

## Norfolk & Waveney LMC Constitution

### Appendix 1 – Functions of the LMC

#### **Statutory functions of the LMC**

The GPC's guidance on 'The work of the local medical committee in England and Wales'; summarised below deals largely with the statutory functions of local medical committees (LMCs).

The many functions and duties of the LMC that derive from its statutory recognition insofar as the provision of GMS is concerned may be subdivided into two groupings, those concerned with the administration of the GMS contract and the representation of general practitioners as a whole.

In addition LMCs may perform many other services for their constituents, the pattern of which is established by local 'custom and practice'. These functions are termed non-statutory functions of LMCs. They include the handling of ethical problems and the representation of GPs in relation with bodies and organisations outside the NHS and maintaining the standing of general practice in the media and among the public generally.

Over the years the LMC has co-opted representatives of GPs in training and has found this to be beneficial. Co-option enables newer members of the profession to become familiar with the work of the LMC at the beginning of their careers in general practice. The LMC has a major role in the provision of primary care. As an independent body with statutory functions, it occupies a unique position of influence within the NHS.

#### **Administration of the contract**

Commissioners are required by statute to consult LMCs on many issues; detailed in the regulations governing the provision of general practice, the terms of service for general practitioners and the statement of fees and allowances. These can be divided into six areas.

1. General medical services regulations
2. Terms of service
3. Pharmaceutical regulations
4. Statement of fees and allows (the "Red Book")
5. The complaints procedure
6. Professional conduct

The LMC also plays an important part in the complaints procedure and investigation of matters relating to professional conduct.

#### **Representation of the profession**

The LMC is to be consulted by commissioners i.e. NHS England (NHSE) and Clinical Commissioning Groups (CCGs) and other bodies when the views of general practice as a whole are required. The LMC also has a vital part to play in the conference of LMCs, and the LMC/GPC medico-political axis. It elects representatives to both the conference of LMCs and the GPC.

#### **Medico-political functions**

The LMC is an independent self-financing body with statutory functions (as distinct from a state funded statutory body). 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 power of the LMC. The statutory functions are concerned mostly with the interests of the individual general practitioner in relation to his contract with the commissioner and the continuing dialogue between the LMC and commissioners. On the other hand, the medico-political

functions are primarily concerned with the collective interests of general practitioners as a group, and these operate through a quite separate channel consisting of LMC/conference of LMCs/GPC/NHSE. 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.

In our area a regional committee of LMCs exists as a forum for discussing supra-district problems and exchanging ideas and, it makes sense for LMCs to seek to act collectively via a regional committee in formulating policy on a regional basis.

### **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 general practitioners (whether or not they are BMA members) and is recognised by the Department of Health as NHS GPs' sole negotiating body. The GPC is responsible for determining what advice should be given, and what representations should be made, to the secretary of state and 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 of expressing a view through his elected representative on the LMC, or at a meeting of all general practitioners held in the LMC's area.

Whatever procedure is adopted, it is for the LMC to submit motions for inclusion on the agenda of the conference. 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 general practitioners in the NHS.

This outline of the LMC conference/GPC structure shows how general practitioners have chosen to exercise 'self-government' through their elected LMCs.

### **General Medical Services Defence Fund**

The profession has chosen this representative system and it involves considerable expenditure of time and money. The defence fund, which was first established in 1913, is the main source of finance for running this democratic process. The term 'defence' may appear to be a misnomer if you take a narrow definition which merely applies to some form of direct action against government, e.g. the collection of undated resignations from the NHS. However, the work of the GPC, and its various subcommittees, and working parties, is for the purpose of defending the interests of general practitioners in relation to their terms and conditions of service, even though the profession may not be involved in a confrontation with government on some specific issue. All this activity costs money (members of the GPC are reimbursed their expenses) and the NHS benefits directly. It could be said this is the necessary price the profession has to pay for 'self-government'.

### **Statutory levy**

The statutory levy may be used only for defraying the committee administrative expenses. The legislation enables an LMC to make a compulsory statutory levy on every general practitioner who satisfies the conditions to meet these specified expenses and these are open to external scrutiny. The administrative expenses of an LMC are the only expenses that may be collected by statutory levy and they are deducted from doctors' NHS remuneration and paid over to the LMC.

### **Voluntary levy**

LMCs additionally raise a voluntary levy which provides for contributions to the "defence fund" and to defray LMC costs which cannot be covered by the statutory levy.

**Conclusion**

This summary of the work of the LMC does not claim to be comprehensive as the work is complex and covers so many areas. It is recognised that the roles and functions of the LMC can change rapidly to promote the development of general practice especially in periods of financial stringency and organisational change.