

The Role of an LMC Member

- Promote the LMC - make constituents, PCT and professionals allied to medicine aware of who the representatives are and how they can be contacted. Email addresses and mobiles if necessary.
- Keep abreast of LMC remit reflecting local intelligence and expertise.
- Be available to constituents and PCT - be responsive to constituents' needs-provide the first line of support-provide specialist roles, e.g. examining sick doctors, specialist sub committees, representation to PCT.
- Provide mentorship, moral support and appropriate guidance - i.e. initial support in partnership disputes etc, steering towards BMA Industrial Relations expertise. Members should offer clear advice but not tell constituents what to do.
- Good liaison with LMC office. Members need to keep the officers informed of local issues.
- Contribute to LMC communications - via newsletters, web-site and emails etc.
- Provide induction/membership in the role of LMC representative for new members.
- Members must at all times act with discretion, preserve confidentiality where necessary, and declare any possible conflict of interest.

List of Members 2012

Dr V Singh (Chairman)	01543 870580
Dr D Dickson (Secretary)	01283 564848
Dr P Gregory (Exec member)	01543 682611
Dr G Kaul (Exec member)	01543 414311
Dr P Needham (Exec member)	01283 565200
Dr T Scheel (Exec member)	01283 845555
Dr A Burlinson and Dr O Barron	01889 562145
Dr J Chandra	01543 870560
Dr J Eames	01785 815555
Dr A El-Alfy	01785 252244
Dr C McKinlay (Treasurer)	01283 564848
Dr C Odber	08444 773012
Dr A Parkes	08444 773923
Dr A Selvam	01543 571650
Dr E Wilson	01922 415515
Dr A Yi	01543 870590
Dr H Zein-Elabdin	01922 413207

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LOCAL MEDICAL COMMITTEE

**SOUTH
STAFFORDSHIRE
LOCAL MEDICAL
COMMITTEE**

The History of the Local Medical Committee

Background

When the National Insurance Bill was first introduced in 1911 no provision was made for general practitioners to participate in the administration of the new state health insurance scheme. The British Medical Association was however determined that the profession should have a voice in its day-to-day running. It therefore ensured that locally elected committees of general practitioners (Local Medical Committees) were given statutory recognition in the 1911 National Insurance Act as the representative voice of the 'panel' doctors.

The 1911 Act required the Local Insurance Committee (the forerunner of the NHS Executive Council, the Family Practitioner Committee and latterly the PCT) to consult all general practitioners participating in the health insurance scheme on a wide range of matters via the LMC. After the LMCs had been set up, a national committee was established within the BMA to represent the interests of 'panel' doctors in negotiations with government as the authoritative voice of general practitioners.

The profession supported the introduction of a state medical scheme but was strongly opposed to a salaried service; it recognised that in 1948 the loss of the independent contractor status would undermine the freedom of doctors to practice without state interference, and ultimately put patient care at risk. This commitment to the contractor status remains a guiding principle of the GPC, but today the LMC

represents GPs working in all contractual models, both salaried and self employed.

LMC Personnel

Dr Vijay Singh	Chairman
Dr David Dickson	Secretary
Dr Claire McKinlay	Treasurer
Email: enquiry@sslmc.co.uk	
Lyndsey Insley	Administrator
lyndsey.insley@sslmc.co.uk	
Sarah Clarke	Administrator
sarah.clarke@sslmc.co.uk	

LMCs Today

It is essential that the Committee is kept up to date with issues that are important and relevant to local GPs. Rapid change in the NHS in general, and in primary care in particular, makes the role of local members, in acting as a point of contact for local GPs and in gathering intelligence on local issues of concern, more important than ever.

A few current issues are:

Government reforms in primary care
Protection of existing PMS financial baselines
Clinical Commissioning Groups
IT
Premises funding
GP Recruitment/Retention initiatives

LMCs' Major Functions

1. Provide personal and professional support to individual GPs
2. Represent GPs and their interests in all relevant political/managerial settings

3. Perform the functions of an employers' association on matters relating to primary care staff

The LMC is funded entirely by the GPs in South Staffordshire and receives no NHS or public funding. All GPs pay the STATUTORY LEVY which funds the LMC and also pay the VOLUNTARY LEVY which funds the national General Practitioner Committee (GPC). The work of the Committee increasingly involves closer collaboration with all other health organisations and it is our belief that genuine advancement for GPs will inevitably lead to benefits to patients.

Legislation enables the LMC to be representative of all GPs - principals and sessional GPs, inclusive of those working GMS, PMS and APMS. In representing the core values of the profession the LMC strives to promote the values of:

- Equity and Fairness
- Openness
- Equal opportunity
- Strength in unity
- Contract

The LMC works to ensure that all help and advice provided is representative of the GPs in the area whether they are in contract with a PCT, working in PMS, or are non-principles who wish to be represented.