



## Being an effective LMC

Over the coming weeks the newly elected and re-elected members of all of our LMCs will complete the process of choosing Chairs and Vice Chairs. This month two LMC chairs provide examples of the role of LMCs in representing local GPs and arriving at constructive outcomes.

Prof Gabriel Ivbijaro MBE, Chair of Waltham Forest LMC

Waltham Forest LMC became aware of GP appointments being used by patients asking for copies of reports and letters to support blue badge applications to the local authority, which is not part of the work covered by the GP contract. We contacted Waltham Forest Council to see if there was a way for them to get the necessary information to provide blue badges, without sending patients to their GP.

The Council agreed to update their guidance to ask applicants not to make a GP appointment solely to get reports and letters, but instead to share the copies of relevant correspondence which they had already been sent by their GP. Those patients who had not retained these documents are asked to speak to their practice reception to obtain copies, rather than book a GP appointment.

This is an example of an LMC working collaboratively with another organisation to reduce inappropriate GP appointments without any detriment to the support provided to patients. We have also been able to share Waltham Forest Council's guidance with other LMCs in case they encounter a similar issue.

Dr Adam Jenkins, Chair of Ealing, Hammersmith and Hounslow LMC

In November 2017, NHS England published national guidance to primary care commissioners regarding the definition for how practices meet the 'reasonable needs of patients' in providing or arranging access to essential and additional services delivered under their contract.

NHS England London wrote to all practices in Ealing and Hammersmith & Fulham who had declared in their 2017/18 Annual GP practice self-declaration that they were closed for one afternoon per week, asking them to complete an assurance questionnaire on what sub-contracting arrangements they had made to provide cover for their patients when the practice was closed.

Twenty six practices were identified as closing for one afternoon per week in the two boroughs. Most practices offered cover via a sub-contract with either Care UK or London Central & West Unscheduled Care Collaborative, depending on the borough. A minority of practices offered cover via a duty doctor at the practice.

Both Ealing and Hammersmith and Fulham CCGs were asked to consider whether to approve the sub-contracting arrangements or to raise a notice of objection on the grounds that the sub-contractor would be unable to meet the contractor's obligations under their contract, which could lead to eventual breach of contract. Both CCGs were persuaded by the LMC's argument that there was a less combative way forward by asking the practices to describe how they could adapt their services where necessary to comply with the new guidance.

Local LMC representatives continue to work collaboratively with Ealing, Hammersmith and Hounslow CCGs to find a mutually acceptable solution to NHS England guidance on unchanged GMS/PMS contractual regulations.