The History of

KENT LOCAL MEDICAL COMMITTEE

Second Edition

1912 - 2012

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Foreword

The "History of the LMC" has been written from our archive of minutes that go back to the first meeting in 1912. Our particular thanks to Grace Allingham for the research and text of the "History" and to Kelly Brown who converted the text into the booklet. We hope during the course of the year to convert the minute books to a digital format which will provide both an enduring record of the LMC and much wider access to others who are interested in the development of General Practice.

The minutes are of course only a small part of the History of the LMC. Much of the work of the officers and the staff is only briefly referred to in the minutes. Far more of the work remains largely unrecorded or exists in the vast volume of correspondence in the hands now of GPs, GP practices and the various health authorities. The LMCs up and down the country remain the longest existing health service organisations and in Kent have suffered only one major organisation change with the loss of Bromley and Bexley in the reorganisation of 1964. Of course the NHS has been constantly reorganised but the LMC and in particular its secretariat office have remained a single entity serving Kent. The LMC today has travelled a long way from its small beginnings. In 1977 Dr Tony Crick opened the first LMC office in rented premises in Gravesend. The first full time member of staff, Mrs Margaret Brown, remained in employment for the 25 years moving the office to a rented suite in Harrietsham in 1993. The LMC owns its own office, employs its own staff and provides support to a vastly expanded primary medical service. But a read of the minutes from the early days shows that the original purpose of the LMC has not been lost, indeed section 62 of the 1911 Act remains very much in tune with the current role of the LMC.

62. Where a local medical committee has been formed for any county or county borough or for any area for which a committee, district committee has been formed and the Insurance Commissioners are satisfied that such committee is representative of the duly qualified medical practitioners resident in the county or county borough or such area as aforesaid, they shall recognise such committee, and, where a local medical committee has been so recognised, it shall, subject to regulations made by the Insurance Commissioners, be consulted by the Insurance Committee or district committee, as the case may be, on all general questions affecting the

administration of medical benefit, including the arrangements made with medical practitioners giving attendance and treatment to insured persons, and shall perform such other duties, and shall exercise such powers, as may be determined by the Insurance Commissioners.

The LMC continues to ensure that it is consulted by the modern day equivalents of the Insurance Committee, currently PCTs, PCT Cluster, and Strategic Health Authority.

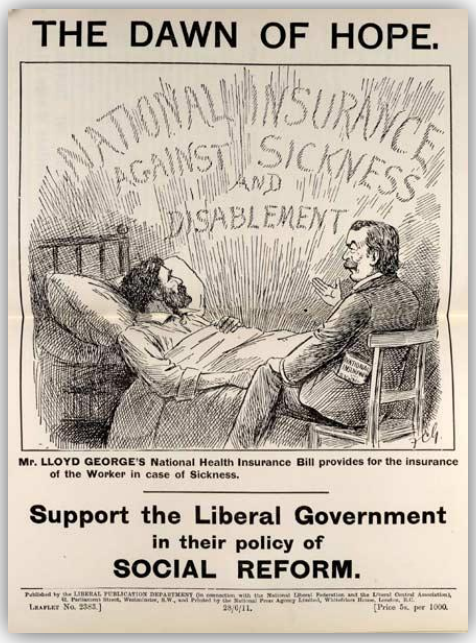
Whilst the 1911 legislation allowed the Insurance Committee to remove a GP from the Panel the degree of regulation was still extremely small compared to today. Much of the work of the LMC office today is to deal with the substantial and complex legislation that regulates and controls both individual GPs and the contracts held by GP practices and the premises from which services are provided.

As this brief history goes to press a new Health and Social Care Act will begin a new chapter in the LMC's development. The debate on its merits has been raging since the current government published its proposals and Kent GPs remain divided as to its merits. There is however almost universal support for the continuation of the National Health Service. The reservations of 1948 have all but disappeared. What does remain is the strongly held desire of GPs to maintain their independence from the Department of Health, to serve patients' needs and to be seen as the patients advocate.

The cost of General Practice has been a constant battleground between governments and the service. Pay has of course been one aspect of the battle and the balance between maintaining independent practitioner status and having guaranteed a level of funding is a fine balancing act. Of growing concern is the funding of services moving into the community and the increasing desire of governments to see competition as the mechanism to control cost.

The Local Medical Committee, like the service we support, has shown its ability to be flexible and to rapidly adapt to the changing political scene and organisational framework, so long as it is able to maintain that ability it will continue to be relevant to the practices it supports.

The Early Years



The National Health Insurance Act of 1911 was just one of many reforms passed by the Liberal Government of Herbert Asquith that are widely considered to have laid the foundations of today's welfare state.

A similar scheme had existed in Germany since 1884. In 1909 David Lloyd George, then Chancellor of the Exchequer, declared that Britain should be 'putting ourselves in this field on a level with Germany; we should not emulate them only in armaments'. The Act entitled workers earning under £160 per year to free medical treatment for a contribution of four pence per week from the worker and 3d (old pence) from the employer, to be administered by friendly societies, trade unions, and insurance companies. The implementation of this act required general practitioners to join the 'panel' of doctors contracted to treat these insured persons.

GPs however were concerned this could lead to the creation of a salaried service which would undermine their ability to practise without state interference. The BMA also objected to the lack of consultation with the profession in planning the scheme and advised doctors against joining the 'panel'. As a consequence the government struggled to recruit sufficient doctors to participate in the scheme.

It quickly became apparent the Insurance Act could not work without consultation with the profession. This resulted in local committees being formed to represent the interests of general practitioners and to communicate and negotiate with those implementing the Insurance Act.

What's in a Name?

Throughout its early years what is now known as the Kent Local Medical Committee went through several reinventions.

It began life in 1912 as the Provisional County Medical Committee for Kent and in 1913 became known as the Kent County Medical Committee.

In 1914 the Committee was referred to as the Kent Local Medical and Panel Committees (KLM&PC). It was not until 1947 that the word 'Panel' was dropped from the title of the Committee.

The minutes of July 1948 were the first to refer to the Kent & Canterbury Local Medical Committee (K&CLMC).

In 1964 Bexley and Bromley left the Committee and the name briefly became South East London and Kent Local Medical Committee. Later that year discussions resulted in the rather more logical adoption of Kent Local Medical Committee, although there were some objections to the dropping of Canterbury from the title.

In 1996 the Kent Local Medical Committee ceased to exist with the creation of the West Kent Local Medical Committee and East Kent Local Medical Committee, however in 2002 the two were reunited and the Kent Local Medical Committee was once again known as the Kent LMC.

Meeting of the Provisional County Medical Committee for Kent held at West Kent General Hospital Maidstone on Thursday April 18. 1912 at 2.15. Present.

Division		Name.
Ashford.	Dr.	Frank Corke
Bromley	"	Stilwell
"	"	Bailey
Canterbury & Faversham	"	Senoulhet
	"	Heggs
Chatham & Rochester	"	Bartnell
	"	Lord.
Dartford	"	Will.
Folkestone	"	Barrett,
Dover.	"	Hulke
Maidstone	"	Parr-Dudley
	"	Young.
Sevenoaks	"	Maude
	"	Walker
Tunbridge Wells	"	Wood

Mr. S Potts acting Secy. pro. tem.
regrets for non attendance were received from

Dr Tyson (Folkestone) Steen (Dartford).
& Dr. Stillwell (Bromley) was voted to the Chair for the day.

Minutes of the last meeting were read and confirmed.

The following four members were coopted to represent the Seven General Hospitals in the County. Mr. Travers (Maidstone) Dr. Fairweather (Rochester), Dr. S. Wacher (Canterbury) Dr. Charles Firth (Gravesend) carried.

Mr. Parr-Dudley moved & Mr Glynn seconded that Mr. Potts (Maidstone) be coopted as representative of Special Hospitals in the County, Carr. Dr. Turnbull prop. & Dr. Hogg seconded that Dr. H.H. Fisher Sittingbourne be coopted as representative for Non members of the B.M.A. Carr.

The Chairman moved that the two other coopted members representatives for Non members of the B.M.A. be left over to the next meeting. Carried.

Dr. Lord proposed that the next two meetings be held at Ashford & Maidstone alternately. Dr. Hulke seconded. Carr. unan

The Chairman, on behalf of the Bromley Division, moved and Dr. Bailey seconded "That the Provisional County Medical Committee for Kent be not considered as an independent Committee but as a Committee of the South Eastern Branch acting for Kent and that the South Eastern Branch Council be requested to consider it as such".

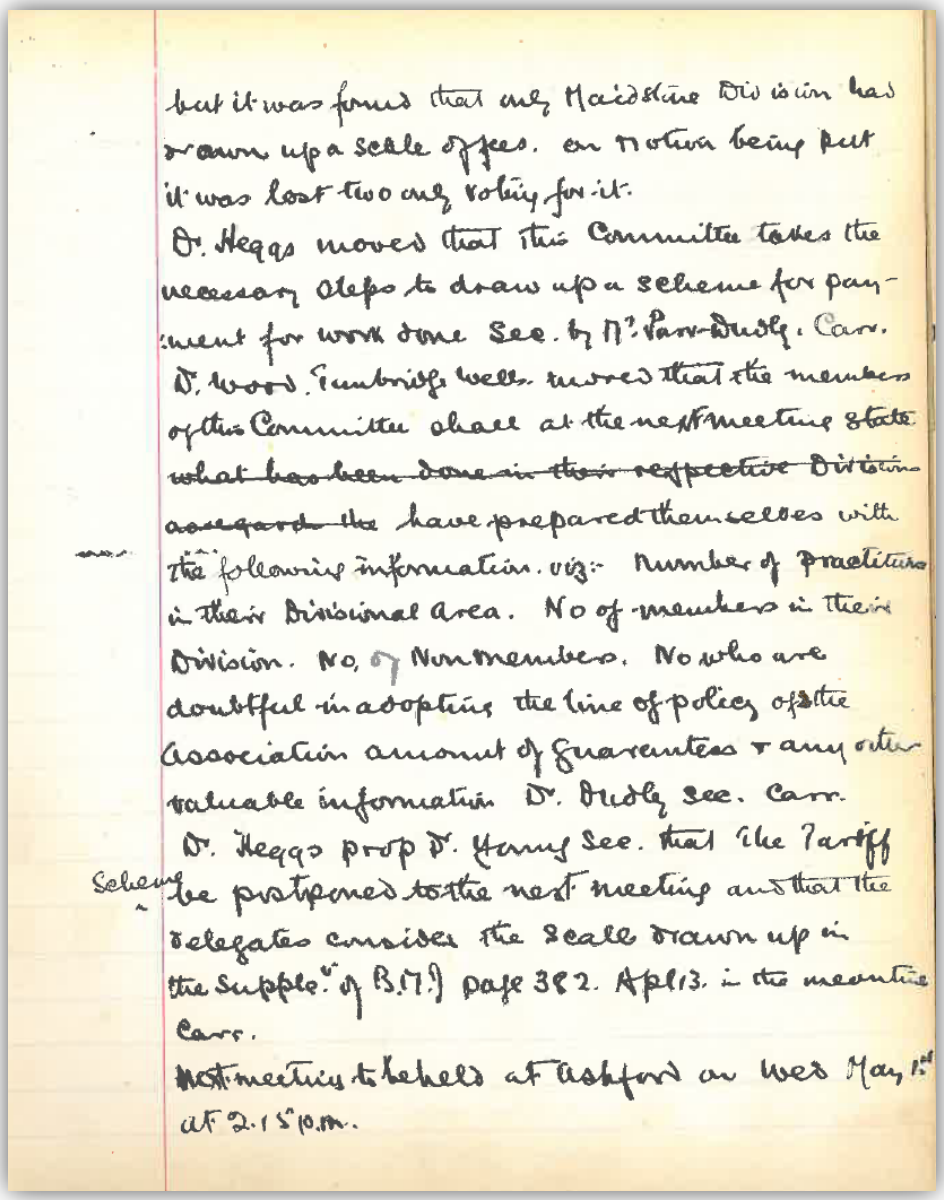
Mr. Parr-Dudley objected to this resolution considering that the Committee would be very handicapped in its work and suggested that the Committee be a separate Committee representing the insurance areas for Kent. Moved Dr. Denoulhet Sec. Carried unanimously.

Dr. Bailey gave the views of the Bromley Division which had forwarded this resolution.

The Chairman then withdrew the resolution.

Dr. Will proposed Dr. Lord Sec. that Mr. Ford be elected Secretary. Carried unanimously.

Dr. Young moved that the Secretary of this Committee be requested to communicate with the Secretaries of each Division to enquire what scale of fees (if any) has been adopted by his Division which is to apply to any practitioner who shall take work under the Nat. Insur. Act. Dr. Denoulhet seconded. Several delegates spoke on the subject.



but it was found that only Maidstone Div is ion had drawn up a scale of fees. on motion being put it was lost two only voting for it.

Dr. Heggs moved that this Committee takes the necessary steps to draw up a scheme for payment for work done See. by Mr. Parr-Dudley. Carr.

Dr. Wood. Tunbridge Wells. moved that the members of this Committee shall at the next meeting state ~~what has been done in their respective Divisions as regards the~~ have prepared themselves with the following information. viz:- Number of Practitioners in their Divisional area. No of members in their Division. No. of Non members. No who are doubtful in adopting the line of policy of the Association amount of Guarantees & any other valuable information Dr. Dudley see. Carr.

Dr. Heggs prop Dr. Young See. that the Tariff Scheme be postponed to the next meeting and that the delegates consider the scale drawn up in the Supple.ry of B.M.J. page 382. April 13. in the meantime Carr.

Next meeting to be held at Ashford on Wed May 1st at 2.15 p.m.

Kent anticipated the creation of these committees. On Thursday 4th March 1912 an inaugural meeting was held at West Kent General Hospital in Maidstone at which Dr Parr-Dudley of Maidstone proposed the creation of a Provisional County Medical Committee for Kent. The motion was passed unanimously, the remit of the committee was agreed and recorded in the minutes to represent the interests of the profession in Kent 'in accordance with the defined policy of the British Medical Association'.

The first formal meeting of the Provisional County Medical Committee for Kent took place the following month on 18th April 1912. Nine months later in January 1913 the Committee achieved Government recognition and become a statutory body and adopted the title of the Kent County Medical Committee, although the committee had already been active for almost a year.

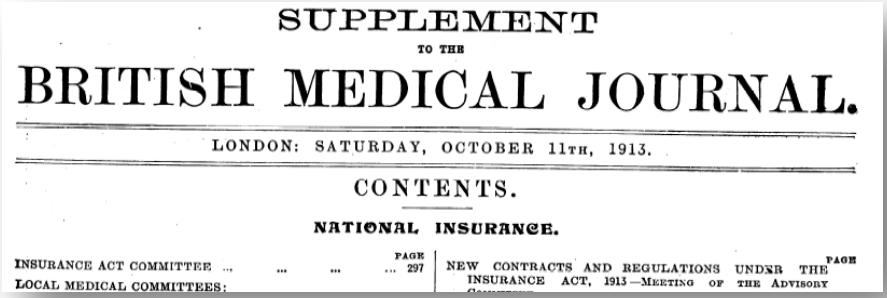
The early meetings of the Committee were preoccupied with issues of membership, with Tunbridge Wells noted as being unable to co-opt a non-GP member other than one Homeopath. Bromley suggested that the County Medical Committee, as it was then known, should be considered as a committee of the South East of the County, acting on behalf of the whole county.

However the bigger issues presented by the Act quickly began to require the attention of the committee. At a meeting held in The Institute, Ashford, in May 1912 the committee passed a resolution refusing to select two doctors to sit on the Kent Council Insurance Committee, which had

been tasked with implementing the Insurance Act, 'until the commissioners had conceded the demands of the medical profession'. These demands were predominantly concerned with disbursement payments, which the BMA and profession generally opposed due to the proposed introduction of a salaried service. At a subsequent meeting in July of the same year it was noted that a Dr Hint of Westgate-on-Sea had been nominated by the County Council to sit on the Kent Insurance Committee. A strongly worded letter was sent to Dr Hint informing him that should he accept the position he would 'be acting against the interest of the profession in Kent'.

The committee proved to be rather fond of the occasional strongly worded letter. One example in September 1912 was when the Thanet division received one such letter after having produced their own scheme for medical service without consulting the committee. The Committee documented an 'earnest hope that the Thanet division will fall into line'. Thanet responded in January 1913 stating they 'refused to acknowledge this committee as having any power'.

By April 1913 the Kent Insurance Committee had agreed and produced an 'agreement' document for implementation of the Act. They had, however, given the County Medical Committee very little time to consider the 'agreement' before sending it to each practitioner in the county for their signature. This lack of consultation recurred time and again and was noted by the BMA as a reason for their opposition to the initial Act. The committee thus recommended to the practitioners of the county not to sign the 'agreement'. However a few weeks later it was noted that Bromley, Thanet and parts of Deal had already signed, contrary to recommendations.



SUPPLEMENT

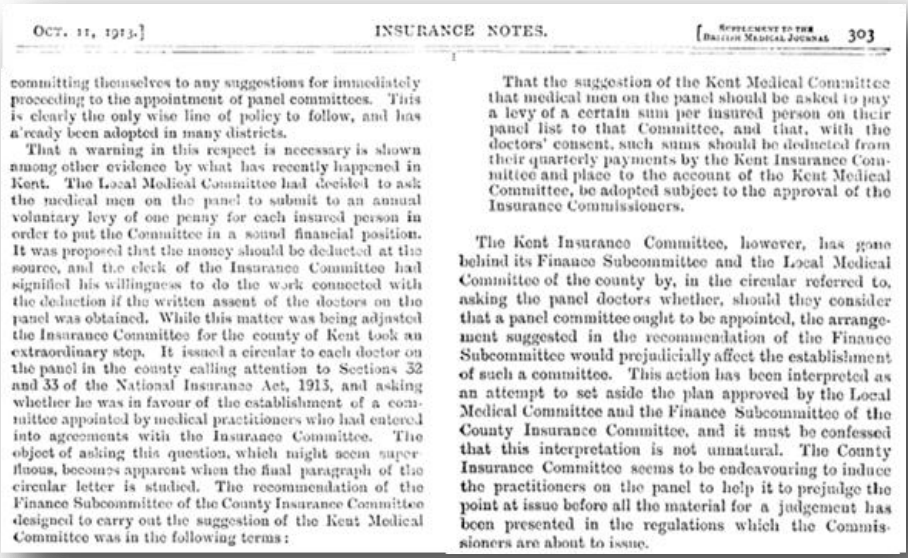
TO THE

BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, OCTOBER 11TH, 1913.

CONTENTS.

NATIONAL INSURANCE.



Oct. 11, 1913.] INSURANCE NOTES. [Supplement to the British Medical Journal 303

committing themselves to any suggestions for immediately proceeding to the appointment of panel committees. This is clearly the only wise line of policy to follow, and has already been adopted in many districts.

That a warning in this respect is necessary is shown among other evidence by what has recently happened in Kent. The Local Medical Committee had decided to ask the medical men on the panel to submit to an annual voluntary levy of one penny for each insured person in order to put the Committee in a sound financial position. It was proposed that the money should be deducted at the source, and the clerk of the Insurance Committee had signified his willingness to do the work connected with the deduction if the written assent of the doctors on the panel was obtained. While this matter was being adjusted the Insurance Committee for the county of Kent took an extraordinary step. It issued a circular to each doctor on the panel in the county calling attention to Sections 32 and 33 of the National Insurance Act, 1913, and asking whether he was in favour of the establishment of a committee appointed by medical practitioners who had entered into agreements with the Insurance Committee. The object of asking this question, which might seem superfluous, becomes apparent when the final paragraph of the circular letter is studied. The recommendation of the Finance Subcommittee of the County Insurance Committee designed to carry out the suggestion of the Kent Medical Committee was in the following terms:

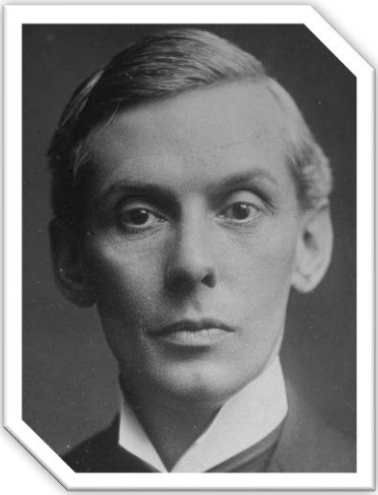
That the suggestion of the Kent Medical Committee that medical men on the panel should be asked to pay a levy of a certain sum per insured person on their panel list to that Committee, and that, with the doctors' consent, such sums should be deducted from their quarterly payments by the Kent Insurance Committee and place to the account of the Kent Medical Committee, be adopted subject to the approval of the Insurance Commissioners.

The Kent Insurance Committee, however, has gone behind its Finance Subcommittee and the Local Medical Committee of the county by, in the circular referred to, asking the panel doctors whether, should they consider that a panel committee ought to be appointed, the arrangement suggested in the recommendation of the Finance Subcommittee would prejudicially affect the establishment of such a committee. This action has been interpreted as an attempt to set aside the plan approved by the Local Medical Committee and the Finance Subcommittee of the County Insurance Committee, and it must be confessed that this interpretation is not unnatural. The County Insurance Committee seems to be endeavouring to induce the practitioners on the panel to help it to prejudge the point at issue before all the material for a judgement has been presented in the regulations which the Commissioners are about to issue.

By late 1913 the business of the committee had become increasingly diverse, with sub-committees nominated to consider particular issues and delegations sent to negotiate with other professions. In October 1913 the delegation sent to confer with the Kent Association of Pharmacists reported an objection from Pharmacists to the use of teaspoons as doses. Prescribing proved to become a significant concern for the committee, with attempts made to investigate and curb 'extravagant prescribing'. This led to a dispute in 1915 with the Insurance Committee over the use of 'rep-mist' prescriptions. These prescriptions had previously been used to simply instruct the chemist to repeat the previous prescription. In November 1915 the committee received over 100 resignations from Kent panel doctors opposing the proposed abolition of these prescriptions by the Insurance Committee. The committee chose to withhold these resignations for the time being and another strongly worded letter was sent to the Insurance Committee protesting against the 'breach of faith' in their introducing new regulations with little notice. Such prescribing issues were seemingly addressed by November 1916, when the Kent Insurance Committee, Association of Pharmacists and County Medical Committee agreed on a Pharmacopeia for the county. It is unclear from

the minutes of the committee whether the controversial 'rep-mist' survived.

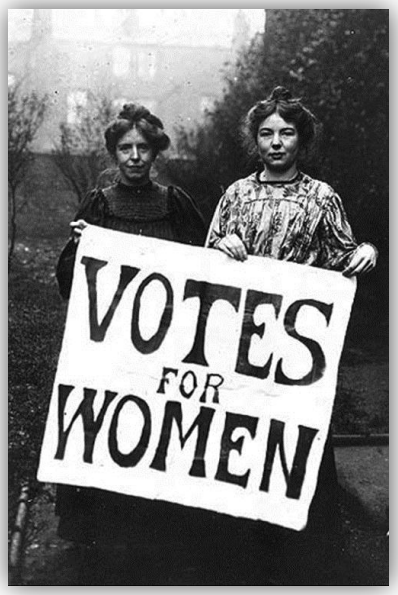
Another significant controversial issue that recurred throughout the first five years related to mileage payments for doctors whose patients lived far from their surgery. This was resolved by a local agreement where GPs, whose patients lived over four miles from the surgery, would be entitled to some remuneration, whilst the limit reduced to three miles for the doctors of Hoo, Sheppey and Romney Marsh.



Christopher Addison, First Minister of Health

Whilst on a local level such issues grumbled along, at national level major changes were occurring. On 19th September 1917 Dr Coke informed the County Medical Committee of the forthcoming creation of the Ministry of Health. The Ministry finally came into being in 1919 when the Ministry of Health Act transferred responsibility for the implementation of the Insurance Act from the Commissioners to the new Minister of Health. The first Minister of Health was Christopher Addison, a Liberal and a medical doctor himself, who trained at St Bartholomew's in London. He held various academic positions before turning to politics, being elected to Parliament in 1910 and serving as Minister of Munitions during the First World War.

Whilst the news of the Ministry's birth appears to have made minimal impression upon the Committee, other political changes caused considerably greater concern.



In February 1918 women over the age of 30 gained the right to vote and later that year the Maternal and Child Welfare Act was passed. Throughout 1918 and early 1919 the Committee was primarily concerned with the payment doctors would receive for assisting midwives, objecting to the proposed fee of one guinea on the grounds that they would only be called for in 'bad cases'. In January 1919 the Committee proposed to the County Medical Officer that for 'operative assistance at confinement and necessary visits in the first ten days' payment should be three guineas, whilst without operative assistance the fee would be two guineas and for anaesthetic one guinea. They were informed that as the British Medical Association had been consulted, a change to the one guinea fee would not be considered. The Committee responded by firmly stating to the Local Government Board that the BMA was not authorised to agree fees on behalf of the Local Medical and Panel Committee (as the County Medical Committee had now become known). The issue was once again raised at the first National Conference of Medical Committees in June 1919, when a motion proposed by Kent stating that the conference was 'not willing to accept the inclusion of midwifery in the range of medical services' provided by GPs was passed.

In December 1917 the Medical Secretary, Dr Coke, requested to be paid one guinea for each meeting he attended in London on behalf of the Committee - a significant change from the days when the whole committee regularly met in London! In July 1919 the committee agreed that the Medical Secretary should receive two guineas for each meeting of Kent practitioners he addressed, in addition to the £200 per year salary he received. It was also agreed in November 1919 to increase the salary of the Clerk from 55 to 85 guineas per year.

Wisbech Controversy

In Wisbech, Cambridgeshire, it proved to be particularly difficult to persuade medical practitioners to join the local panel and treat insured people. A new doctor, Dr. Horace Dimock, was recruited to help clear the backlog this created.

Wisbech, Cambridge 1913

Dr. Dimock proved extremely popular with the people of Wisbech, but less so with his private-practice colleagues. As his difficult relationship with the other doctors deteriorated, many of the private doctors began receiving anonymous mail criticising them and supporting Dr. Dimock. One such doctor, Dr. Meacock, informed the police of this and Dr. Dimock was arrested. He was remanded on bail and sought the support of the Medical Defence Society but found they were already acting on behalf of his accusers. The following morning Dr. Dimock was found dead having taken an overdose. As news of his death spread the local people gathered at the house of the man they considered to have hounded their beloved doctor to his death, Dr. Meacock. Stones were thrown, the Mayor of Wisbech read the Riot Act and the police went in with truncheons.

In November 1913 at a meeting of the Kent County Medical Committee it was resolved that 'this committee desire to convey to Dr. Meacock and his colleagues in Wisbech their profound sympathy for the unfounded attacks which have been made upon them by the press, the populace and other persons'.

The Great War

In July 1914 the First World War broke out and the first reference to this in the minute book appears in November 1914 when a new Honorary Medical Secretary was appointed in place of Dr George Potts who was noted as 'now serving with His Majesty's Forces'.

There was a shortage of doctors to help the troops in the Trenches - by July 1915 25% of British doctors had joined the army, but still more doctors were needed.

In 1916 the Kent Insurance Committee wrote to the Committee stating that due to the 'exceptional circumstances created by the war' elections to the committee could be suspended and they were willing to recognise the existing committee for an extended period.

In 1917 a discussion was held regarding the issues created by mobilisation of the medical profession. The Kent Insurance Committee proposed that central clinics for panel patients be established and be manned by older or retired doctors. Concern was raised by the members of the Committee that this would be used 'as part of the machinery for establishing a full-time panel service at the conclusion of war'. It was also noted that at this point about thirty calls had been made in Kent on doctors of military age. In May 1918 the war once again raised issues with the military age for doctors being raised to 55, whilst for the rest of the population it remained 41.

Finally, with the war near to conclusion, in October 1918 Dr Coke, who had replaced Dr Potts as Medical Secretary, declared that he had been called up to join the army as of 24th November. With the war ending before he was due to join it seems unlikely that he ever served.

1920s: The First Remuneration Battle and a Question of Varicose Veins

In 1920 mileage costs resurfaced with a proposal being put to the Minister of Health for the fund to be increased in view of rising petrol prices and an increase was subsequently secured. The Medical Secretary also appears to have enjoyed a pay rise in 1920 when Dr Coke was replaced by Dr Salisbury on a salary of £300 per year plus two guineas per meeting. In 1921 it was agreed to increase the salary of the Clerk to £150 per year, with a further increase in 1925 to £250.

The system of payment for doctors practising under the insurance scheme was one of the overriding concerns during the 1920s. Doctors were paid through a fixed capitation fee. In January of 1920 new draft Regulations were circulated with capitation set at 10/6 (ten shillings and six pence). The Kent Medical Committee was unhappy with these Regulations and proposed to encourage doctors to 'refuse services under the Insurance Acts until the terms are satisfactory'. A letter to this effect was sent to all Kent Insurance practitioners and to the local newspapers, with the result that 195 resignations were received by month end.

The conflict continued throughout the early half of the decade, with 1923 proving to be a pivotal year, when remuneration proposed by the Ministry was less than that of 1920. The Committee made payments into a Panel Practitioners Protection Fund and publicity was sought in the lay press to gather support for the doctors - the Daily Mail was identified as a potentially supportive publication!


SUPPLEMENT
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BRITISH MEDICAL JOURNAL.

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THE INSURANCE CAPITATION FEE.

THE MINISTER OF HEALTH'S OFFER.

In October 1923 the Minister of Health made an offer of a capitation fee set at 8/6 for three years. The profession continued to campaign

for remuneration equal to the 1920 level. Two weeks later 417 of the 434 Kent 'panel' practitioners had submitted undated resignations, to which the Minister of Health expressed surprise. The capitation fee for 1923 was finally set at 10/2¼ - still less than the 1920 fee but far better than that which the government had initially proposed.

Lord Dawson of Penn

On the national stage the processes that would ultimately lead to the formation of the NHS were already beginning. In 1920 a report by Lord Dawson of Penn, a medical doctor who would later become known for giving King George V his final injection of morphine and cocaine, discussed the centralisation of medical services.

The report proposed that *"The domiciliary services of a given district would be based on a Primary Health Centre – an institution equipped for services of curative and preventative medicine to be conducted by the General Practitioners of that district, in conjunction with an efficient nursing service and with the aid of visiting consultants and specialists. Primary Health Centres would vary in their size and complexity ....., but they would for the main part be staffed by general practitioners ...., the patients retaining the services of their own doctors."*

The report was welcomed by the Kent Medical Committee and in 1921 Lord Dawson addressed a meeting held in Dartford. However due to the finances of the time the proposals within the report were shelved.

Throughout the 1920s the reduction of expenditure in the health service was a consistent concern of the Minister of Health. Prescribing was once again a focus for cuts, some Kent doctors receiving letters from the Ministry giving serious warnings that they were considered over prescribers. In 1921 it was reported that of 30 such doctors only two needed further investigations, with one doctor prescribing at 48% above the average and another at 42%. The former was found to be in the habit of ordering tinctures when infusions would suffice and using 'aqua

chloroform' instead of water. The latter doctor promised to order malt oil in 1lb rather than 2lb bottles.

Serious warnings for misbehaving doctors emanated from the Local Medical Committee itself. In 1921 the issue of Committee member non-attendance at meetings led to the implementation of a 'three strikes' rule, in which if a member missed three meetings without apologies they were removed from the Committee. In 1922 this rule was amended so that a warning letter would be sent after the second offence informing the doctor of the situation. The rule was implemented later that year when a Folkestone doctor was removed from the Committee.

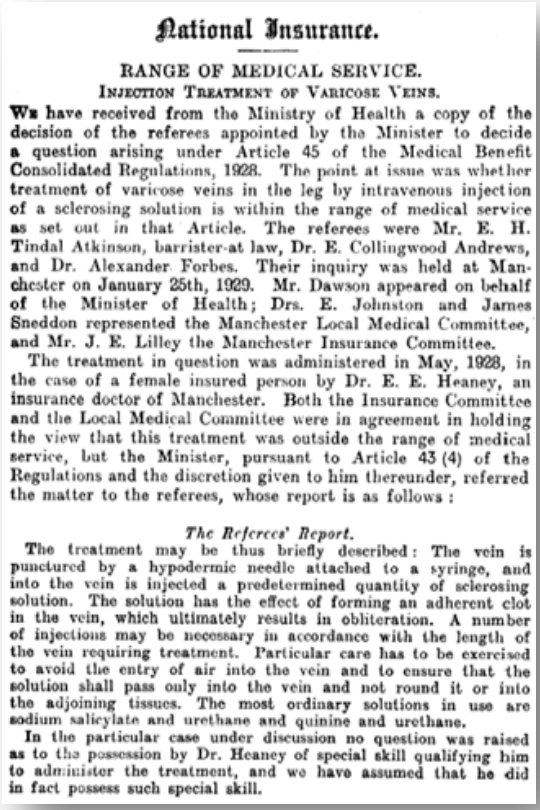
The Livingstone Medicine Chest used in the early 1900s

One of the primary functions of the Committee in its early life was to consider which treatments should be considered within the scope of the medical benefit scheme; and what procedures required 'skill or experience of a degree or kind which general practitioners as a class could not reasonably be expected to possess'.

The views of the Committee on one particular treatment led them into conflict with the Ministry of Health when, in July 1929, the Committee ruled that treatment of varicose veins of the leg by injections was outside the scope of medical benefit.

Trivia

The Committee discuss what might be included as treatments under the Insurance Act and to make recommendations to the Insurance Committee. It was decided between 1914 and 1917 that vaccination, ear syringing and massage were not part of the duties of a panel practitioner.



National Insurance.

RANGE OF MEDICAL SERVICE.

INJECTION TREATMENT OF VARICOSE VEINS.

We have received from the Ministry of Health a copy of the decision of the referees appointed by the Minister to decide a question arising under Article 45 of the Medical Benefit Consolidated Regulations, 1928. The point at issue was whether treatment of varicose veins in the leg by intravenous injection of a sclerosing solution is within the range of medical service as set out in that Article. The referees were Mr. E. H. Tindal Atkinson, barrister-at law, Dr. E. Collingwood Andrews, and Dr. Alexander Forbes. Their inquiry was held at Manchester on January 25th, 1929. Mr. Dawson appeared on behalf of the Minister of Health; Drs. E. Johnston and James Sneddon represented the Manchester Local Medical Committee, and Mr. J. E. Lilley the Manchester Insurance Committee.

The treatment in question was administered in May, 1928, in the case of a female insured person by Dr. E. E. Heaney, an insurance doctor of Manchester. Both the Insurance Committee and the Local Medical Committee were in agreement in holding the view that this treatment was outside the range of medical service, but the Minister, pursuant to Article 43 (4) of the Regulations and the discretion given to him thereunder, referred the matter to the referees, whose report is as follows:

The Referees' Report.

The treatment may be thus briefly described: The vein is punctured by a hypodermic needle attached to a syringe, and into the vein is injected a predetermined quantity of sclerosing solution. The solution has the effect of forming an adherent clot in the vein, which ultimately results in obliteration. A number of injections may be necessary in accordance with the length of the vein requiring treatment. Particular care has to be exercised to avoid the entry of air into the vein and to ensure that the solution shall pass only into the vein and not round it or into the adjoining tissues. The most ordinary solutions in use are sodium salicylate and urethane and quinine and urethane.

In the particular case under discussion no question was raised as to the possession by Dr. Heaney of special skill qualifying him to administer the treatment, and we have assumed that he did in fact possess such special skill.

Extract from The Supplement to the BMJ, July 1929

The Ministry initially suggested a review of the decision after a similar case in Manchester reached a different conclusion. In September they agreed to defer their decision until the Manchester case had been considered at the Annual Conference. It is unclear what the conclusions of the conference were; however in July 1930 further communication was received from the Ministry referring to similar cases from Sussex and Leicestershire. In response the Kent Committee resolved to issue a statement to the Ministry to the effect that these injections should not be done by GPs as they were 'still in an experimental stage and no uniformity has yet been arrived at as to the best type of injection to be used'. In many hospitals the treatment was carried out in specialist clinics.

As the Ministry and the Kent Medical Committee could not reach an agreement it was decided to submit the case for consideration by an Inquiry. The committee asked a specialist to give evidence on their behalf. In September 1931 the Inquiry eventually found in favour of the Ministry, stating that although the treatment was modern it was now widespread with very few cases with complications and not beyond the skill of GPs. After several years fighting their case the judgement seems to have been a bitter pill to swallow with the representatives of the Committee who attended the inquiry expressing the opinion that 'the

question had been pre-judged and that all argument would be useless' and a resolution being passed by the Committee that their previous opinion in disagreement with the resolution was confirmed.

In October 1929 it was reported at a meeting that 70% of Local Medical Committees in England and Wales had adopted the new National Formulary. Kent was at the time grouped with three neighbouring committees for prescription pricing, all of whom had expressed a wish to adopt the National Formulary. The Committee resolved to purchase copies for adoption from 1st January, however on 18th December the adoption was postponed until April 1930, as the Pharmaceutical Committee were not meeting until February to consider it. The Pharmaceutical Committee accepted the adoption. The Kent launch was again delayed to July as the supply of the National Formulary ran out and reprints were not due until May.

Retirement does not seem to have been an option in the early decades of the LMC. There are several references in the minutes to doctors, including members of the committee, dying whilst still practising. In the case of committee members deaths were marked in meetings by standing for a few moments silence as a mark of respect and sending condolences to the widow.

Trivia

In June 1931 the committee considered a complaint made against a 78 year old doctor with a list size of 1,173 insured persons, who did all his work on foot. The committee decided to recommend to the Insurance Act Committee (IAC) that the doctors list should be reduced by 50%. A month later the IAC notified the LMC that arrangements were being made to dispose of the doctor's entire practice. It was not until December 1932 that the possibility of setting up financial arrangements to enable 'aged and infirm' insurance practitioners to retire was discussed.

1930s: Economic Crisis

In 1929 the New York Stock Market Crash heralded the start of the Great Depression, which in the UK saw unemployment double by 1930.

In 1931 the economic crisis struck doctors, with public sector wage cuts being urged by the government. In September 1931 the KLM&PC responded to a circular issued by the Insurance Acts Committee calling for insurance doctors to accept a 10% reduction in the capitation fee.

The Chairman of the KLM&PC explained that the Insurance Acts Committee 'did not consider themselves justified in attempting to bargain with the minister in such a time of national financial crisis'.


CITY EDITION London Herald LATE PRICES

FRIDAY 25th OCTOBER 1929

WALL STREET CRASH!

Black Thursday in America

Stocks Plunge and Eleven Commit Suicide

What Went Wrong?

London Herald, 25th October 1929

Whilst assurances were received from the Ministry that this reduction was not because they thought Doctors were over-paid, but was 'due entirely to the necessity for economy owing to the financial state of the country'. In the ensuing discussion Dartford representatives suggested the reduction in fee should also mean a reduction in work. However the Committee did not support this suggestion as it would be detrimental to the service. Ultimately the reduced capitation fee was accepted as a sacrifice in the 'National Interest'. The Executive Committee of the KLM&PC then proposed a motion at the LMC Annual Conference that 'The conference is of the opinion that, comparably with other persons subjected to deductions from remuneration, insurance practitioners have been called upon for a far greater sacrifice'. A similar proposal put by another area with the same sentiment was passed at the conference.

As well as significant public sector spending cuts the recession of the 1930s brought unprecedented unemployment rates. This raised concerns in Kent over the number of patients who would cease to be insured upon losing their employment. Concern, however, seems to have been for the impact on doctors' income rather than the welfare of their patients.

1930s: Unemployed men gather outside a workhouse

In 1933 a conference was held with the Insurance Acts Committee to consider the impact increased unemployment would have on the insurance practitioners of Kent. It was anticipated that no more than 2000 people would lose their medical benefit, representing no significant loss to individual doctors, and it was agreed that it would be impractical to attempt to arrange for these patients to continue treatment with their insurance doctor.

In 1932 a questionnaire was sent to all insurance practitioners in 1932 seeking to ascertain their views as to whether the pre-crisis capitation fee (awarded in 1924) was sufficient. This research was undertaken largely out of fear of further reductions and the findings suggested that the majority of doctors felt that the workload had increased and the capitation fee was currently inadequate.

Trivia

In April 1935 the government suggested a new speed limit of 30mph for motor vehicles in built up areas.

The committee suggested that this limit should be relaxed for medical practitioners.

The following year, armed with these opinions, a deputation from the Insurance Acts Committee to the Ministry was informed that 'The time had not come at which the restoration of the economy cuts could be contemplated'. The

Ministry responded that if a claim for arbitration of the fee was made then the Ministry would submit a counter claim, with the possible result of a further reduction.

In March 1934 it was noted that a large number of the economy cuts were being restored, and the KLM&PC again set out to seek a return to the pre-cut capitation fee. However the May Budget announced only a partial restoration, with formal notification received in July that the economy deduction would be reduced from 10% to 5%. Despite the relative improvement of the Nation's economic state, the capitation fee remained reduced for several years.

The conflict resurfaced in 1937 when the Ministry proposed to extend medical benefit to those aged between 14 and 16 who were employed, at a lower capitation fee than that for adults. The KLM&PC agreed that 'In view of the inadequacy of the existing capitation fee, and pending the result of negotiations for its increase', they were not able to accept this proposal.

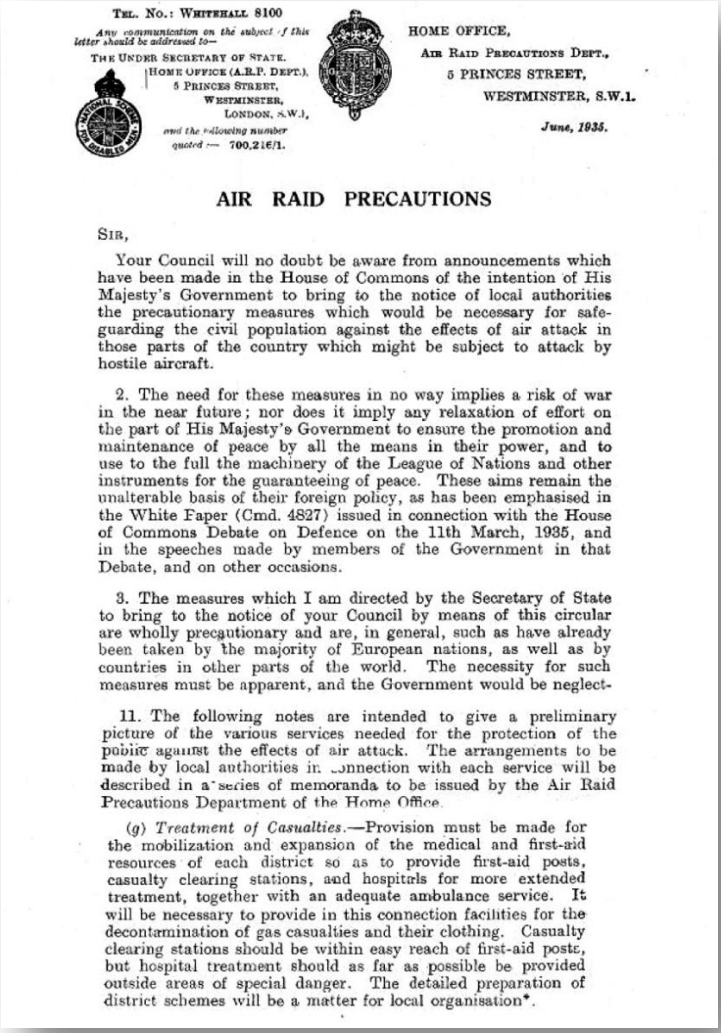
The beginning of World War Two appears to have produced a temporary cessation of hostilities between the Government and the Local Medical and Panel Committees. However in 1940 the KLM&PC decided to write to the BMA, stating that 'this committee are of the opinion that the capitation fee of 9/- is insufficient and, in view of the rising cost of living and the increased practice expenses due to the war, an application for an increase should be made at the earliest possible moment'. Although the BMA appeared to support this proposal, no increase in the capitation fee was secured until February 1945.

Trivia

In April 1939 an increase of 10/- per horse power in tax on private cars was announced. The committee urged the BMA to press for a rebate for doctors, whose cars are private but necessary to their work.

The War Years

The outbreak of World War Two came as no surprise to the KLM&PC. Preparations first began in 1935 when the Committee noted a recent Home Office circular calling for the cooperation of practitioners in protecting the public in the event of an air attack.



TEL. No.: WHITEHALL 8100

Any communication on the subject of this letter should be addressed to—

THE UNDER SECRETARY OF STATE.
HOME OFFICE (A.R.P. DEPT.),
5 PRINCES STREET,
WESTMINSTER,
LONDON, S.W.1,

and the following number quoted — 700,21€/1.

HOME OFFICE,
AIR RAID PRECAUTIONS DEPT.,
5 PRINCES STREET,
WESTMINSTER, S.W.1.

June, 1935.

AIR RAID PRECAUTIONS

SIR,

Your Council will no doubt be aware from announcements which have been made in the House of Commons of the intention of His Majesty's Government to bring to the notice of local authorities the precautionary measures which would be necessary for safe-guarding the civil population against the effects of air attack in those parts of the country which might be subject to attack by hostile aircraft.

2. The need for these measures in no way implies a risk of war in the near future; nor does it imply any relaxation of effort on the part of His Majesty's Government to ensure the promotion and maintenance of peace by all the means in their power, and to use to the full the machinery of the League of Nations and other instruments for the guaranteeing of peace. These aims remain the unalterable basis of their foreign policy, as has been emphasised in the White Paper (Cmd. 4827) issued in connection with the House of Commons Debate on Defence on the 11th March, 1935, and in the speeches made by members of the Government in that Debate, and on other occasions.

3. The measures which I am directed by the Secretary of State to bring to the notice of your Council by means of this circular are wholly precautionary and are, in general, such as have already been taken by the majority of European nations, as well as by countries in other parts of the world. The necessity for such measures must be apparent, and the Government would be neglect-

11. The following notes are intended to give a preliminary picture of the various services needed for the protection of the public against the effects of air attack. The arrangements to be made by local authorities in connection with each service will be described in a series of memoranda to be issued by the Air Raid Precautions Department of the Home Office.

(g) *Treatment of Casualties.*—Provision must be made for the mobilization and expansion of the medical and first-aid resources of each district so as to provide first-aid posts, casualty clearing stations, and hospitals for more extended treatment, together with an adequate ambulance service. It will be necessary to provide in this connection facilities for the decontamination of gas casualties and their clothing. Casualty clearing stations should be within easy reach of first-aid posts, but hospital treatment should as far as possible be provided outside areas of special danger. The detailed preparation of district schemes will be a matter for local organisation*.

In 1938 it was decided to appoint representatives to sit on the Local Emergency Committees, established by the BMA, for the *'protection of practices of general practitioners who, in times of a national emergency, are engaged in whole-time war service'.*

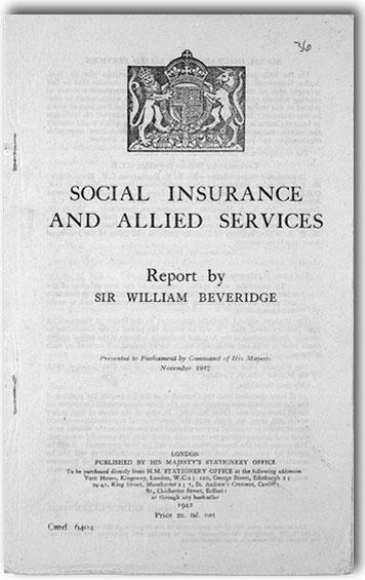
By March 1939 the newly appointed Medical Secretary reported his attendance at several meetings regarding war arrangements and the allocation of medical practitioners to different duties, stating that the situation remained 'in a state of flux'. In the first KLM&PC meeting since the outbreak of war, it was reported that a scheme for the protection of practices of serving doctors was running smoothly, and a plan was established for the payment of fees for treating evacuated children. It was decided that meetings should be held earlier in the day to enable doctors to drive home before the black out.

In October 1939 it was decided to meet quarterly rather than the usual monthly, and an Emergency Sub-Committee was appointed to deal with matters arising between meetings.

In 1940 the KLM&PC supported a proposal by the BMA that insurance should be extended to the dependants of men on active service and in April that year it was reported that 75 Kent insurance practitioners were on active service.

As the war progressed the work of the KLM&PC was greatly reduced and little activity was recorded.

The Birth of the NHS



SOCIAL INSURANCE
AND ALLIED SERVICES

Report by
SIR WILLIAM BEVERIDGE

The radical Beveridge Report, 1942

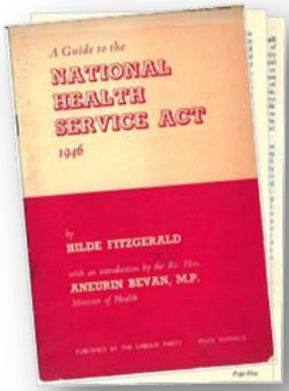
In 1942 the radical Beveridge Report, now widely accepted as the report that produced the welfare state and NHS, was presented to parliament. It was soon accepted by both the Liberals and Conservative parties, with Labour eventually, and somewhat reluctantly, following. That same year the KLM&PC resolved to support a service only for part of the community, rather than the whole, and for the 'preservation of health' rather than the 'achievement of positive health'. A year later, however, the mood had shifted and the KLM&PC resolved not to oppose the proposed scheme for comprehensive health and rehabilitation services to be made available to all members of the community.

In 1944 a White Paper endorsing the creation of the NHS was published in parliament. The details of this paper were discussed by the KLM&PC with support agreed for the principle of universal healthcare, on the provision that the personal doctor-patient relationship was preserved. They criticised the lack of detail on preventative medicine in the paper and felt that the option of private health care should be maintained. They also advocated the creation of 'regional health authorities' that would plan local health services, including preventative, primary and secondary care.

Later that year the KLM&PC agreed to involvement, upon invitation from the Ministry, in a discussion regarding remuneration of GPs under the NHS on a basis other than capitation. In July 1945 with the prospect of Labour winning the general election and attempting to implement a salaried service, the KLM&PC responded by creating a sub-committee to consider the issue. Labour did indeed win the election and in November 1945 the new Health Minister, Aneurin Bevan, addressed the BMA and indicated that a bill would go before Parliament in early 1946. The KLM&PC considered this speech and expressed a wish that the bill should

be properly negotiated with the profession before going before parliament.

Despite this, in March 1946 the Bill received its first parliamentary reading. The Act was passed later that year and arrangements were made for the launch of the new service in July 1948. The Act allowed for GPs to be independent contractors; however agreement between the government and the profession on the exact systems and nature of remuneration was not reached.



National Health Service Act 1952

The Spens Report determined that GP pay would be entirely capitation based including an element for expenses which were averaged across all practices. This decision on pay would cause significant problems in the future.

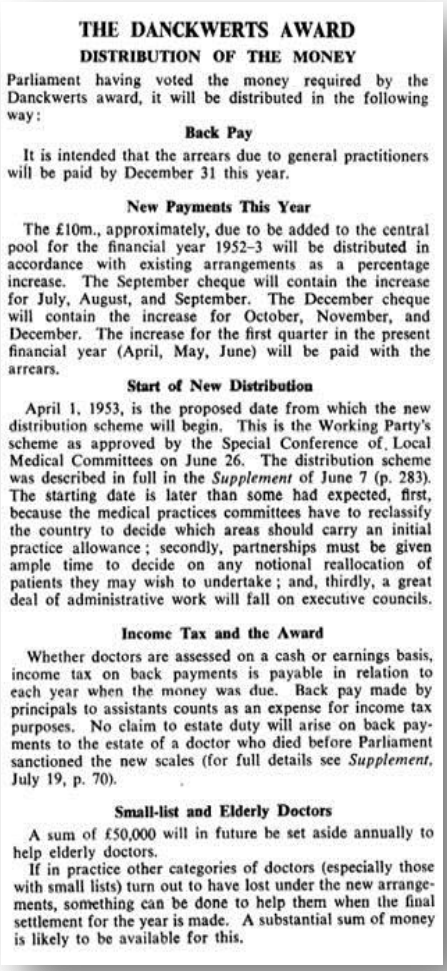
The new NHS remained highly controversial amongst the GPs of Kent. In March 1948 a meeting of the re-named Kent & Canterbury LMC (K&CLMC) witnessed a heated debate over a proposed resolution condemning the new NHS. The Chairman, Dr Talbot-Rogers, left the room and returned only when the motion, with which he disagreed, had been defeated. In October of that year the Annual Conference of LMCs passed a motion declaring that the middle and upper classes were not well served by the NHS and should be permitted to seek private health care. It also stated that the 18/- capitation fee was inadequate and many doctors were facing hardship along with the large increase in work under the NHS.

Trivia

In 1948 a process of 'cleansing' of GPs lists was undertaken, with instructions that all persons listed as being 70 or over in 1928, believed to be 5000 people in Kent, were to be removed from lists. 4000 were removed with the provision that if found to be alive they would be restored.

The dispute over GPs pay escalated and in 1952 a high court adjudication resulted in a finding in favour of GPs, leading to a significant pay increase in what became known as the Danckwerts Award.

The reports of the K&CLMC Voluntary Levy fund refer to the cost incurred in hiring eminent experts to prosecute their case for increased remuneration in the High Court.



THE DANCKWERTS AWARD

DISTRIBUTION OF THE MONEY

Parliament having voted the money required by the Danckwerts award, it will be distributed in the following way:

Back Pay

It is intended that the arrears due to general practitioners will be paid by December 31 this year.

New Payments This Year

The £10m., approximately, due to be added to the central pool for the financial year 1952–3 will be distributed in accordance with existing arrangements as a percentage increase. The September cheque will contain the increase for July, August, and September. The December cheque will contain the increase for October, November, and December. The increase for the first quarter in the present financial year (April, May, June) will be paid with the arrears.

Start of New Distribution

April 1, 1953, is the proposed date from which the new distribution scheme will begin. This is the Working Party's scheme as approved by the Special Conference of Local Medical Committees on June 26. The distribution scheme was described in full in the *Supplement* of June 7 (p. 283). The starting date is later than some had expected, first, because the medical practices committees have to reclassify the country to decide which areas should carry an initial practice allowance; secondly, partnerships must be given ample time to decide on any notional reallocation of patients they may wish to undertake; and, thirdly, a great deal of administrative work will fall on executive councils.

Income Tax and the Award

Whether doctors are assessed on a cash or earnings basis, income tax on back payments is payable in relation to each year when the money was due. Back pay made by principals to assistants counts as an expense for income tax purposes. No claim to estate duty will arise on back payments to the estate of a doctor who died before Parliament sanctioned the new scales (for full details see *Supplement*, July 19, p. 70).

Small-list and Elderly Doctors

A sum of £50,000 will in future be set aside annually to help elderly doctors.

If in practice other categories of doctors (especially those with small lists) turn out to have lost under the new arrangements, something can be done to help them when the final settlement for the year is made. A substantial sum of money is likely to be available for this.

Extract from the BMJ, 9th August 1952

Under the NHS the work of the K&CLMC changed significantly, with the Committee acquiring responsibilities ranging from approving GPs to act as trainers, considering applications from doctors wishing to register to practise in Kent, distributing loans to practices to expand or improve their premises and inspecting the quality of accommodation of all surgeries and waiting rooms.

An NHS Amendment Act of 1949 also allowed the LMCs to delegate some of this work, with approval of the Minister, to sub-committees. This proved to be an extremely popular option in Kent, with sub-committees formed including the Remuneration Sub-Committee, Disciplinary Procedures Sub-Committee, and General Purposed Sub-Committee.

Women and the LMC

Throughout most of the first half-century of the KLM&PC, it was regular practice for GPs to be referred to as 'medical men' and it was not until 1931 that any reference was made to a female doctor.

The first female doctor referred to was Dr Anne Simpson, a maternity medical officer who was described as a "first-rate obstetrician" by Dr Greenwood of the KLM&PC. The practice of referring to female doctors using their first name, whilst male doctors generally received either an initial or only their surname, continued throughout most of the 100 years of the LMC. The first female member of the KLM&PC was Dr Margaret Best, who joined the committee in 1945, while in 1948 Dr Muriel Prout became the second.

Although in 1964 there were reported to be 3000 female doctors in Britain, with 125 in Kent, and despite the presence of female doctors on the committee, it seems that the assumption continues to have been that doctors were male. Discussions were held over the role and remuneration of doctors' wives, and social events were planned for the committee 'and their ladies'.

In the early 1970s women seem to have become slightly more vocal on the committee, with a Dr Nicolson featuring particularly in records of debates over family planning. When Bromley and Bexley split from Kent in 1973 the first instance of a woman in a senior role was seen when the first Vice Chair of Bexley LMC was Dr Eileen Gorman. In Kent it was not until the late 1980s that the minutes begin to accord equal status to female doctors, by using forenames when referring to both male and female doctors, and by the 1990s the number of women on the KLMC rose to 4 or 5.

In 1994 the KLMC dinner invited wives to attend at a charge of £15 and it was at this point that the question of husbands was raised, when Dr Anne Coulson enquired as to how much they would pay. Dr Coulson went on to serve as Chair of East Kent LMC following the split, however to the present day there has yet to be a female Chair of the full KLMC.

The Post-War Years

In the wake of World War Two much energy was put into the reconstruction of the nation, with demands for housing increasing through the 1950s. There were many housing developments in Kent and in each case the K&CLMC considered whether there was a need for the development to include accommodation for a doctor's surgery. Factors considered included the number of houses being built, the location and the number of doctors practising in nearby areas.

As well as new domestic housing developments the K&CLMC also advised on facilities for industrial workers. In 1952 the Anglo-Iranian Oil Company began construction of a large oil refinery at the Isle of Grain, and the local GP took on an additional 1000 patients. It was recommended that due to the density of population in the area it should be reclassified as urban, and that the future development of 350 homes at the site may provide a nucleus for a new practice.

Trivia

In 1956 the decline in the number of temporary residents coming to the county during hop-picking season was noted, with a fall from 13,325 in 1951 to 8,080 in 1955. This caused concern as it had a negative impact on doctors' income and the introduction of new machinery was blamed.

As well as providing health care for the whole population, the new NHS also became increasingly concerned with public health campaigns. In December 1953 the Ministry of Health suggested an education campaign regarding cancer. The Canterbury Local Health Authority decided to order a supply of Marie Curie pamphlets setting out the features and early symptoms of cancer, however the General Purposes Sub-Committee of the LMC resolved to inform them that they 'regret they are unable to support the suggestions that the pamphlets should be available in doctors' waiting rooms as in the opinion of the sub-committee they cause unnecessary worry to patients'.

Similar resistance was met in 1957 when attempts were made to educate the public of the newly established link between smoking and lung cancer

through the display of posters and pamphlets in GPs waiting rooms, with the minutes recording that 'The committee expressed no definite opinion on the need for propaganda but they were concerned that practitioners should be asked to display yet another poster in the waiting rooms'. In 1959 they were, however, happy to display a card reminding patients that they should not make unnecessary or inconsiderate demands on their GP, including instructions that home visits should only be requested before 10am, or in exceptional circumstances after 10am, and that requests for visits should only be made if the patient is genuinely unfit to attend the surgery.

Even in its youth the government was concerned with reducing the cost of the NHS. In 1953 the LMC were invited to contribute comments to the Guillebaud Commission, led by a Cambridge economist and looking to review the cost of the NHS.

The following year, as a result of cost-cutting measures, the LMC came into conflict with the Kent and Canterbury Hospital when the hospital requested that GPs were no longer to refer patients for x-rays, and that they should first be sent to casualty. This was justified as a measure to bring down the costs of x-rays, which in 1953-4 had been £4,098. In October a letter was written by the Executive Sub-Committee of the LMC stating that "*The sub-committee were not prepared to accept the suggestion that to support a problematic economy the general practitioner should abandon his right to investigate fully and discuss freely his patients' troubles… There is in our opinion a need for prior discussion with general practitioners before there is a withdrawal of any hospital service which affects general medical services.*" The LMC won this battle, with Kent and Canterbury Hospital informing them of the re-opening of the x-ray department to GPs in March 1955.

Despite the 1952 Danckwerts victory in the High Court, it was not long before GPs were once again in dispute with the government over remuneration. With the NHS now well established, the LMCs found they had a new bargaining power when the Minister of Health in a 1953 address to the LMC Annual Conference acknowledged that medical services revolved around the GP.

In 1957 it was recommended by the BMA that all NHS GPs should submit undated resignations and they should not cooperate with the Royal Commission on the Remuneration of Doctors and Dentists. These recommendations were supported by a special national meeting of LMC representatives arranged to discuss the issue. However just two weeks later the K&CLMC felt that recent developments in the dispute meant these decisions required further consideration.

SUPPLEMENT TO THE
BRITISH MEDICAL JOURNAL
LONDON SATURDAY MARCH 9 1957

CONTENTS

British Medical Association

PROCEEDINGS OF COUNCIL

REMUNERATION CLAIM

A special meeting of the Council of the Association was held on February 28 to consider the situation resulting from the decision to set up a Royal Commission on medical and dental remuneration.

Dr. S. WAND was in the chair, and there was an almost full attendance of Council members.

Meeting with Minister

The CHAIRMAN said that when the delegation from the Negotiating Committee met the Minister of Health on February 20 it was confronted with a statement from Mr. Vosper that the Government proposed to set up a Royal Commission, and that it would be prepared to instruct the Management Side of Whitley Committee B to negotiate a settlement for junior hospital medical staff up to senior registrar. The Government's proposal, which was decided on without any discussion at all, caused extreme anger on the part of all members of the delegation. Mr. Vosper made it clear that there was no obligation on the Government to accept the findings of the Royal Commission, or to implement them if it did, if the economic state of the country was as it is now. He did admit later that there was justice in an increase for the doctors.

Dr. Wand said that he had expressed the feelings of the delegation to the Minister in such a way as to leave him in no doubt about them. The G.M.S. Committee and the Public Health Committee had passed certain resolutions, which had already been published (see *Supplement*, March 2, pp. 97 and 100), and at its meeting that day the Joint Consultants Committee had passed a resolution advising those it represented to support the general practitioners in every possible way. In the event of the general practitioners being compelled to withdraw from the National Health Service the Joint Consultants Committee would advise its constituents fully to support this withdrawal by refusing to permit the hospital and specialist services to be used in any way as a substitute for the family doctor service. The Committee had also agreed to recommend to the Negotiating Committee that the Government's proposal immediately to increase the remuneration of junior hospital medical staff should be accepted (see page 109).

Dr. Wand pointed out that there were two issues: the immediate claim, and the purpose for which the Royal Commission was set up At some stage it might be necessary to separate the two issues or bring them together. Either course would be quite proper, and it was for the Council to decide which to adopt. Later in the meeting Council would probably wish to pass resolutions; in the meantime, however, the meeting was open to free discussion.

Dr. J. G. M. HAMILTON asked if it was true that the Government would be announcing the terms of reference of the Royal Commission that afternoon; if so, would it be possible to send a telegram to the Prime Minister if thought advisable?

The CHAIRMAN said that Dr. Talbot Rogers would deal with that question.

Question and Answer

Dr. A. TALBOT ROGERS, Joint Chairman of the Negotiating Committee, said that after the meeting with the Minister there was a meeting of the Negotiating Committee at which it was agreed that there was a need for consolidation between the different sections of the profession in the future. The next day the General Medical Services Committee met, and spent the whole day discussing the matter. It agreed unanimously to call an emergency Conference of Local Medical Committees at the earliest possible date, and to recommend that unless the Government agreed to an immediate and satisfactory settlement of the profession's claim or to arbitration general practitioners throughout the country should be advised to send in their resignations from the Service. It was added that an alternative scheme for the organization of general practice would be issued at the appropriate time. Dr. Rogers was confident that it would meet with the approval of the G.M.S. Committee, of the Council, and of the practitioners.

As would be known, Sir Russell Brain and he had sent a letter to the Prime Minister, and a reply had been received stating that the Royal Commission would work as fast as a Royal Commission could, and that the setting up of the Royal Commission would not preclude an interim adjustment.

A further meeting between the Minister and Sir Russell Brain and himself took place that morning. The Minister did not know the terms of reference of the Commission, nor did he know anything about its composition. It was understood the terms of reference were to be announced that afternoon in the House of Commons.

At the interview, said Dr. Rogers, Sir Russell and he tried to obtain some information on what was meant by

In May 1957 open meetings of all Kent GPs were held to establish their views and they concluded that the profession should cooperate with the Royal Commission and plans for a mass-withdrawal of service should be deferred. Previously, the LMCs and BMA had largely cooperated in disputes with the government; however on this issue not only was there disagreement over the BMA suggestion of resignations, but the K&CLMC also expressed objections to the methods of the BMA. On several occasions developments in the negotiations reached the attention of most GPs via the national press, leaving them feeling that the BMA were not consulting with them sufficiently. The BMA defended these actions as necessary in order to maintain the support of the press, as they expressed in a letter received in August 1957: "To have consulted the profession generally in circumstances such as existed at that time could only have robbed the committee's statements of any news value which is an asset which cannot be ignored if one is seeking to enlist public support".

In 1959 the Royal Commission reported its findings, declaring that: *"The NHS is here to stay, it is an essential feature of the Welfare State. The Welfare State is a continuation in peace time of the spirit which won the war. It is unrealistic of doctors to think of withdrawing from the NHS. The inevitable result would be the formation of a fully salaried service."* It also suggested that the best future for the NHS lay in cooperation between the profession and the Ministry and that Working Parties should be established to these ends; whilst Joint Standing Committees should also be established to continuously review policy, both proposals of which the K&CLMC approved. They also agreed in principle to a suggestion that general practice should form an integral part of under-graduate medical training and that education should continue from qualification to retirement.

Trivia

In 1959 the LMC received complaints from local GPs of an influenza vaccine that was being advertised by the Society of Manufacturing Chemists to both 'lay people' and doctors.

The local doctors had subsequently been approached by patients demanding the vaccine, although it was not approved by the Medical Research Council or Ministry of Health.

It does not seem that an agreement was reached by the Commission on remuneration; however a Joint Working Party on Remuneration of GPs was established and endorsed by a special National Conference of LMCs.

Cold War

Through the 1950s much of the work of the K&CLMC and its various sub-committees was concerned with preparations for the outbreak of another war. In April 1951 the K&CLMC received a confidential letter from the Ministry of Health inviting them to cooperate with the Central Medical War Committee in screening doctors who were reservists whom the Service Departments might wish to restore to full service. The Committee agreed to cooperate and two sub-committees were formed for the purpose, one for East and one for West Kent.

The work of these sub-committees began in July 1951 and focussed upon advising the Central Medical War Committee which doctors could be released for military service in an emergency without significant disruption to the civilian medical services. In 1952 they also took responsibility for considering the appointment of GPs as medical officers to the Home Guard and approved the appointment of GPs in several Kent regions. The K&CLMC was also concerned with arrangements for protection of practices for doctors called up in an emergency and raised the issue at the 1951 Annual Conference. There were frequent letters and memos received from the Ministry regarding plans for an emergency situation, including reminders of the duties of local authorities with regards to casualties and public health and arrangements for the control of medical manpower, which was to be done through Area Recruitment Committees appointed annually by the K&CLMC.

As well as the fear of attack on the British mainland, events behind the Iron Curtain also had an impact in Kent. In 1956 the Hungarian Revolution caused approximately 200,000 people to flee the country. In October 1956 the Committee were informed that the British Council for Aid to Refugees was making arrangements to accommodate large numbers of Hungarian refugees, who would be entitled to access NHS services. Four hundred refugees were accommodated on the site of Detling Aerodrome. As they were expected to reside there for more than three months, technically they should have been registered as permanent patients on the lists of local GPs; however the committee felt that it would be preferable for the purposes of payment to consider them temporary residents.

The Swinging Sixties

The 1960s are remembered as a period of social, technological and political change. In 1963 Harold Wilson famously referred to 'The Britain that is going to be forged in the white heat of this revolution'. This revolution certainly impacted on Kent GPs, as is clear from K&CLMC minutes. Social and medical changes in many instances went hand in hand, with the 1967 Abortion Act, and the introduction of oral contraceptive pills and cervical smears. Habitual drug use found its way on to the agenda, as did the new European Economic Community (EEC) and some controversial technological changes.

In the year of the 'white heat' speech there remained scepticism in the K&CLMC on some of the public health campaigns being urged by the government. Following on from their reluctance to display information on smoking and lung cancer a decade earlier, in October 1963 the Committee expressed the view that they were unconvinced of the value of setting up anti-smoking clinics, arguing that more emphasis should be given to stopping young people from taking up smoking. It is unclear whether or not at this point they supported the display of posters in waiting rooms. In the same year reference is made to work done on Hepatitis and the K&CLMC undertook to campaign for disposable syringes to be made available to GPs on prescription, suggesting that prior to this it had been usual to reuse needles.

The following year sees the earliest references to women's health beyond that of antenatal and maternity care. At the 1964 Annual Conference the Kent representatives presented a motion calling for GPs prescribing the new oral contraceptive pill privately to be permitted to charge a fee even if the patient was on the doctors NHS list. It seems that in the early days of oral contraceptives the GPs of Kent may not have been enthusiastic advocates, as in 1967 the Family Planning Association complained to the LMC of delays in patients receiving contraception following referrals to GPs. Family planning was again on the agenda in 1968 when the Committee received instructions regarding the newly passed Abortion Act and related provisions for GPs. There is no view on this development expressed in the minutes.

Also in 1964 came the first mention of cervical smears in some parts of the county. The renamed Kent Local Medical Committee (KLMC) hoped a fee would become available for those taking the smears in order that the service might become universal. Development of the scheme was initially patchy but by 1966 it was reported that with East Kent due to join the scheme in September, the whole of Kent would soon be providing the smear service. There were initially some problems with sufficient laboratory space, and the tests were carried out in Family Planning Clinics at a charge of two guineas to the patient. Initially the age at which smears were carried out was 35, although in 1969 the Committee expressed concern that this may be too old. They were advised that the reason for this was that the cone biopsy was not advised in women of child bearing age due to increased risk of miscarriage. It was nevertheless reported in 1969 that there had been an increase in the number of smears being done.

Trivia

In the 1960s there was concern over whether Doctors' wives could receive remuneration as members of staff. In 1966 a special fund was considered to pay the wives of rural practitioners and in 1967 the Annual Conference passed a motion calling for the 'Direct reimbursement of specially qualified Doctors' wives'. No mention was made of husbands of female doctors, although in 1964 there were reported to be 3000 female doctors in Britain, with 125 in Kent.

The 'swinging sixties' are often associated in popular culture with a period of liberal attitudes and plentiful recreational drugs, however throughout the decade the KLMC seems to have become increasingly aware of the darker side of drug use and its impact upon general practice. In 1966 it was reported that in inner London the names of known drug addicts who may try to access drugs illegally were being circulated and the following year a circular was received advising the Committee on the supervision and treatment of heroin addicts. The same year a debate began in the KLMC about the spread of drug use, particularly in the areas of the county close to London. It was suggested that the KLMC should facilitate an easy way for Pharmacists to enquire of GPs when a prescription appeared suspicious.

As well as a period of great social change, the 1960s was a period of modernisation and the health service was required to keep pace. Systems within General Practice saw significant developments throughout the decade. In 1966 the first reference to doctors using appointment systems is made, and by 1969 the introduction of such systems was being reported in a document from the General Medical Services Committee of the BMA. The KLMC discussed the implications of appointment systems and anticipated difficulties in communicating the changes to patients. Problems were also expected in 1961 when STD codes were introduced to the telephone system, bypassing exchanges, which expected to cause delays in answering calls during busy periods.

As well as changes in the internal systems of GPs practices, the 1960s saw changes to the nature of general practice itself. In 1966 discussions were held regarding the concept of Health Centres linked with large housing developments which would be leased from the County Council. This was the earliest suggestion of general practice in premises not owned by the GP. There was much debate over the suggestion, with the KLMC unable to form a clear policy regarding their support for the idea. In some areas support for the Health Centres was strong however others, such as Canterbury, felt that they would impair the doctor-patient relationship. The scheme continued and by the end of 1969 Bromley, Whitstable, Faversham, Park Wood, Sturry, Dover, Paddock Wood, Rochester and Beckenham all had plans in place for Health Centres, although none seemed to have yet opened.

Less controversial than the Health Centres and appointment systems were hospices. In 1967 KLMC were invited to attend the opening of the first modern hospice, St Christopher's in Sydenham. Founded by Cicely Saunders, who became Dame Cicely Saunders in 1979. St Christopher's was extremely successful and is recognised as the stimulus for the development of modern hospices and palliative care across Britain and globally. In 1969 the KLMC received a letter from Cicely Saunders explaining how patients could be referred to St Christopher's without first being put under the care of the

Dame Cicely Saunders, founder of the first modern hospice in 1979

regional hospital board, information which the Committee undertook to disseminate to all Kent GPs. It is not clear from the minutes whether the Committee were aware of their small role in extremely significant historical developments in attitudes towards death and care for the dying.

In the realm of international politics the 1960s brought increased integration and cooperation, following the creation of the European Economic Community in 1957. Britain was not a founder member, however throughout the sixties membership was discussed. Applications to join the Community were made in 1963 and 1967 but vetoed by the French President, Charles de Gaulle, with Britain eventually being accepted in 1973.

We're in—but without the fireworks

By DAVID McKIE and DENNIS BARKER

Britain passed peacefully into Europe at midnight last night without any special celebrations. It was difficult to tell that anything of importance had occurred, and a date which will be entered in the history books as long as histories of Britain are written, was taken by most people as a matter of course.

The principal party political figures maintained their familiar postures of hope and optimism or head-shaking despair. Mr Heath was starting back from Ottawa, where he had gone for the funeral of Mr Lester Pearson, at about the time that Britain, along with Denmark and Ireland, officially became members of the European Community.

Britain becomes a member of the European Community - extract from the Guardian, 1st Jan 1973

In anticipation of membership the KLMC held a discussion in 1967 on the potential impact upon general practice, with the free movement of labour a primary concern. Kent subsequently submitted a motion at the 1967 Annual Conference seeking to discuss the impacts, however the motion was not heard as by the time it came to their motion the Conference was no longer quorate. Motions that were heard at the 1967 Conference included concerns over the inadequacy of the recent pay rise in helping to increase recruitment and stem emigration of doctors.

Remuneration

By the 1960s there had been several cases in which GPs had threatened to resign from the NHS, however in this decade for the first time some actually did resign. By 1964 the fixed amount of money in the 'pool' system had created a crisis in which GPs felt neglected and underfunded. This crisis led to the 1965 'Charter for Family Doctor Services'. The pool system mitigated against reducing list size, and the pooling of expenses

overpaid GPs with small staff and underpaid those that expanded their staff and services.

The Charter was presented by James Cameron, the new chairman of the BMA General Medical Services Committee, and was adopted by the BMA.

Summary of the 1965 Charter proposals:

- Increased recruitment to General Practice
- Reduce maximum patient lists to 2000 per GP
- Improve medical education, orientated to General Practice
- Improve premises and equipment
- Introduction of direct reimbursement of staff and premises expenditure
- Payment to reflect workload, skills and responsibility
- Reasonable working hours
- Proper remuneration for out of hours work

These proposals provoked a period of extensive negotiation with the government, with the Labour Minister, Kenneth Robinson, pressing for a salaried service. KLMC closely followed the progress of these negotiations, and undated resignations were collected in order to strengthen the GPs position. In Birmingham two dozen GPs actually did resign from the NHS and established an alternative service, which ultimately failed.

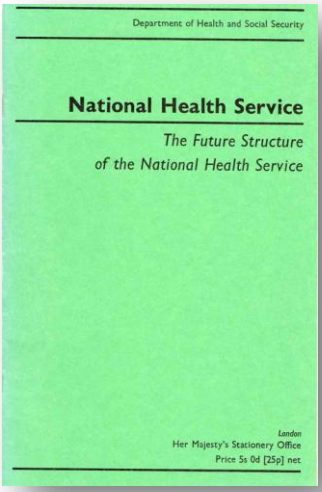
In 1966 an agreement was reached and a new contract drawn up. The agreement was sent to the Review Body for pricing, and in May of that year KLMC held a special meeting to discuss the resultant deal. Debate was heated but the meeting eventually agreed to grudgingly accept the proposal. This 1966 contract led to the establishment of the famous 'Red Book'. Although the Charter is recorded as having improved recruitment into General Practice, the KLMC minutes indicate that the workforce crisis continued to be a concern as the 1960s came to a close.

In 1969, following a two year pay freeze, the Review Body recommended an 8% increase in gross remuneration, over which the LMC criticised the BMA for poor PR as the lay press regarded this rise as unduly generous.

1970s: Reorganising the NHS

The 1970s was a decade of significant changes across the NHS, within General Practice and for the KLMC. As early as April 1970 the committee was discussing the Second Green Paper on the Administration of the NHS, in preparation for a Special National Conference of LMCs on the issue.

KLMC raised particular objection to a comment within the paper which they felt "*does not bring out sufficiently strongly the continuing reluctance of British born graduates to enter general practice, nor to state that without the considerable absorption into general practice of doctors from overseas there could well have been a continuing decrease in the number of principals in general practice.*"



Richard Crossman's Green Paper - February 1970

This Green Paper went on to become the 1973 NHS Reorganisation Act, which introduced Area Health Authorities, and profoundly influenced the KLMC. In November 1972 the Committee noted the fact that the planned reorganisation would require separate Local Medical Committees for Bexley and Bromley to be formed.

In January 1973 the Bill was before Parliament, and expected to pass by the middle of the year, with the new Area Health Authorities taking control of NHS administration from 1st April 1974. At this point Kent LMC began plans to hold elections for Shadow LMCs for Bromley and Bexley; in March 1973 the first meetings of the three new shadow LMCs of Kent, Bromley and Bexley were held.

As well as forcing the reconfiguration of the geographical remit of the Kent LMC, the NHS Reorganisation also impacted upon the committee at both a financial and personal level. In February 1974 arrangements were made for the finances of the Voluntary Levy fund to be wound up and distributed to the three new LMCs. The distribution was based upon the

contributions to the fund from each area, with one eleventh going to Bexley, two elevenths to Bromley, and the remainder to the new KLMC.

ELIZABETH II

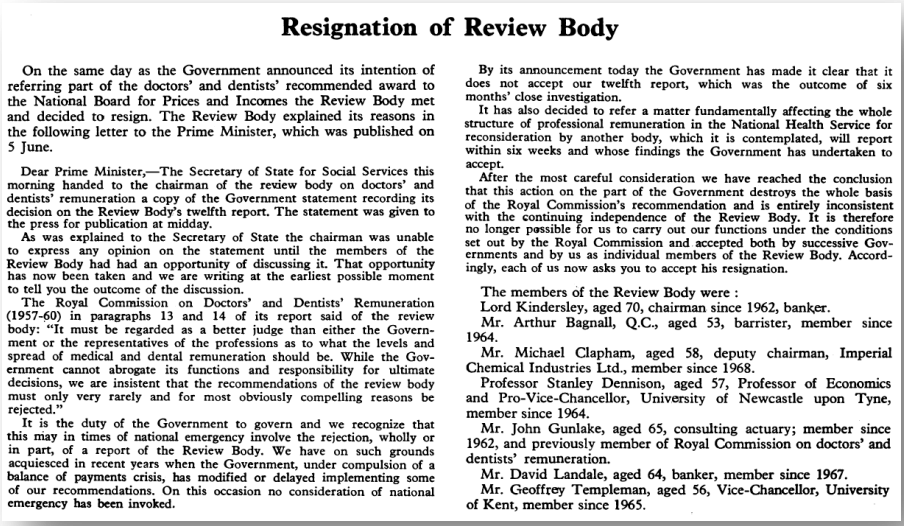
National Health Service Reorganisation Act 1973

1973 CHAPTER 32

An Act to make further provision with respect to the national health service in England and Wales and amendments of the enactments relating to the national health service in Scotland; and for purposes connected with those matters. [5th July 1973]

In April 1974 when the first meeting of the KLMC under the new arrangements was held, it was noted that unfortunately Kent had lost two of their most senior members through the separation from Bromley.

Whilst adjusting to the changes brought by the NHS reorganisation, in the early 1970s the LMCs still had time to engage in yet another remuneration battle and threat to resign. In May 1970 the twelfth report of the Review Body on Doctors and Dentists Remuneration was published, and the government accepted its recommendation for a 30% increase in remuneration. However it appears that at the time there was a threat of the dissolution of the Review Body, and the BMA called on all doctors to refuse to accept the increased remuneration until assurances were given of the continued existence of an independent Review Body.



Resignation of Review Body

On the same day as the Government announced its intention of referring part of the doctors' and dentists' recommended award to the National Board for Prices and Incomes the Review Body met and decided to resign. The Review Body explained its reasons in the following letter to the Prime Minister, which was published on 5 June.

Dear Prime Minister,—The Secretary of State for Social Services this morning handed to the chairman of the review body on doctors' and dentists' remuneration a copy of the Government statement recording its decision on the Review Body's twelfth report. The statement was given to the press for publication at midday.

As was explained to the Secretary of State the chairman was unable to express any opinion on the statement until the members of the Review Body had had an opportunity of discussing it. That opportunity has now been taken and we are writing at the earliest possible moment to tell you the outcome of the discussion.

The Royal Commission on Doctors' and Dentists' Remuneration (1957-60) in paragraphs 13 and 14 of its report said of the review body: "It must be regarded as a better judge than either the Government or the representatives of the professions as to what the levels and spread of medical and dental remuneration should be. While the Government cannot abrogate its functions and responsibility for ultimate decisions, we are insistent that the recommendations of the review body must only very rarely and for most obviously compelling reasons be rejected."

It is the duty of the Government to govern and we recognize that this may in times of national emergency involve the rejection, wholly or in part, of a report of the Review Body. We have on such grounds acquiesced in recent years when the Government, under compulsion of a balance of payments crisis, has modified or delayed implementing some of our recommendations. On this occasion no consideration of national emergency has been invoked.

By its announcement today the Government has made it clear that it does not accept our twelfth report, which was the outcome of six months' close investigation.

It has also decided to refer a matter fundamentally affecting the whole structure of professional remuneration in the National Health Service for reconsideration by another body, which it is contemplated, will report within six weeks and whose findings the Government has undertaken to accept.

After the most careful consideration we have reached the conclusion that this action on the part of the Government destroys the whole basis of the Royal Commission's recommendation and is entirely inconsistent with the continuing independence of the Review Body. It is therefore no longer possible for us to carry out our functions under the conditions set out by the Royal Commission and accepted both by successive Governments and by us as individual members of the Review Body. Accordingly, each of us now asks you to accept his resignation.

The members of the Review Body were :

Lord Kindersley, aged 70, chairman since 1962, banker.

Mr. Arthur Bagnall, Q.C., aged 53, barrister, member since 1964.

Mr. Michael Clapham, aged 58, deputy chairman, Imperial Chemical Industries Ltd., member since 1968.

Professor Stanley Dennison, aged 57, Professor of Economics and Pro-Vice-Chancellor, University of Newcastle upon Tyne, member since 1964.

Mr. John Gunlake, aged 65, consulting actuary; member since 1962, and previously member of Royal Commission on doctors' and dentists' remuneration.

Mr. David Landale, aged 64, banker, member since 1967.

Mr. Geoffrey Templeman, aged 56, Vice-Chancellor, University of Kent, member since 1965.

Resignation of Review Body - extract from BMJ, 13th June 1970

In Kent, GPs supported to plan to refuse cooperation with NHS administration and declined to write sick certificates as a means of protest, but views were split over resignation. In June 1970 an emergency meeting was held to discuss the referendum circulated by the BMA regarding resignation over the issue, and it was reported that divisional meetings of the Kent LMC suggested widespread support for the resignation if the demands of the BMA were not met.

The committee were keen to emphasise that this dispute was not over pay, but one of principle, and it was stated that '*We must not lose sight of the principle at stake - that negotiations over the remuneration of the doctors should take place with an independent body'.*

It seems that in this instance the doctors were successful, and on 27th June 1970 the BMA circulated a document declaring that the government had confirmed its intention to reconstitute a Review Body to advise on remuneration, and thus the profession had resumed cooperation with the administration of the NHS and the provision of medical certification.

However by 1975 the temporary cessation of hostilities was over with remuneration considered too low and the government viewed as dragging their heels over introducing an increase. Undated resignations were again collected, until a report from the Review Body was received and accepted by the BMA as recommending a sufficient increase. It was agreed that all resignation forms received would be destroyed upon receipt of the first payment.

Along with the 1973 Act we saw the establishment in 1977 of a Royal Commission. Discussions in the KLMC on the Royal Commission centred around the lack of funds, with Dr Shaw expressing the opinion that "*The NHS has been short of resources ever since 1948 and has been trying to live beyond its means."* As a possible solution to this funding crisis the LMC endorsed the proposal that *"The Royal Commission should consider the whole question of the provision of medical services on a fee-paying basis with subsequent reimbursement by the NHS to the patient."* The Commission reported in 1979, and generally did not uphold the stance presented by the KLMC. Most of its recommendations centred on simplification of the over-complex administrative structure introduced through the 1974 reorganisation, which was felt by the new Conservative government to have produced too many tiers and too many administrators.

The idea of a new GPs Charter seems to have provoked similar controversy in Kent, with meetings held in each district during 1978 to discuss the proposals. There were widespread fears that the BMA were seriously considering the possibility of a fully salaried service, and in response the KLMC passed a motion declaring "*its vehement adherence to the continuation of the independent contractor status for general practice".*

It seems that either these fears were unfounded, or their concerns were heeded. Either way, in May 1979 a new round of county-wide meetings regarding the Charter concluded that it was essentially a revision of the 1965 Charter.

Changes to the NHS not only impacted upon local administration, but also upon the way in which local services were provided. In February 1971 the first mention is made in the minutes of 'community hospitals', when it was reported that the Royal Victoria Hospital in Folkestone was to

become one when the new William Harvey Hospital in Ashford opened. The plan was that the community hospital would host visiting consultants and maintain x-ray and pathology facilities. Major casualties would be sent to Ashford, and GPs would staff the casualty department in Folkestone. At this point these proposals appear to have been accepted by the LMC, with it being noted that in the summer months it was particularly important that the Folkestone casualty department be fully staffed. However, it gradually became apparent that GPs were unable, and in some cases unwilling, to provide the necessary manpower.

In November 1971 a lengthy debate took place regarding casualty services across the county and it was agreed that: "K*ent LMC is firmly of the opinion that the solution to the long standing national shortage of casualty officers is long overdue… The committee is not convinced that the present organisation of general practice lends itself to any large scale involvement of the general practitioner in stop-gap measures to assist the continuation of casualty services."* This shortage of casualty officers and the development of community hospitals did not only affect Folkestone. In January 1972 it was reported that with the opening of a new District Accident Centre at Bromley Hospital, Beckenham Hospital was likely to become a community hospital. It is unclear from the minutes whether a satisfactory solution to the staffing of casualties in community hospitals was reached.

Alongside engaging with high profile debates at a national level, the Kent LMC of the 1970s also had a range of more local concerns that dominated the decade. One such concern was family planning, which came to the fore in 1972 when it was reported that Local Health Authorities were now required to provide a free family planning service. Concerns were raised that this service 'threatened the position of the General Practitioner', as at this point negotiations between the BMA and the government over the possibility of these services being provided through GPs were ongoing.

Opinion of the members of the Committee also seemed to be divided over the social aspect of family planning, with Dr Loden arguing that 'the GPs responsibility was to give advice which was needed on medical grounds. Where patients were seeking advice merely for social reasons, this was another matter!', whilst Dr Nicolson expressed her view that all women

with a child under one year should be provided with the pill free of charge.

In July 1974 the Review Body issued recommendations for fees for GPs providing family planning services, with a £5.84 fee for fitting a coil considered appropriate by the committee, whereas £1.72 for contraceptive advice was deemed inadequate. The following month it was reported that the majority of LMCs across the country had found the proposed fees insufficient and therefore the General Medical Services Committee had turned down the Government's offer. By March 1975 an agreement had been reached, although the LMC considered this to be only an interim arrangement to meet the high demand for family planning services. The agreed capitation fee was £3.50 whilst fitting a coil had increased to £10. In June of that year further disquiet with family planning policies were expressed when Dr Porter said that he felt the policies were being enacted 'based on the ideological idea that the contraceptive pill should be universally available without special cost to the patient'. After this point issues around the new family planning services seem to have generally settled down, with the only remaining problems focussing on debates over the right of the GP to provide counselling to patients regarding vasectomies - in 1976 it was agreed that GPs could refer direct to the consultant without going via the family planning clinic.

Along with the provision of contraceptives, the 1970s was a period when GPs in Kent became increasingly involved in child protection. In February 1970 GPs were invited to attend meetings arranged by the Local Health Authorities, along with social workers and the police, to discuss the 'battered babies' issue. Similar meetings continued throughout the period and there are regular references to memorandum and letters received by the committee.

In 1978 the LMC became more engaged with child protection when concern was expressed over the new 'at risk' children's registers. It was felt that there was a lack of medical involvement in making assessments, and the demarcation between a 'battered' and an 'at risk' child was ill defined. Correspondence was exchanged with various authorities on this question and in March 1978 the committee were satisfied with an update stating that there was a single register with two categories - 'confirmed'

and 'unconfirmed'. In May of that year the Clerk reported to the committee on a meeting he had attended regarding violence to children (the term 'battered' appears to have been dropped by this point). The committee discussed their concerns that the process may compromise professional ethics and patient confidentiality through minutes of case conferences. It was feared that medical evidence provided at such conferences may find its way to lay people.

As the 1970s gave way to the 1980s violence to children remained on the agenda, with a March 1980 meeting expressing concern that sexual assault and incest were not given sufficient consideration. In July 1980 it was agreed to support the proposal that a special colour of letter should be used for communication between hospitals and GPs regarding suspected cases of child abuse.

1970s – a move towards Computerisation

Other developments of note during the 1970s include moves towards computerisation, with a computerised system for booking and recording childhood immunisations and vaccinations being introduced; concerns over patients seeking scheduled drugs and whether it was ethically acceptable to circulate lists of names of those who may present as temporary residents seeking prescriptions (in 1976 the BMA Ethical Committee decided it was); and improved LMC communications and socialising with the 1975 launch of a quarterly 'LMC News' and commencement of annual social dinners.

Trivia

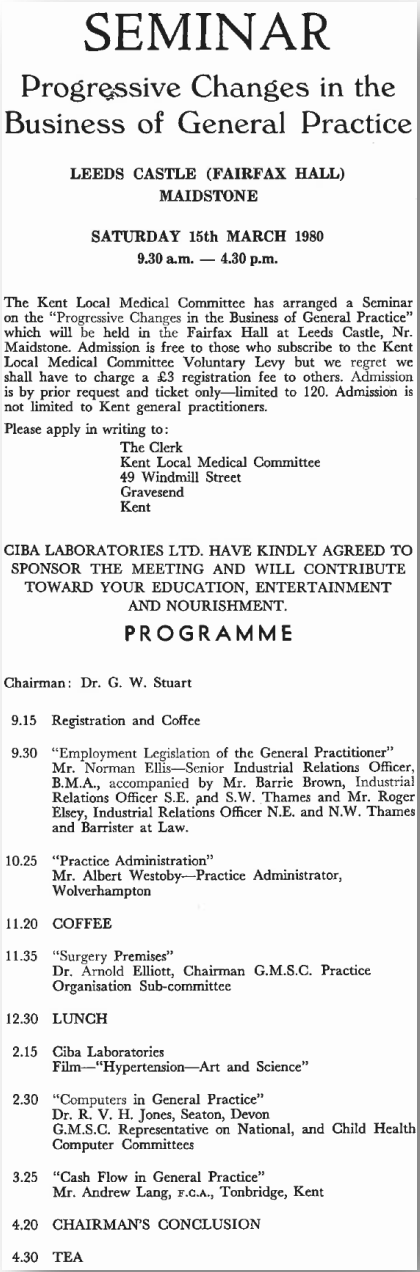
In April 1977 the first LMC office in Kent was opened by the newly appointed Clerk, Dr Crick, in Northfleet. Within a few months a permanent office was rented in Gravesend, and the first employee, Mrs Margaret Brown, was appointed.

1980s: A Period of Innovation

Following a visit in October 1979 from Mr Norman Ellis from the BMA, who spoke to the committee on the impact of the Health and Safety at Work Act of 1974, the 1980s began with the first LMC organised seminar.

Held at Leeds Castle on Saturday 15th March 1980, the programme was titled 'Progressive Changes in the Business of General Practice', and included sessions on employment legislation, surgery premises, computers and cash flow in General Practice. Admission was free to those who subscribed to the Levy, but for non-subscribers there was a £3 registration fee, with a total of 125 people booking to attend.

A film was shown by Ciba Laboratories entitled 'Hypertension - Art and Science', and in exchange Ciba contributed £400 to the cost of the event, with an additional £400 being paid from the Voluntary levy. The committee expressed significant disappointment that the Regional Postgraduate Dean declined to recognise the seminar as it was sponsored by a pharmaceutical company, not held in an approved place of education and had insufficient medical content. This decision was appealed against and in June 1980 the LMC were further disappointed by the news that the



SEMINAR

Progressive Changes in the Business of General Practice

LEEDS CASTLE (FAIRFAX HALL)
MAIDSTONE

SATURDAY 15th MARCH 1980
9.30 a.m. — 4.30 p.m.

The Kent Local Medical Committee has arranged a Seminar on the "Progressive Changes in the Business of General Practice" which will be held in the Fairfax Hall at Leeds Castle, Nr. Maidstone. Admission is free to those who subscribe to the Kent Local Medical Committee Voluntary Levy but we regret we shall have to charge a £3 registration fee to others. Admission is by prior request and ticket only—limited to 120. Admission is not limited to Kent general practitioners.

Please apply in writing to:
The Clerk
Kent Local Medical Committee
49 Windmill Street
Gravesend
Kent

CIBA LABORATORIES LTD. HAVE KINDLY AGREED TO SPONSOR THE MEETING AND WILL CONTRIBUTE TOWARD YOUR EDUCATION, ENTERTAINMENT AND NOURISHMENT.

PROGRAMME

Chairman: Dr. G. W. Stuart

9.15 Registration and Coffee

9.30 "Employment Legislation of the General Practitioner"
Mr. Norman Ellis—Senior Industrial Relations Officer, B.M.A., accompanied by Mr. Barrie Brown, Industrial Relations Officer S.E. and S.W. Thames and Mr. Roger Elsey, Industrial Relations Officer N.E. and N.W. Thames and Barrister at Law.

10.25 "Practice Administration"
Mr. Albert Westoby—Practice Administrator, Wolverhampton

11.20 COFFEE

11.35 "Surgery Premises"
Dr. Arnold Elliott, Chairman G.M.S.C. Practice Organisation Sub-committee

12.30 LUNCH

2.15 Ciba Laboratories
Film—"Hypertension—Art and Science"

2.30 "Computers in General Practice"
Dr. R. V. H. Jones, Seaton, Devon
G.M.S.C. Representative on National, and Child Health Computer Committees

3.25 "Cash Flow in General Practice"
Mr. Andrew Lang, F.C.A., Tonbridge, Kent

4.20 CHAIRMAN'S CONCLUSION

4.30 TEA

government supported the decision, with additional objection that the film shown by Ciba 'had not been approved for general practitioner showing'. Despite this disappointing response from the authorities, the seminar was considered a success and proved to be the first of many. Several seminar days were held at Leeds Castle throughout the 1980s.

Members of the Kent Local Medical Committee - 1982

In the 1980s the Kent LMC also engaged with local developments in Out of Hours Services. In the earlier years of the decade discussions focussed upon the Southern Relief Service, a deputising service which mainly served London but had also been used by GPs in Kent. In 1978 the LMC had officially secured Kent GPs the right to use the service four nights a week and on alternate weekends, where previously permission had been only for 'on an occasional basis'. However, in the 1980s concerns were raised over the quality of the service and delays experienced by patients.

Throughout the decade alternative systems were considered, including the idea of the LMC setting up its own deputising service. In December 1983 a working party reported that this option was not feasible and in January 1984 it was noted that of 700 GPs in Kent, only 112 were using deputising services.

In 1985 a discussion was held regarding the possibility of a conflict of interest as GPs became shareholders in deputising organisations, with the LMC deciding that they did not consider it to be an issue. The involvement of GPs in organising Out of Hours care continued to develop and in 1988 Dr Grace outlined to the committee plans for a Medway Co-operative to be launched in April 1989. The launch of this co-op seems to have been delayed; however in January 1990 essential support was found and the service was up and running after the FPC (headed up at the time by Mr David Homeshaw) agreed to cover 100% of staff costs during the set up period.

As well as interest in developments in the business of general practice and out of hours provision, the 1980s also saw the LMC concerned with a significant increase in the pace of computerisation in general practice. In 1981 the LMC raised concerns and were reassured by the FPC that their proposed computer would record only registrations, and not clinical details. It seems that the members of the committee were reluctant to accept the use of computers in General Practice. In 1982 a paper by Dr Sheridan Dawe on the subject was discussed and it was noted that no members of the committee either owned or intended to buy one. However, by 1985 the ambulance service had computerised and a Tonbridge GP had developed a computer system for General Practice which he hoped to market, and so the LMC seems to have reluctantly accepted computerisation.

In 1985 a seminar was held at Leeds Castle where computers were demonstrated and in 1987 a Kent Medical Computer consortium was established with the University of Kent to look at a system for General Practice. From this point on the use of computers in General Practice rapidly developed, with VAMP being awarded the software contract in January 1988 and by July the same year it was reported that 7 practices had now computerised. In January 1989 it was noted that the LMC office was now computer linked to the BMA office and 12 practices were now running computer systems. The computer revolution of the 1980s ended with the announcement in January 1990 of funding for computer systems in General Practice.

In the LMC office, as exciting as discovering that computers could have a role in general practice was, probably the most significant development of

the 1980s was the process that began in 1985 and ultimately led to the introduction of a new GP contract in 1990.

In 1985 a Green Paper was released and in Kent a survey was held to gauge views on it amongst GPs. The results were published in the LMC News and showed that 43% opposed the Basic Practice Allowance, 51% approved compulsory retirement at 65 and 58% approved of keeping the 24hr retirement option. By 1988 plans for the new GP contract had progressed and a White Paper was released. This Paper included the plans for GP fundholding, a proposal Kent LMC decided in January 1989 to oppose. In March 1989 the Committee voted on whether they would prefer to resign than to accept the imposition of the new contract: 24 members were for the suggestion, with none against and 6 abstentions. A survey of Kent GPs the following month revealed a similar sentiment, with 311 against the new contract and 5 in favour, whilst 187 said they would resign and 111 said they would not.

As well as fundholding, the contract would also set minimum hours, introduce a two-tier night visit fee, target payments, health promotion clinics, payments for minor surgery and paediatric surveillance, and would require annual reports. Despite the agreement of the GMSC with Kenneth Clarke the Health Minister, the contract was decisively rejected by the Committee. However Kenneth Clarke implemented the new contract unilaterally, breaking the myth that contracts could only be implemented by agreement. Local negotiations were an important headline in Kent with the LMC Clerk and the FHSA working together to ensure the highest funding possible for staff in the new cash limited contract. Fundholding, although unpopular with the LMC, was popular with many practices and led both to the moving of services out of hospitals to practices and to the use of savings to fund premises developments.

By October 1990 the LMC reported that it seemed to be a success for GPs, with an average pay rise of 14.9%, which was expected to reach 16% when fees for night visit and health promotion were added in.

Trivia

In 1989 British Rail agreed to provide counselling to help cope with stress problems caused by the proposed high speed rail-link in Kent.

1990s to 2004: Ongoing changes

The 1990s opened with much focus on the impacts of the new contract for GPs in Kent. In 1991 the first wave of fund holding came into practice, and by April 1992 it was noted that ten Kent practices were budget holders. In May 1992 the LMC debated its own stance on the system and concluded that it would seek to uphold its duty to represent all GPs, including both fund holders and non-fund holders. In 1993 proposals emerged for the establishment of fund holding consortia, with 200 GPs, mainly from small or single handed practices, applying to join these consortia. Later that year 108 GPs sent in deposits of £50 to set up consortia. These were arranged into 15 groups, with the Canterbury group of 72 GPs being the largest.

Along with fund holding the early 1990s also saw the beginnings of practice based commissioning, with the 1991 formation of the East and West Kent commissioning agencies. In September 1992 the LMC reported that commissioning seemed to be progressing well in East Kent, whilst the West accepted the need for GP involvement.

In 1996 locality commissioning teams developed, supported by the Primary Care Development Fund, and by May 1997 only one of these was chaired by a non-LMC member. In May 1998 the LMC discussed a push for more locality based groups, however nothing could be done until Primary Care Groups were established. In July that year it was discussed that all Primary Care Groups must have an elected LMC representative.

The expected pay increase as a result of Health Promotion Clinics noted in 1990 quickly began to be felt, with GPs learning to use the legislation to their advantage by holding 'opportunistic' clinics for which they could claim payment. In 1991 instructions were issued that this opportunism should cease, and that clinics should be an average of 2.5 hours in length with 15 minute appointments, paid at £18 per hour. Nevertheless debate continued at the LMC through 1992 over what could qualify as a Health Promotion Clinic. This problem was solved in 1993 when new regulations were introduced.

The model of Out of Hours care developed by the Medway Out of Hours Co-operative (Meddoc), continued to develop in Kent throughout the

1990s, South East Doctors on Call (SEDOC) became operative in October 1992. By 1993 these co-ops had become so effective that concern was raised at the rapid increase in calls to Out of Hours services, with it becoming apparent that some patients were using it for convenience rather than need. In 1994 the LMC ran a survey of Kent GPs which showed that one third of GPs wanted to opt out of 24 hour responsibility, 80% were using a co-operative and only 13% were still doing their own Out of Hours calls. The question of payment for night visits arose in late 1994 with a reduction to £2000 per annum. The LMC discussed this reduction, coming to the view that this amount was insufficient and that GPs should respond by completely withdrawing from night visits. In 1995 a national ballot was held on this suggestion with 83% of GPs voting against, with the BMA being asked to ballot on industrial action if needs be. However this did not become necessary with a better remuneration deal being agreed later that year.

Along with campaigning for appropriate remuneration, the LMC also continued to be involved in Out of Hours care developments by facilitating meetings in 1996 aiming to ensure that the whole county had arrangements in place. Concern was raised at this point that Sheppey had signed a contract for Out of Hours provision with HealthCall without consulting the LMC. In 1996 the LMC noted that GPs could no longer claim payment for their wives answering the phone. In 1997 Meddoc proposed a six month trial of using nurse triage in Out of Hours bases. The LMC discussed this proposal and agreed to support it.

The 1990s also briefly brought about a rupture in the Kent LMC, with legal advice being received that from April 1996 each Health Authority would be required to have its own LMC. The result in Kent was a split between East and West Kent. It was agreed that the existing office would continue to support both LMCs and in January 1996 the first separate East and West Kent LMC meetings were held, at the Ashford International Hotel and Russell Hotel. It was planned that five joint meetings between the two LMCs would be held each year and that the finances would not be separated, with a joint finance committee being established. This system continued for a few years, until the new Strategic Health Authority configuration was introduced which allowed for the reformation of a single Kent LMC. The first meeting of this new committee was held on 11th April 2002.

On 2nd May 1997, New Labour won an historic landslide victory over the incumbent Conservative government, with Tony Blair becoming the youngest twentieth century prime minister.

Harriet Harman, Shadow Secretary of State for Health

Prior to this victory, in 1996 all LMCs had received letters from the then Shadow Secretary of State for Health, Harriet Harman, seeking their views on how GPs could be involved in New Labour's plans for the NHS. The Kent LMC criticised the Medical Secretary for suggesting in his response that GPs did not want increased pay, as both East and West Kent LMCs felt that they did. Following the New Labour victory significant changes began to be felt in Kent almost immediately. In June 1997 the first pilot Personal Medical Services (PMS) contract was launched in Dover, with issues being raised over the possibility of a salaried GP falling outside the remit of the LMC. By May 1999 it was noted that six applications had been made in West Kent for PMS pilots and by 2001 the LMC were supporting several developing PMS practices.

More significantly, under New Labour Kent played a vital role in national changes through the Primary Care Clinical Effectiveness (PRICCE) scheme in East Kent. In September 1997 the LMC supported the principal of PRICCE which aimed at improving the quality of primary care services, but was concerned that funding for the scheme of up to £3000 per annum for three years was insufficient. Despite these concerns the scheme was successfully launched and in March 1998 80 GPs had signed up, and in May 1999 the East Kent LMC agreed that although it was a lot of work it was certainly worthwhile. By 2002 78% of Kent practices had achieved the PRICCE standards and it was renamed as the Premium Clinical Quality Contract. PRICCE was undoubtedly the forerunner to the Quality Outcome Framework which formed a significant part of the 2004 'New Contract'.

Other changes made under New Labour mentioned in LMC meetings include the introduction in 2000 of the two-week wait referrals in cases of suspected cancer, the launch of NHS Direct and NHS Net and the publication of new regulations for dealing with violent patients. The latter proved to be particularly relevant in February 2000 when the LMC sent their best wishes to a Kent GP who had been stabbed by a patient in his surgery.

Through the early 'noughties' negotiations around a New Contract were ongoing. In May 2003 the LMC held a special meeting to consider the New Contract. Discussions focussed on the setting of a minimum practice income guarantee (MPIG), enhanced services and the quality outcome framework (QOF). At this meeting a vote was held over whether to ballot on industrial action, which was lost.

Trivia

A familiar sight in the early 1990s with the introduction of the New Contract might have been GPs making dart boards out of pictures of the current Secretary of State!

The Introduction of the New Contract to GMS practices presented significant new challenges particularly with the introduction of Locally Enhanced Services and the need to establish local negotiations with the Health Authorities and the newly developing Primary Care Groups. Kent established a pattern of negotiations with the 9 PCG's that brought elected LMC members directly into the negotiations with the Health Authorities and PCGs.

How was the LMC funded?

In its early days the Kent County Medical Committee received funding from the British Medical Association, however in March 1913 a letter was received stating these funds were no longer available. It was decided that to cover the costs of stationary, postage and booking meeting rooms a levy of £5 per annum should be requested from each medical practitioner in Kent. Payment of this levy proved reluctant and several letters were sent to practitioners requesting that they contribute to the cost of running the committee.

By September 1913 it was suggested that another system of obtaining funds should be adopted and it was proposed that a levy for each insured person in the county should be deducted by the Kent Insurance Committee from the doctor's payment. At the same time it seemed that the costs of running the committee were set to rise with the secretarial work becoming too much for the voluntary secretary and estimates were sought for the cost of a permanent secretary.

In February 1914 it was agreed to hire a secretary for six months at a fee of 55 guineas. At this point the handwriting in the minute book significantly improves!

In 1920 it was proposed that those not paying the voluntary levy should instead pay a statutory levy, with 285 out of 400 Panel practitioners in September 1920 subscribing to the voluntary levy.

Today the levy stands at 38p per patient and is paid by all GP practices in Kent.

Where were meetings held?

The early meetings of the Kent Medical Committee alternated between the West Kent General Hospital at Marsham Street in Maidstone and The Institute at Bank Street in Ashford. The West Kent General Hospital was replaced by the Maidstone General Hospital in 1983, whilst The Institute on Bank Street is now listed as a social club.

In October 1912 a motion was proposed by Dr Stilwell of Bromley that every third meeting should be held at Cannon Street Hotel in London. The motion was passed and the practice continued until 1914, when almost all meetings began being held at Sessions House in Maidstone. Sessions House survives today as part of Kent County Council.

In November 1913 one meeting was held at the Royal Star Hotel in Maidstone, where the committee expressed its support for the doctors of Wisbech. This hotel has now been turned into a shopping centre, however in its heyday it was visited by Queen Victoria and in 1837 was the site of Benjamin Disraeli's acceptance speech after being elected as MP for Maidstone.

Charitable Activity

Throughout its hundred years the Kent LMC has been involved with charitable activity in a range of ways. This began in April 1932, when the sudden death of a young Folkestone doctor named Dr J. Kindness was reported. He had been a regular contributor to the Voluntary Levy since 1923 and his death had left his family in "distressing circumstances". The Committee therefore agreed to refund £50 of his total £62 contribution to the Levy to his widow "as an act of grace and without creating a precedent". The members also unanimously agreed to donate their subsistence allowances for attending the meeting to Mrs Kindness.

Despite the assertion that this should not create a precedent, in 1936 a motion was proposed by the Chairman of the LMC: *"That our own Voluntary Levy shall be available for benevolent purposes such as those adopted by Nottinghamshire and Derbyshire e.g. help to Panel Practitioners in urgent need, grants for scholarships to the children of Panel Practitioners for schools or studentships, medical or otherwise."* The motion was passed, and throughout the minutes occasional references are made to grants awarded. For example in 1950 a total of £300 was awarded to three widows to meet the costs of educating their children, and in 1952 this total rose to £400. In 1954 it was noted that the grants awarded towards school fees were £100 for a single son, whilst £52.10.0 was given to a widow with two daughters.

In 1971 the Chairman received a letter from the son of a deceased doctor who had received grants from the Voluntary Levy to allow him to continue his own medical training. An extract from the letter reads:

"This is just to tell you that I have succeeded in passing the final three parts of the third MBBS exam and so am now a doctor, which as yet I can hardly believe. I feel that this is in no small part due to the generosity of yourself and the Committee in making large amounts of money available to me, without which I would have had considerable difficulty in finishing the course, following the death of my father."

In 1979 it was decided to establish a Kent LMC Charitable Trust, which was approved by the Charities Commission in July 1979. Doctors were

invited to make donations to the Trust via the LMC News and a collection was held at the first LMC seminar in 1980. The appeal in the LMC News was reported in November 1979 as having raised £200. This trust continued to make grants to doctors and their families in need and in 1988 purchased a cooker and fridge-freezer for a GPs wife, whose husband had left her. In 1989 the widow of a GP and serving LMC member, who died on Christmas Day, received a grant of £1000. This Trust continued to operate until 1992 when the account had dwindled to just £10 and the Trust was closed. The record of this Trust can still be seen on the website of the Charities Commission.

As well as grants given to individuals from the Voluntary Levy, and later the Kent LMC Charitable Trust, the committee also made donations to a range of other charities. Although in 1929 an appeal from the Royal Medical Benevolent Fund seeking donations was met with a response that the funds of the committee are not intended for charitable objects, in 1932 £15.15.0 was donated to the Royal Medical Benevolent Society Christmas appeal. This appears to have become an annual Christmas donation, rising to £150 in 1980.

In the 1974 a pledge to contribute £50 per year to the Royal Medical Benevolent Fund and the Cameron Fund was made for the next seven years, and in 1980 it was agreed to increase this contribution to £150.

Contributions were also made to several memorial or testimonial funds, including an annual donation to the Dain Testimonial Fund, established in 1936 to "assist the education of sons and daughters of medical practitioners who were in need of such help", to which the LMC agreed to make an annual contribution of £200 from 1970-1977.

In 1940 a donation of £5.5.0 was made to "The Giddings Bed Fund" at Beckenham Hospital, in memory of Beckenham GP Dr Giddings.

In 1952 following the successful remuneration campaign led by Dr Solomon Wand and Dr Stevenson a national appeal for contributions towards a presentation "in recognition of their outstanding services to the profession during the negotiations on remuneration" was received.

Dr Wand requested that the monies collected should go to a fund to provide scholarships for GPs, which was named the Claire Wand Fund after his wife, who had died during the negotiations.

The Kent LMC contributed a total of £400 to this initial appeal and the Claire Wand Fund exists to this day.

Dr Solomon Wand named the fund he set up with Dr Derek Stevenson in 1953 after his late wife, Claire.

Notable Members

In a meeting of 1931 it was reported that one of the oldest serving members of the LMC, Dr A. D. Parr-Dudley had passed away. Dr Parr-Dudley was the doctor who, at the founding meeting of March 1912, proposed the creation of a 'Provisional County Medical Committee for Kent'.

In February 1955 the death, aged 88 years, of Dr G. R. F Stilwell was reported. Dr Stilwell had sat on the committee since its formation, had served as Chairman during the late 1920s and 1930s, and during World War Two had been a member of the Protection of Practices Committee. His son, Dr G.D. Stilwell was serving on the committee at the time of his death, and went on to serve as Chairman in the late 1960s and early 1970s. When Bromley separated from the Kent LMC in 1973 Dr Stilwell junior became the first Vice Chairman of the Bromley LMC and it was noted at the Kent LMC that he had been one of their most senior members, and his loss was unfortunate for Kent.

In November 1950 Dr A. Talbot-Rogers was appointed Chairman of Kent LMC. He went on to become a significant figure in national medical politics. In 1955 it was reported that he had been invited to attend the BMA conference in Canada, and to visit Australasia on behalf of the BMA. He was also at this point congratulated on being re-appointed as Chairman of the General Medical Services Committee. In 1960 he was appointed Chairman of the Representative Body of the BMA and in the same year became Clerk to the Kent LMC. He held the role of Clerk twice, during the 1960s and later from 1973-1977. Upon his retirement as Clerk in 1977 he was presented with bound copies of the LMC News.

Some other remarkable achievements by Kent LMC members include Dr Halfpenny, who was made an OBE in the 1976 Birthday Honours and Drs Montgomery and Radcliffe who each received a Queen's Silver Jubilee Medal in 1977.

Afterword

I hope you have found this booklet interesting, whether you have read it from cover to cover or by dipping in and out as time allows. I would like to pay tribute and convey my thanks to Grace Allingham and the members of the LMC Office who have spent so much time trawling through the minutes of past LMC meetings, collecting photographs and researching the background to the events of the last one hundred years.

In some respects the task is incomplete - you will note in the last few pages the gaps in the collection of photographs of LMC personnel particularly those from the earlier half of the twentieth century. If you have an idea where pictures of these predecessors might be found please let the Office know.

In the last one hundred years healthcare in Britain has seen enormous changes as medical technology has advanced. During this time Local Medical Committees throughout the country have worked to support, represent and provide pastoral care for General Practitioners and give advice and assistance to the various shapes and forms of health authority administrations. During the twenty-five years of my career in practice I have personally observed what appears to have been an acceleration of these changes.

Having looked back we now need to look forward. The reforms continue apace as we contemplate the implications of the new Health and Social Care Act, many of us with some anxiety. However, the relevance of General Practice as a profession and its place in the National Health Service is being renewed. In the same way, the importance of the Local Medical Committee has been acknowledged and its roles enshrined in the legislation, so I and my colleagues and successors will continue the work. Whatever the changes bring, General Practitioners will continue to respond as professionals and human beings to the needs of their patients individually and collectively and Local Medical Committees will be there to support them.

Life in General Practice is never dull. This year has been particularly interesting, added to by the celebrations of a hundred years of Local Medical Committees including the production of this booklet, our

conference and the eagerly anticipated summer dinner. I have enjoyed meeting so many of my colleagues, their friendship, professional opinions and advice, and I look forward to the events to come.

Stephen Meech
Chairman
Kent Local Medical Committee

Some of our illustrious LMC Leaders

1912-1913 William J Tyson Chairman	**1913-1915** Dr Arthur Maude Chairman	**1915-1917** Mr E C Fenoulhet Chairman
1917-1921 Dr Charles Firth Chairman	**1921-1925** Mr Goate Clerk	**1921-1927** Dr J J Day Chairman
1925-1946 Mr F Cloke Clerk	 **1927-1935** Dr G R F Stilwell Chairman	**1935-1941** Dr M W Renton Chairman
1942-1946 Dr J Bennett Chairman	 **1946-1952** (Chairman) **1962-1977** (Clerk) Dr A Talbot-Rogers Chairman/Clerk	**1947** Mr M V Gibbens Clerk
1952-1958 Dr A Y Milne Chairman	**1958-1964** Dr A Barker Chairman	**1961** Mr Lloyd Clerk
1964-1970 Dr V S Mitcheson Chairman	**1967-1968** Dr G O S Reid Chairman	**1967-1968** Dr G D Stilwell Chairman

 **1971-1978** Dr A Mories Chairman	 **1978-1981** Dr R G Stuart Chairman	 **1977-1993** Dr A Crick Clerk
 **1981-1985** Dr D J D Farrow Chairman	 **1985-1990** Dr B J Pollard Chairman	 **1990-1993** Dr R J S Robinson
 **1993-1995** Dr M McGregor Chairman	 **1993-2002** Dr J Ashton Clerk/Medical Secretary	 **2002-Present** Mr David Barr Clerk
 **2002-2010** Dr G Calver Medical Secretary	 **2002 – Present** Mrs D Tyas Deputy Clerk	 **2005 – 2008** Dr R Sadler Chairman

 **2004-Present** Dr M Parks Medical Secretary	 **2010-Present** Dr J Allingham Medical Secretary	 **1995-2005 & 2011-Present** Dr S Meech Chairman
 **2005-2008** Dr Laurence Logan Vice-Chairman	 **2008-Present** Dr R Blundell Vice-Chairman	 **2011-Present** Dr J Spinks Vice-Chairman