



Highland

Local Medical Committee

Origin and Role of Highland Local Medical Committee

Prior to the founding of the Provincial Medical and Surgical Association in 1832 the medical profession was unregulated. This meant that anyone could practice as a doctor. The support for a regulatory body grew alongside membership of the Association, resulting in the formation of the British Medical Association (BMA) in 1856.

The origin of Local Medical Committees dates back to 1911 and the introduction of the National Health Insurance Bill, when statutory recognition was awarded to committees representing the local voice of doctors, who as independent contractors agreed to provide medical services to the general population. From that time the bodies administering hospital services and family care were obliged to consult with doctors through these representative bodies on a wide range of issues relating to General Practice.

The National Health Service was established in 1948 following the Report by Lord William Beveridge which served as the basis for the post-WWII welfare state. Through the ensuing decades and the many re-organisations that have taken place within the NHS, the responsibilities of LMCs have remained fairly constant. Although the Trade Union and Industrial Relations Act of 1974 led to the BMA being recognised as the Trade Union representing the Medical Profession, LMCs are not Trades Union.

Subsequent Acts have reinforced and expanded the statutory recognition and functions of LMCs, in particular the introduction of the new GP Contract in 2004. LMCs acquired responsibilities involving enhanced services, the Quality Outcomes Framework, practice contracts, contract review, dispute resolution, commissioning, premises etc.

Hence, the Highland Local Medical Committee is the only organisation recognised by statute as the body representing all GPs practicing in the Highland area.

National Representation

Highland Local Medical Committee is the only organisation recognised by statute as the body representing all GPs practicing in the Highland area. Highland LMC elects 2 members to serve on the BMA Scottish General Practitioners Committee each year to contribute to the development of national Policy.

What we do

Despite countless changes within the NHS and community care, Local Medical Committees are the single element of continuity throughout all the re-organisations since the NHS was inaugurated with statutory functions set out by Act of Parliament. As the local elected body

representing General Practitioners, the LMC continues to strive to provide support and leadership as a committed partner in the delivery of Primary Care.

GP representatives are elected by their peers on a rotational basis and according to patient population numbers. They meet regularly and work along the Office bearers (Chairman, Vice Chairman, Medical Director, Treasurer, Fifth Person) to address the many areas concerning the delivery of Primary Care in Highland. In Highland, the membership of the Local Medical Committee and GP Subcommittee are made up of the same individuals and are served by the same group of elected Office Bearers.

The GP Subcommittee has two main statutory functions:

- To provide advice on the operation of general medical services;
- To advise the Area Medical Committee. (The general function of the AMC is to advise the Health Board on the provision of NHS services).

The Highland Local Medical Committee deals with matters relating to the remuneration and conditions of service of doctors. Health Boards have a statutory responsibility to consult with LMCs on a number of key issues, including GMS Regulations, Pharmaceutical Regulations, Statement of fees and allowances etc. LMCs have a right to consult with Boards to advise them on a variety of concerns to GPs.

LMCs have always provided services beyond their purely statutory functions, representing the core values of the profession and striving to ensure the highest standards of equity and fairness; democracy and professionalism. The LMC will represent and advise on all matters concerning GPs as independent contractors providing Primary Care clinical services as professionals.

These may include:

- Administration and development of Contracts and enhanced services
- The Primary-Secondary Interface
- NHS Highland complaints procedure and performance issues
- Liaison with secondary care colleagues
- Co-operation with professional bodies: e.g. the British Medical Association, Royal College of General Practitioners
- Occupational Health advice
- Signposting to, and support via the GP counseling service
- Liaison with other professions allied to medicine
- Representing local GPs' views nationally to the Scottish General Practitioners' Committee and by submitting proposals to the annual conference of LMCs
- Mediation and Pastoral Care

The activities and views of the BMA's General Practitioners Committee are communicated to the profession through the BMA Website, newsletters, policy documents and general advisory statements.

Highland LMC regards communication with constituent GPs as essential. We do our utmost to inform and listen to GPs, their practice staff and the organisations with whom we all work, in various ways including:

- Website/SharePoint development to provide ease of access to information, news, local and national guidance notes, media coverage, and a document library
- Information bulletins and summaries of national guidance
- Meetings

- Consultation with specific GPs on issues
- Telephone, email and mail

The LMC maintains an extensive network of formal and informal contacts and liaison on behalf of GPs with bodies influencing the planning and delivery of Primary Care. Members of the LMC Committee as elected GP representatives attend a wide range of meetings with colleagues to ensure the voice of General Practice remains influential.

Highland LMC provides help to all GPs, whatever their contractual status, on all matters relating to General Practice (see Pastoral Support Network, also), including:

- GPs' remuneration
- GPs' Terms and conditions of service
- Complaints
- Premises
- Partnership and practice management issues
- Any disputes which may occur between GPs and Primary Care Organisations

In short, the LMC has a major role in supporting the provision of services in Primary Care. As a statutory, yet independent body, we occupy a unique and democratic position of influence within the NHS.

Dr Al Miles (Chair)
Dr Paul McMullan (Medical Director)
Dr Lorien-Cameron Ross (Vice-Chair)
Dr Chris Williams (Treasurer)
Dr Jonathan Ball (Fifth Person)

12 March 2024