) 28 General Practitioners comprising GMS and PMS Contractors, and salaried and sessional Practitioners on the Performers List, of whom one-half shall retire every second year, and be eligible for re-election.

  ii) 1 Ophthalmic Medical Practitioner on the General Ophthalmic List.

  (b) **Co-Opted Members**

  i) Up to 4 Practitioners nominated by the medical staff of hospital trusts within the area of the Committee.

ii) The Director Of Public Heath (or appointee).

iii) Up to 2 GP Trainees.

iv) The Professor Of Primary Care (or appointee).

V) The Chair of Liverpool CCG (or appointee)

vi) Such other members as the Committee may from time to time decide.

Committee meetings are held of the first Tuesday of each month, with the exception of January and August.

- **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.

(a) **The "Partnership Principle"**

Prior to reorganisation 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 reorganisations, the LMC had no representatives on the PCT, however there was still a statutory obligation for PCTs to consult LMCs on many matters and there was evidence of this in the regulations governing the provision of General Medical Services in the NHS and in the GMS and PMS contracts. Since the changes following the Health and Social Care Act 2012, the LMC Secretary has been co-opted on the Clinical Commissioning Group Governing Body and is a formal member of NHS England (Merseyside) Performers Surveillance Group. In addition the LMC sends a representative to the Performers List Decision Making Panel.

The LMC plays a very important role in the General Practitioner complaints procedure. There are also statutory obligation on NHS England to involve LMCs in a wide range of matters, including the removal of a doctor from the Performers List.
There is also a requirement that the LMC is consulted on vacancies following retirement or death of single handed doctors.

(b) **Administration Of The Contract(s)**

The LMC is consulted on, and gives advice on, many aspects of contacts, for example:

i) 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.

* To be consulted when the NHS England requires a doctor to be medically examined.

ii) The GMS and PMS Contract

* Local Contract changes. The DOH 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 and Local Improvement Schemes

* 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.

iii) 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.

(c) **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.

- **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 the Performers List and carries valid medical indemnity. In some instances, it is a fine line between being considered as a 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 only *"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 NHS England from the practice's financial entitlement and paid over to the LMC for GMS and PMS practices. APMS organisations 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**

Liverpool LMC collects a voluntary levy which is used to contribute towards the General Practitioners Defence Fund. The majority of Liverpool practices now contribute to this levy on a practice 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, whether or not they are BMA members, and is recognised by the Department of Health as the 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 DH 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 in 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.