

Norfolk & Waveney LMC Constitution

Appendix 4 – Role of the Committee in Relation to CCGs

The Norfolk and Waveney CCG in its Constitution has committed to engage with the Norfolk and Waveney Local Medical Committee. This relationship is reinforced through the NHSE Delegation Agreement. The purpose of this document is to outline some of the working principles underpinning the relationship between the LMC and CCG to enable both organisations to meet their responsibilities to Norfolk and Waveney GP Practices.

The LMC

At the date of signing, the LMC for this area is the Norfolk and Waveney Local Medical Committee, recognised under statute in the NHS Act 1977 and as per its Constitution ratified by NHSE Midlands and East (2018). The CCG will in the future recognise such statutorily constituted LMC as representing general practitioners within its boundaries.

The LMC acts as the statutory local representatives of the profession. This role is not in any way diminished by the appointment of local GPs as clinical leaders in commissioning or provider groups. The LMC also has links with the British Medical Association (BMA) and the General Practitioners Committee (GPC).

The LMC has a crucial role in providing, advice, information and support to all GPs working in the area.

Whilst there are key documents that stipulate when the CCG must consult with the LMC, we would not see this as a finite list. The CCG is an organisation made up of membership from all local GP practices, these members should hold the right to elect the LMC, as their representative body, to speak to the CCG on their behalf on any issues they deem appropriate (following discussion and agreement with the LMC).

The CCG

It is recognised that the CCG is a membership organisation made up of practices that fulfil the eligibility criteria set out in the CCG constitution. The prime responsibility of the CCG is to commission services for its population that demonstrably improve quality and outcomes for patients, whilst at the same time maintaining financial balance. Due to the two way line of responsibility between practices and the CCG, the LMC has an important role in the oversight of the CCG role in commissioning and managing contracts with constituent practices. As an elected Committee made up of a cross section of General Practitioners in the area the LMC is well placed to recognise Conflicts of Interest, interpret decision making processes and adopt the role of a critical friend.

Membership of a CCG is mandatory for all practices, but doing so does not materially change any other rights or responsibilities a practice has as part of their existing GMS/PMS/APMS contract, which the LMC has a legitimate role in representing practices on.

Primary Medical Contract

The Primary Medical Contract is held by NHSE, and, following Delegated Commissioning, CCGs will be responsible for making:

- 1.1.1. decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

- 1.1.1.1. decisions in relation to Enhanced Services;
- 1.1.1.2. decisions in relation to Local Incentive Schemes (including the design of such schemes);
- 1.1.1.3. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
- 1.1.1.4. decisions about 'discretionary' payments;
- 1.1.1.5. decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- 1.1.2. the approval of practice mergers;
- 1.1.3. planning primary medical care services in the Area, including carrying out needs assessments;
- 1.1.4. undertaking reviews of primary medical care services in the Area;
- 1.1.5. decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- 1.1.6. management of the Delegated Funds in the Area;
- 1.1.7. Premises Costs Directions Functions;
- 1.1.8. co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- 1.1.9. such other ancillary activities that are necessary in order to exercise the Delegated Functions.

The requirement for the CCG to consult with the LMC is largely covered within the NHSE Delegation Agreement within these sections:

2. Primary Medical Services Contract Management

- 2.6. The CCG must ensure that it complies with any Guidance in relation to the design and commissioning of Enhanced Services.
 - 2.6.5. *consult with Local Medical Committees...*
- 2.8. There is no formal approvals process that the CCG must follow to develop a Local Incentive Scheme, although any proposed new Local Incentive Scheme:
 - 2.8.1. *is subject to consultation with the Local Medical Committee;*
- 4. Approving GP Practice Mergers and Closures
 - 4.2. *The CCG must undertake all necessary consultation when taking any decision in relation to GP practice mergers or GP practice closures in the Area, including those set out under section 14Z2 of the NHS Act (duty for public*

involvement and consultation). The consultation undertaken must be appropriate and proportionate in the circumstances and should include consulting with the Local Medical Committee.

Schedule 2 – Part 2:

- 3.3. Where the CCG wishes to develop and offer a locally designed contract, it must ensure that it has consulted with its Local Medical Committee in relation to the proposal...
4. Integrated working
 - 4.1. *The CCG must take an integrated approach to working and co-ordinating with stakeholders including NHS England, Local Professional Networks, local authorities, Healthwatch, acute and community providers, the Local Medical Committee, Public Health England and other stakeholders.*

However, the LMC and CCG must work constructively together to ensure the wider range of responsibilities the CCG has under its Delegation Agreement has appropriate input from the LMC to support the CCG in delivering its delegated functions, as well as enabling the LMC to fulfil its statutory responsibility to represent levy paying GMS/PMS/APMS practice in its area.

The exact mechanism for this can be determined by the CCG and LMC on a case by case basis, for example through the Primary Care Commissioning Committee, face to face meetings or emailed communications, but as a minimum, the CCG should ensure the LMC is informed and given the opportunity to provide comment where a decision made by the CCG may directly impact on a GP and/or GP practice. This needs to be carried out in a timely manner that allows the LMC sufficient time to provide a considered response.

The GP Contract and Enhanced Services/Local Incentive Schemes

In addition to the CCG's Delegated Agreement, the GP contract and Enhanced Services/Local Incentive Schemes will include sections which specify the requirement for CCGs to work with the LMC. These contracts are, ordinarily, reviewed annually and consideration to any additions will need to be made in line with any changes.

Currently these additions include involving the LMC when discussing areas of quality improvement (item 3.17), improved access (Annex D item 15) and the development and implementation of PCNs (section 4). It is vital we work together to ensure the national intention for PCNs to be led and directed by practices is met and practices are supported by the CCG and LMC to enable this. With PCNs being at the heart of the delivery of the NHS 10 Year Plan the LMC has a specific role, agreed by NHSE, to act in an advisory role and work with the CCG and practices to resolve any local difficulties and agree solutions.

The LMC is well placed for this role as it can act as an advisor in seeking solutions that work for practices and enable PCNs to deliver as we have a wealth of knowledge through close links with the General Practitioners Committee (GPC).

Quality and Performance

CCGs are required to support NHSE in developing and maintaining high quality services to secure continuous improvement in the quality of primary care medical services.

While recognising the importance and focus of quality in primary care and the key role the CCG has in supporting practices, both informally through support, advice, training, workforce planning and through the commissioning process in the provision of services, it must be clear that the CCG's role is commissioning and not GP performance management. In cases where there are performance concerns the CCG should discuss their concerns with the LMC as there may be ways of addressing such issues through an informal mechanism. If the concerns require a level of escalation then there needs to be tripartite discussions between the LMC, NHSE and CCG. Any contractual sanctions are a matter to involve both the NHSE and the LMC.

Meeting Attendance

The LMC will continue to be invited to Parts 1 and 2 of the CCG Primary Care Commissioning Committee (or equivalent).

The LMC is the only organisation that has the statutory role to provide representation of general practitioners. It also has access to a wide range of information and historical knowledge. The LMC may therefore be an appropriate attendee at other meetings held by the CCG. The CCG should contact the LMC directly to discuss attendance and the role of the LMC at individual meetings.

Electoral Process

The LMC may act as an independent arbiter to the CCG's electoral processes. Any appointment process must be conducted fairly and impartially.

Constitutional Changes

The LMC should be consulted with a reasonable notice prior to any proposed constitutional changes prior to submission to NHSE to ensure transparency and democracy is maintained.

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