

Gail Walton has been a LMC committee member since 2014 and on the exec team since 2018. Here she explains why the LMC is as relevant as ever in supporting GPs across Derbyshire.

What didn't you realise about the work of DDLMC before you joined the exec team?

Communication

I didn't realise just how much communication there is (via the LMC list server - a constant stream of e mails day and night) between GPs working nationally at LMC, CCG, GPC, BMA, GPDF and grassroots levels on a daily level. It shows that escalating issues to your LMC is the most significant way of informing and directing our national negotiators to represent us at the top table where national funding and contracts are discussed as well as sharing best business practice at other times.

No contractual issue is left unturned or unquestioned, which is very reassuring as a jobbing GP, even if the outcomes aren't always as far reaching as we'd hoped for.

Recent examples: financial uplifts to the global sum being paid to practices to offset the cost of SARs and a separate global sum hike to offset the increased pension costs, not to mention the very recent (and hot on the e mail trail) contract reform.

What do you think the strengths of DDLMC are?

Local Intelligence

I've seen that the LMC is best placed to know what's happening across Derbyshire with links in to all its levy paying practices (...out of 96) through David Gibbs (as Chief Exec) and Claire Leggett (as Business Manager) attending practice manager meetings, meeting practice teams on regular visits to practices and attending many other meetings across Places, CCG localities and nationally. Derbyshire LMC has members and / or seats on most local medical meetings and therefore a contact list that is impressive! The LMC is probably the only organisation that can give you chapter and verse on what is happening across the county eg what's happening at Place level, what are practices saying about wound care, what's happening right now with PCNs?

Confidence

Particularly at practice manager level there is a healthy reliance on the high-quality information and advice offered by the LMC. Dave can quickly tap into advice from national colleagues as well as a wealth of his previously researched information (all available on the resources section of the website). Similarly, Claire through GPTF can offer practical, tried and tested support to practices and / or individuals.

What do you think the future of DDLMC looks like?

I think DDLMC has been through a bit of a downturn in the past 5 - 10 years where I, and other GPs like me, didn't see the need for it alongside all the other organisations we can be a part of partnerships, PCTs, CCGs, Federations, Place and now PCNs. However, precisely for those reasons - the exciting prospect (but also the worry) that much has to develop at pace, at scale and across embryonic, sometimes transient organisations - the need for an overarching support vehicle for general practice is crucial.

With a growing, strengthened team which has a professional not for profit business arm plus communication streams that are now very much of the 21st century I believe we're well placed to act as the conduit across Derbyshire general practice.





