THE ROLE OF DEVON LMC

By Dr Rachel Ali, Medical Secretary for Devon 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, recruitment and retention. At a time when general practice is unable to recruit younger GPs nor 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 Devon, we are beginning to see a change in attitude towards general practice and a wish to work more closely with us. But few outside general practice seem to understand the independent contractor status and practices working as small businesses.

We are told that the NHS needs to be less reliant on hospital based services, this means that there needs to be an out of hospital service that is resourced and delivered at scale. This is particularly challenging in Devon, as our established community hospitals have delivered bed based care whereas in other communities this care may be delivered by community services. Resources and funding will need to follow this shift of work and for this to be effective it will need to be embedded in Primary Care Services

The Devon Sustainability and Transformation Plan (STP) is bringing together a long list of organisations to try and ensure the local system covered by the STP footprint works together effectively and efficiently. As this includes our two Clinical Commissioning Groups (CCGs), the three local councils, the four acute trusts, around 160 GP practices, South West Ambulance Services NHS Foundation Trust (SWASFT), Devon Partnership Trust, Devon Doctors, Healthwatch, Livewell Southwest CIC, Virgin Care and Care UK as well as NHS England - one question that repeatedly gets raised is, who amongst these 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. 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. Devon LMC has functioned in its current form since 1996 with a regularly updated constitution that ensures it is representative of GPs, this was last ratified in 2014 and can be accessed on the LMC website. In each of its three subcommittees, Devon LMC 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).

Devon LMC would therefore consider itself the voice of general practice at a local level. We work for and support individual GPs, practices, and the wider professional voice of general practice. We have a pastoral role as well as providing representation, negotiation, and leadership locally and nationally.

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

CCGs were constituted as clinically led commissioning organisations 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 and enable better commissioning of services for the population. 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 Provider Groups (federations, alliances, networks) 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 group is speaking on behalf of practices they must ensure they have a mandate to undertake this role. Alongside these developing arrangements, GP Provider companies have been set up to enable practices to bid to deliver services across a footprint larger than an individual practice

Collaborative boards are an evolving part of the puzzle in Devon, they aim to allow Provider Groups to work together to make the most of the opportunities available at scale, they may be service provision or estates. Each Provider Group or provider will select representatives to sit on their Collaborative Board. The Collaborative Boards divide the county into four geographical areas, broadly correlating to each acute Trust. The LMC provides support at each Board to listen, guide, protect and lead where required. It is important that all providers have a voice on these boards but to remember that their role is to be a sounding board and create a constructive space to explore possible solutions by working together. They do not have a mandate to make decisions on behalf of practices, thus protecting individual practice autonomy. The representatives are responsible for communicating between the provider groups and the GP Collaborative boards (and vice versa).

The Royal College of General Practitioners 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.

(This document has been derived from an original document by Wessex LMCs, with consent)