BRADFORD & AIREDALE LMC
“GPs and their patients are our primary concern”
A Local Medical Committee (LMC) is the body statutorily recognised by successive NHS Acts as the professional organisation representing individual GPs and GPs as a whole to the Strategic Health Authority, including Primary Care Organisations.

The 1999 NHS Act extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GPs and GP registrars.

LMCs are not for profit professional associations, for all NHS GPs within the boundaries of their designated geographical area and regardless of whether GPs are members of the BMA.

LMCs are independent self-financing bodies with statutory functions - see appendix A and are not trade unions.

LMCs are funded by contributions from the GPs they represent. The greater proportion of an LMC’s income is provided by a levy on GP practices. This levy is used for LMC administrative expenses; a significant proportion of which was included in the global sum payment for GMS and baseline for PMS practices. Additionally a voluntary levy enables LMCs to contribute to the General Medical Defence Trust Fund which is used to fund GP representation at national level and in negotiations with the Government. The voluntary levy is a business expense and can be charged against tax. The voluntary levy also funds capital items plus a small number of LMC activities not covered by the LMC levy and enables the LMC to make regular donations to charities such as the Cameron Fund, which helps GPs and their families in times of crisis.

LMC advice is pragmatic, based on accurate knowledge of the system and is completely unbiased.

This bulletin aims to provide you with an overview of the LMC and how it seeks to represent and promote the interests of all constituent GPs whatever their contractual status at local, regional and national levels.

The bulletin also suggests ways in which you are able to keep up to date with Bradford & Airedale LMC (BALMC) and useful contact details can be found at the back of this bulletin.
OVERVIEW – BRADFORD & AIREDALE LMC

Locally, Bradford & Airedale LMC (BALMC) works to represent and promote the interests of all constituent GPs, whatever their contractual status, thus including GP Principals, sessional GPs and GP registrars working within GMS & PMS.

Wherever possible, BALMC works co-operatively with the PCT and other organisations to ensure patients receive services and care in accordance with the profession's local and national priorities.

Wherever necessary, BALMC robustly defends the profession’s views when those of others conflict with what it believes is in patients’ best interests.

BALMC has been the only statutorily recognised professional association for NHS GPs in its designated geographical area since 1973 and its focus is on the protection of the interests of NHS GPs through the rapid dissemination of reliable information.

BALMC is professionally supported by a secretariat employing three full time members of staff.

The officers of BALMC are:

- Joint Chairmen, Drs Shahid Ali & Andy Withers
- Medical Secretary/Treasurer, Dr John Givans
- Deputy Medical Secretary Dr Dougy Moederle-Lumb

Dr John Givans is also an elected representative of the BMA’s General Practitioner Committee (GPC) and he attends the monthly GPC meetings. This provides a regular opportunity to present nationally, the views of local GPs and also to learn about events and share ideas with representatives from other areas of the country.

Elections to BALMC take place regularly under terms stipulated in its constitution, which is approved by the Secretary of State for Health, and any GP working in the area may be nominated for election.

BALMC meetings are attended by GP Members elected by local GPs plus representatives of sessional GPs and GP Registrars and co-opted Members.

The current constitution determines that the Committee comprises 24 members of which there are:

- 16 GP Principals
- 4 Districtwide GP Principals of which one must represent PMS and one represent GMS
- 2 sessional GP representatives
- 2 GPR representatives

With the exception of GPR representatives whose Committee tenure will cease on their completion of the VTS, Committee members are elected (or co-opted) for a four year term. Elections take place in alternate years to ensure continuity.

The BMA Industrial Relations Officer also attends BALMC meetings and, when appropriate, invited guest speakers also attend to speak about issues of topical interest.

BALMC works with the other local representative committees, namely the local Dental, Ophthalmic and Pharmaceutical Committees.

BALMC also maintains an extensive network of formal and informal contact on behalf of GPs – these include other LMCs, MPs and local government.
WHAT BALMC DOES

BALMC represents and advises on all matters concerning:

**GPs as providers of NHS services including:**
- The NHS Directions, regulations, the GPs’ Terms of Service and the PMS (Personal Medical Services) equivalent
- Strategic Health Authority & Primary Care Trust (PCT) policy
- The NHS complaints process and disciplinary procedures
- Liaison with other agencies, including Local Authorities, Social Services, voluntary services

**GPs as commissioners of services including:**
- Primary Care Trust - the LMC has the right to be consulted about the use of GMS resources by the PCT
- Community and Acute Trusts

**GPs as professionals:**
- 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 – British Medical Association, Royal College of General Practitioners
- Occupational health issues, e.g. sick doctors
- Liaison with other professions allied to medicine

Please be aware that the LMC is not able to provide legal (or financial) advice but it can provide support to individuals and practices including acting as a “friend” at meetings.

AVAILABLE ADVICE

Typically the type of advice and guidance available from BALMC includes:
- Complaints and disciplinary matters
- Sick doctors services
- NHS Contracts – both GMS & PMS
- NHS Regulations
- Statutory Certification
- Demands/Requests for reports, certificates, opinions from Government Departments, Local Authorities, solicitors, commercial organisations, voluntary organisations, NHS establishments etc
- Data Protection & Access to Medical Record Acts
- Partnership and inter-professional relationships and disputes
- Practice Premises
- Ethical aspects of practice

Additionally BALMC is able to provide help and advice on all matters relevant to general practice including:
- GPs’ remuneration
- GPs’ terms and conditions of service
- Partnership matters
- Any disputes which may occur between GPs and the PCT
NATIONAL REPRESENTATION AND NEGOTIATION

LMCs nationally represent local GPs’ views through the professional representative mechanisms outlined below:

• LOCAL REPRESENTATION

BALMC consists of GPs elected on a constituency basis, and includes representation from GMS and PMS GPs, sessional GPs and GP registrars. In addition, members are co-opted when appropriate.

BALMC meets regularly in full session and where necessary between meetings in executive. BALMC representatives host regular locality meetings for their GP colleagues and practice managers, meet with the PCT and, where appropriate, with other organisations.

GPs can submit proposals to BALMC at any time, preferably via the LMC secretariat. Proposals are gathered from debate at BALMC over the course of the year for submission to the Annual Conference of LMCs.

Recent debate at BALMC has included: APMS, Choice, Pandemic Flu Planning, GP Appraisal, GPwSI, Hepatitis B, nGMS & PMS, PBC & Enhanced Services, Prescribing/Nurse Prescribing, Referral Management, Tackling Violence against GPs and their Staff and the White Paper.

The issues negotiated locally mirror those at national level. National negotiations also include the submission of evidence to the Doctors’ and Dentists’ Review Body for pay purposes.

• REGIONAL REPRESENTATION

BALMC works closely with the other LMCs within the Yorkshire and Humber Region. It shares its Secretariat with North Yorkshire LMC. The Secretariat also administers the work carried out by the West Yorkshire Confederation of LMCs which, in addition to BALMC also comprises Calderdale, Kirklees, Leeds and Wakefield LMCs. This Committee meets on a regular but infrequent basis and seeks to work closely with the SHA. This structure provides the opportunity to discuss issues on a regional basis and where appropriate, develop regional policy. It also allows ideas to be shared across LMC areas and is of particular benefit where the SHA sets policy that applies to the entire region.

• NATIONAL LEVEL

BALMC communicates regularly with the GPC, which is recognised by the Department of Heath (DH) as the only national negotiating body representing the interests of all GPs, regardless of whether they have BMA membership. As already stated BALMC has a direct link to the GPC through Dr John Givans.

The ‘parliament’ for GPs is the General Practitioners Committee (GPC) which meets monthly throughout the year. It is one of seven craft committees which make up the BMA and is a UK wide committee which seeks to promote general practice and to protect its fundamental characteristics and interests.

The outcome of GPC debate determines the framework for the profession’s negotiations at both national and local levels. The GPC is the standing committee of the BMA with full authority to deal with all matters affecting NHS GPs, whether or not they are BMA members. It is recognised by the DH as NHS GPs’ sole negotiating body. Every part of the country has at least one spokesperson on the GPC to present its views and debate key issues and throughout the year, papers are produced for discussion at LMCs and from time to time the GPC consults all GPs directly through surveys and questionnaires.

The GPC has nine sub committees, one of which, the GP Registrars sub committee, represents the interests of all GPRs. It deals specifically with all issues relating to GP training and negotiates directly with the DH and NHS Employers organisation on many areas including pay and contractual issues. Representatives on this sub committee also attend meetings that make decisions about GP Registrar training and future career developments. Examples of meetings attended include the Junior Doctors Committee, the Joint Committee on Postgraduate Training for General Practice (JCPTGP), and the Summative Assessment Advisory Group.

National negotiation takes place continually between the Secretary of State and their team of negotiators and the profession’s national negotiating team. The Secretary of State’s team is supported by the senior civil service, the NHSE and the resources of the NHS. The profession’s national negotiating team is elected annually by members of the GPC, and is supported by other professionals including public affairs and relations staff.

Every year representatives of BALMC attend the Annual Conference of LMCs. The Conference debates motions submitted by individual LMCs and decides the agenda for the profession’s negotiations both nationally and locally. Additionally, BALMC communicates directly with the GPC on a regular basis via its secretariat function and GPC liaison officer for the Northern & Yorkshire Region.
To summarise, BALMC is:

A source of advice and support for all GPs and practices on all matters affecting their professional lives and activities especially at times of major change.

A gateway to pastoral care and personal confidential support for GPs and practices in difficulty.

Additionally it is

A DEMOCRATIC BODY elected by and made up of local GPs, which seeks to represent all types of GPs including sessional GPs and GPRs.

A REPRESENTATIVE BODY which regularly seeks to canvass the views of local GPs and represent them to the PCT, the Strategic Health Authority and other local and national organisations, and which acts as a focus for debate on issues which affect GPs.

A CONSTITUTIONAL BODY with rights and responsibilities defined by statute in NHS Acts and Regulations, which serves as the 'local representative committee' for all GMS and PMS GPs.

A PROFESSIONAL BODY concerned to promote quality and uphold standards of professional practice through encouragement and example in co-operation with other bodies interested in education and quality.

AN INDEPENDENT BODY that represents the interests of general practice alone and acts as its advocate, free of political constraints and of the need to satisfy other interests.

KEEPING UP TO DATE WITH YOUR LMC

Make the most of your LMC by:

- Ensuring the LMC Secretariat has your contact details and that you advise of any changes so these can be kept up to date

- Use the LMC website which provides:
  - accurate up-to-date information to help you keep abreast of changes in the Health Service
  - expert advice and support from an experienced team of professionals
  - links to national documentation from the GPC, BMA, DH and other key web sites
  - monthly newsletters summarising the latest key information that you need to know

- Getting involved with your LMC or by becoming a local representative

- Providing feedback to questionnaires, polls and surveys

- Promoting the benefits of the LMC to fellow GPRs
TERMINOLOGY USED BY LMCs

It could be easy to become deterred by the many acronyms and abbreviations used by LMCs. The websites quoted on the next page will provide useful sources of reference but one area that GP registrars regularly seek to understand when starting work in general practice is that associated with enhanced services.

Following the introduction of the new GMS contract in 2004, practices are expected to provide essential and those additional services they are contracted to provide to all their patients. However, a number of tasks that were performed routinely in general practice by GPs or employed practice staff, were no longer funded under nGMS as essential or additional services and from April 2004 there has been no requirement for practices to continue to provide these services unless they are contracted as an enhanced service. The responsibility for ensuring the continuation of these services (the Patient Service Guarantee) lies with PCTs.

Enhanced services therefore are:

i. essential or additional services delivered to a higher specified standard, for example, extended minor surgery

ii. services not provided through essential or additional services. These might include more specialised services undertaken by GPs or nurses with special interests and allied health professionals and other services at the primary-secondary care interface. They may also include services addressing specific local health needs or requirements, and innovative services that are being piloted and evaluated.

Enhanced services officially came into effect on 1 April 2004 and fall into three categories:

i. directed enhanced services (DESs) are those services that PCTs are nationally directed to commission; further details at http://www.bma.org.uk/ap.nsf/Content/Hubdirectedenhancedservices

ii. national enhanced services (NESs) are those services that have national minimum specifications and benchmark pricing, including services outwith current GMS arrangements that will contribute to the resourced shift of work from the secondary to the primary care sector. Where these services are commissioned from general practice, the national specifications will be used as the basis; further details at http://www.bma.org.uk/ap.nsf/Content/Hubnationalenhancedservices

iii. local enhanced services (LESs) are based on the same principles as the DESs and NESs but are developed in response to local need. The terms and conditions are discussed and agreed locally between practices and its PCT, with either party able to ask the LMC for its support in the process.

Locally, the LMC has negotiated with the PCT a Basket LES. Services in this LES include the tasks listed below that transferred over a period of time and without resource to primary care from secondary care. Prior to April 2004, these were accepted custom and practise in primary care. As a result of the Basket, practices are now paid to deliver the following:

- Pre operative assessment. e.g. checking bloods, BP at request of pre op assessment clinics
- Post operative care, including suture removal, dressing checks and changes
- Pre referral investigation or examination that does not influence referral decision (including that for ‘open access’ procedures)
- Ordering or undertaking investigations when a patient is under secondary care
- Assessment and treatment of minor injuries
- Arranging non emergency patient transport
- Checking mammography screening lists
- Prescribing and administering drugs at the request of secondary care
- Ring pessary changing
- Monitoring of drugs instigated by secondary care and not covered by near patient testing
- Resting ECGs

Additionally BALMC is negotiating on behalf of practices for the PCT to fund a LES to support practices delivering medical care to patients who have difficulty communicating in English.

Negotiations also take place between BALMC and the PCT to ensure the PCT’s allocated enhanced service funding is spent appropriately on local primary health care services. The PCT also has a Professional Executive Committee (PEC) which supports the PCT in its development of primary care services. The PCT’s PEC must have a majority of members whose professional work reflects the function of the PCT and can include GPs, nurses, social workers, pharmacists, dentists, opticians. In contrast to the LMC, GP members of the PEC are not representative of the profession.
USEFUL CONTACT DETAILS

Bradford & Airedale Local Medical Committee
First Floor, 87-89 Leeds Road, Harrogate, North Yorkshire HG2 8BE

Tel: (01423) 879922
Fax: (01423) 870013

Useful Details:

- Medical Secretary, Dr John Givans
- Deputy Medical Secretary, Dr Dougy Moederle-Lumb
- LMC Manager, Mrs Belinda Smith
- Assistant LMC Manager, Mrs Angela Foulston
- PA to the Secretariat, Miss Deborah Johnson

Dr Divya Patel, GPR representative, BALMC – 01274 880650
Dr Maz Begum, GPR Representative, BALMC - mazbegum2002@yahoo.co.uk

(Please note - GPR representation is effective until February 2007. Please contact the secretariat beyond this date)

BALMC website: http://www.bradfordlmc.org.uk/
(some areas of the website require a password to access - please contact the secretariat for log in details)

GPC website: http://www.bma.org.uk/ap.nsf/Content/Hubgeneralpractitioners

Within the GPC website is an area dedicated to the GPR sub committee http://www.bma.org.uk/ap.nsf/Content/Hubgpregistrars. From here, you can sign up for email alerts which will enable you to stay up to date on key issues affecting GP training.

From the GPR sub committee link you can sign up to receive copies of the GP Registrars e-bulletin. We have attached the October 2006 edition (see appendix B) for information.