YORLMC LIMITED
Established 2007

THE ROLE OF THE 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 and recruitment and retention. At a time when general practice is unable to recruit younger GPs and retain older ones there is a need as defined in the General Practice Forward View (GPFV) 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 Bradford, Airedale, Wharfedale and Craven and North Yorkshire & York we are already seeing a real change in attitude and a wish to work more closely with general practice. However, few outside general practice seem to understand the independent contractor model and that practices work as small businesses.

The NHS needs to be less reliant on hospital based services, and this means that there needs to be an out of hospital service that is delivered at scale. To make this effective this needs to be embedded in general practice.

Emerging ICSs have brought together Commissioners, Public Health, Local Authorities and Providers (this latter grouping includes general practice) to try and ensure the local system covered by the ICS footprint works together effectively and efficiently.

One question amidst all this that repeatedly gets raised is, who represents general practice both locally and nationally?

The following is intended as a guide to clarify the remit and roles of the range of professional bodies that exist in this context.

Local Medical Committees (LMCs)

LMCs are the only body that have 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. YORLMC has a constitution that ensures it is representative of GPs and this was produced and 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). These Committees also ensure in their individual localities that 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

YOR Local Medical Committee Limited (YORLMC Ltd)
Registered office: First Floor, 87-89 Leeds Road, Harrogate, North Yorkshire, HG2 8BE
t. 01423 879922 f. 01423 870013 e. info@yorlmcltd.co.uk w. www.yorlmcltd.co.uk
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Chief Executive: Mrs Angela Foulston *Medical Secretary: Dr Brian McGregor*

answerable to NHSE/I 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 LMCs 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).

YORLMC
YORLMC is the voice of general practice locally. Its elected Members work for and support individual GPs, their practice teams and also the wider professional voice of general practice.

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 as representing the profession

Clinical Commissioning Groups (CCGs)
CCGs are constituted as clinically led commissioning organisations and all local practices are members of their 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 in order to better commission services to the population. This should not be confused with the role of the LMC that represent GPs as providers.

It is 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 federation (or GP provider companies)
GP federation (or GP provider companies) 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.

Royal College of General Practice
The Royal College of General Practice is the national membership body that is focused on quality and training and is committed to improving patient care, clinical standards and GP training.

General Practitioners Committee
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. LMCs work with the GPC and ensure that there is close liaison between the national and local representation for general practice.

Dr Brian McGregor
Medical Secretary

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