



WESSEX

Local Medical Committees
Incorporating Wessex LEaD

Revision Date: April 2016

Constitution Framework

OF WESSEX LOCAL MEDICAL COMMITTEES LTD

(Hampshire & IOW Committee)



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Section 1

Hampshire & IOW Constitution

OF WESSEX LOCAL MEDICAL COMMITTEES LTD

This document sets out the constitution of the Hampshire & IOW Local Medical Committee (the Committee).

For as long as the Committee is recognised by NHS England, or any successor organisation, as being representative of the practitioners in an area, this Constitution shall not be rendered invalid by any changes to the structures and boundaries of the NHS.

In accordance with paragraph 97 of the NHS Act (as amended by paragraph 41, Part 4 of Schedule 4 of the Health and Social Care Act 2012 and any subsequent amendments), NHS England formally recognises the Committee formed for its area as representing the general medical practitioners (GPs) in its area.

By virtue of the separate authority and recognition given to the Committee by its Constituents, the Committee is also recognised as representing its Electorate as set out in Appendix A, which lists the core function of the Local Medical Committee.

Definitions:	
The NHS Act	The National Health Service Act 2006.
The Health and Social Care Act	The Health and Social Care Act 2012.
NHS England	The commissioning organisation, recognized by the Health and Social Care Act 2012 on behalf of the NHS, and responsible for commissioning primary care services from, and holding contracts with, GP practices or organisations providing primary medical services or any successor organisation.
Area Team	The local administrative arm of NHS England.
CCG	Clinical Commissioning Group – the body corporate known as a Clinical Commissioning Group established in accordance with Chapter 142 of part 2 of the Health and Social Care Act 2012.
The Secretariat	The joint governing body constituted from the officers of the three respective LMCs so forming the Wessex LMC Secretariat Ltd.
The Committee	The BSW Local Medical Committee recognised by NHS England (or any successor organisation) as formed within the Area and representative of all GPs, as defined in section 91 of the NHS Act, performing primary medical services in the area for which the Committee was formed.
Chief Executive	A person employed by the Committee to act as its Chief Executive and where the context so requires the words “appointed” and “appointment” shall be construed accordingly.
Returning Officer	A person whose name is not included on any part of the register of members invited by the committee to act, in person or through a deputy, at elections.
Officers of the Committee	The Chair and the Vice Chairmen of the Committee and the Chief Executive of Wessex Local Medical Committees Ltd.
Committee Member	A person elected or co-opted onto the Committee in accordance with the provisions of this constitution.
Co-Opted Member	A GP whose role is under represented on the Committee or who provides particular expertise to the Committee. Co-optees are full members of the Committee with speaking and voting rights.
Invitees	An individual who provides particular expertise to the Committee. Invitees have speaking rights but no voting rights.
Sessional Medical Practitioner	A medical practitioner who is on the Performers List (but not a partner) and who has notified NHS England that he wishes to be represented by the Committee and has not notified them that he wishes to cease to be so represented.
Performers Lists	The list maintained by NHS England of medical practitioners providing primary medical services (as defined in section 91(3) of the NHS Act or ophthalmic services in the area.
Electorate	All medical practitioners on the Performers List of NHS England who pay the appropriate LMC levy.
Partner	A GP performer who is in a partnership role in a contractor practice.

1. General

For the purpose of this Constitution:

- 1.1 The paragraph headings shall be taken into account in the interpretation of this Constitution.
- 1.2 The male gender shall be deemed to include the female gender.
- 1.3 The singular number shall include the plural number.
- 1.4 References to statutes or parts or sections of statutes shall include any statutory modifications or re-enactments thereof or any regulations, orders or directions made hereunder for the time being in force.
- 1.5 For the avoidance of doubt all references to 'post' or 'written' will include electronic as well as hard copy format.

2. Title

- 2.1 The Committee shall be known as the Hampshire & IOW (H&IOW) Local Medical Committee.

3. Persons Eligible for Membership

- 3.1 All the voting members of the Committee shall be registered medical practitioners.
- 3.2 Any member of the Committee shall be eligible for re-election or re-appointment.

4. Constitution of the Committee

The Committee shall consist of:

4.1 Elected Members

- 4.1.1 Representative practitioners on the Performers List subject to variation as mentioned in paragraph 5.1 hereof .
- 4.1.2 In each geographical constituency (CCG) there will be one member, who may be a partner or a sessional doctor, for approximately each 100,000 of the population. There will be a minimum of two members per CCG (see Appendix B).
- 4.1.3 With regard to sessional medical practitioner members, two members representing all sessional doctors within the area of the LMC.
- 4.1.4 All duly elected in accordance with the procedure hereinafter laid down, provided that 2 or more practitioners may not be elected from one partnership of practitioners to solely represent a single constituency under Para 4.1.1.

4.2 Co-opted / Invited Members

- 4.2.1 The composition of the LMC Committee allows for members to be elected, nominated, appointed, **co-opted or invited** in order to fill specific vacancies according to the Constitution. Those positions that fall within the co-option / invited remit are, but not limited to:-
- Chief Executive/Treasurer of Wessex Local Medical Committees Ltd, or in his absence one of the Medical Directors of the LMC (Co-optee)
 - GP Trainee: One practitioner undergoing training for general practice within the area of the LMC (Co-optee)
 - GPC Representative (Invitee)
 - Sessional GP (Co-optee)
 - One representative of GPs who work Out of Hours (Co-optee)
 - Educational / Deanery Representative (Invitee)
 - Practice Manager Representative(s) (Invitee)
- 4.2.2 The Committee is permitted to co-opt up to 5 GPs who are under-represented on the committee or who provide particular expertise that would be of use to the committee or who balance the membership in some way, with two of these seats being reserved for GPs in the first five years post qualification as a general practitioner.
- 4.2.3 Co-opted members shall be appointed for a 2 year term only, following which co-opted members can either stand for election in their own right or be re-considered for co-option by the newly elected committee.
- 4.2.4 Co-opted members are considered full members of the committee, with full speaking and voting rights. For the avoidance of doubt, co-opted members are not eligible to be considered for the positions of Chair / Vice Chair.
- 4.2.5 The Committee is further permitted to appoint up to 5 invitees on to the committee who hold particular expertise that would be of use to the committee
- 4.2.6 Invited members shall be appointed for a 2 year term of office and will be re-considered for appointment by each newly formed committee. However, in the case of the PM invitee, the representative shall be appointed for a 2 or 4 year term of office; the term of office to be determined by a random internal selection (i.e. drawing of lots).
- 4.2.7 Invited members have full speaking rights but are not eligible to vote. For the avoidance of doubt, invited members are not eligible to be considered for the positions of Chair / Vice Chair.
- 4.2.8 Appointment of co-optees/invitees will be reviewed periodically by the Committee, and in any event subject to renewal following an election (i.e. every 2 years), whereby the co-optees/invitees shall be appointed in accordance with 4.2.1 – 4.2.7 above.
- 4.2.9 The co-option of the Chief Executive/Treasurer of Wessex Local Medical Committees Ltd to the Committee, or in his absence one of the Medical Directors, shall be an automatic process unless otherwise disputed by the Committee.
- 4.2.10 The co-optees / invitees shall be appointed following consultation with the Chair/ Vice Chair(s) of the Committee who will elect individuals either on behalf of the Committee or in consultation with the Committee at the first meeting of each newly appointed Committee (i.e. every two years). Subsequent co-options are

permitted during the course of the Committee's term of office providing they fit the under-represented criteria as detailed above.

4.3 Practitioners in Attendance

4.3.1 The Committee may invite practitioners from within the area served to be **In Attendance** for specified terms and purposes, either for the advantage of its own deliberations or for the interests of General Practitioners to be better represented on other committees. Such practitioners may attend the Committee or represent the Committee on such other committees and shall be requested either to attend the Committee meetings in person, or present written reports on their representation of the committee which shall be presented to the Committee under "Reports of other committees". Although taking full part in all discussion such practitioners may not vote. The appointment of such practitioners will be reviewed periodically by the Committee, and in any event subject to renewal following an election.

4.4 Other Persons in Attendance

4.4.1 The Committee may invite other persons as it considers necessary to be in attendance at its meetings. Although such persons will be invited to take full part in discussions, they may not vote. The attendance of such persons will be subject to the same reviews as those practitioners in paragraph 4.3.

Provided that:-

4.4.2 The number of co-opted members in categories 4.2.1, 4.2.2 and 4.2.3 do not exceed one half of the total number of elected members of the Committee.

1.4.3 That provision shall be made for the co-option, if possible, of a practitioner on the General Ophthalmic List together with a deputy for the elected or co-opted member.

5. Election of Members

5.1 For the purpose of electing members to the Committee under paragraph 4.1.1 of this Constitution the area shall be divided into 8 geographical constituencies. The area of each constituency and the number of persons to be elected under paragraph 4.1.2 by each constituency (subject to the next succeeding sub-paragraph) shall be as set out in columns (2) and (3) of Appendix B to this Constitution. In addition there will be a constituency of two seats for sessional medical practitioners and a constituency of one seat for an ophthalmic medical practitioner.

5.2 For the avoidance of doubt, partners may only stand for election in their geographical constituency. Sessional doctors may either stand for election in their geographical constituency or for one of the sessional medical practitioner seats. Where a practitioner works in more than one of the above categories then they will be considered to be in the category in which they spend the majority of their remunerated medical time.

5.3 In the month of December in each year before an election is to be held under paragraph 5.1 hereof, the Committee shall consider the number of members to be elected in each geographical constituency under the last preceding sub-paragraph in relation to the number of practitioners on the list entitled to vote in such constituency on the First day of January of each year and they shall have power to modify the figures in column (3) of

Appendix B so as to ensure that the number of persons elected by each constituency is (as nearly as may be) one member for each 100,000 of the population in the CCG.

6. Method of Election

- 6.1 The Returning Officer shall be based at the office of the Local Medical Committee. In the event of the absence or inability to act of the Returning Officer the Committee shall appoint some person, other than an elector, to act in their place.
- 6.2 Except for the election of the first Committee under this Constitution (see Section 12: Term of Office) the election of one half of the Committee shall take place during the same month in every second year.
- 6.3 If a contest is needed then voting shall be via electronic ballot.
- 6.4 The Returning Officer shall prepare two lists of electors (to be known as “the electors”) for elections in accordance with Paras 4.1 and 4.2, as follows:
- 6.4.1 For an election under Para 4.1.1, such list of electors shall include all those partner practitioners on the NHS England Performers List on the First day of January of the year in which the election takes place and also all other sessional medical practitioners who have paid an appropriate levy on their earnings and who are on the Performers List on the First day of January of the year in which the election takes place. The addresses of the electors shall be their main practice addresses.
- 6.4.2 For an election under Para 4.1.3, such list of electors shall include all those sessional medical practitioners on the NHS England Performers List for the areas specified in the Annex to this Constitution on the First day of January of the year in which the election takes place, who have paid an appropriate levy on their earnings or are eligible by virtue of being contractually employed by a provider practice in that constituency.
- 6.5 It shall be the responsibility of each practitioner on the Performers List to ensure that his name is included in the appropriate list of electors. If a practitioner desires to vote in a constituency other than that appropriate to his address on the electoral roll, he shall make application to the Returning Officer who shall alter the said list of electors accordingly if he is satisfied that the practitioner resides or carries on practice in the constituency in which he desires to vote.
- 6.6 Only those persons whose names appear on the said list of electors shall be entitled to vote for candidates for election under Paragraphs 4.1.2 and 4.1.3.
- 6.7 The Returning Officer shall send electronic notices of the election to each voter, and such notice shall be sent so as to be delivered to the elector not less than 21 clear days before the date of the election. Such notice shall:
- 6.7.1 State the date of the election
- 6.7.2 State whether the elector is entitled to vote either as a partner on the Performers List or as a sessional practitioner on the Performers List.
- 6.7.3 State the constituency in which the elector is entitled to vote.

- 6.7.4 State the date by which nominations for elections must be submitted to the Returning Officer.
- 6.7.5 Set out the provisions with regard to nomination contained in Paragraph 6.8 hereof.
- 6.7.6 Enclose a nomination form.
- 6.8 Every candidate for election shall be nominated by at least two electors who shall (in the case of a candidate for election nominated under Paragraph 4.1.2) be entitled to vote as partner practitioners or as sessional doctors on the Performers List in the constituency for which such candidate is nominated or (for a candidate nominated under Paragraph 4.1.3) being a sessional practitioner on the Performers List. Every nomination form must be accompanied by a statement in writing signed by the candidate that he is prepared to accept office. A candidate nominated for election under Paragraph 4 shall be a person entitled to vote in the constituency for which he is nominated.
- 6.9 If the number of nominated candidates qualified for election, in accordance with Paragraph 4.1.2 and/or 4.1.3 of this Constitution, does not exceed the number of vacancies (being, in the case of the candidates qualified under Paragraph 4.1.2, vacancies in the constituency for which they are nominated), the Returning Officer shall declare those candidates to be elected. For purpose of filling any vacancy or vacancies in respect of which more than the corresponding number of duly qualified candidates is nominated, a vote shall be taken in the manner hereinafter provided.

7. The Voting Process

- 7.1 Each elector shall be entitled to cast a number of votes equal to the number of vacancies to be filled by those for whom he is entitled to vote but he may not cast more than one vote for any one candidate.
- 7.2 The Returning Officer shall prepare an electronic list of the duly nominated candidates:
- 7.2.1 who are partner practitioners or sessional doctors on the Performers List in the geographical constituencies for which they have been nominated
- 7.2.2 who are sessional practitioners on the Performers List nominated in the sessional member seats
- 7.3 Each voting list shall contain:
- 7.3.1 A statement of the number and identity of candidates for whom the elector may validly vote, and
- 7.3.2 A statement that the same must be returned to the Returning Officer, so as to reach him by the date of the election (which shall be specified in the voting list and shall be not less than fourteen days after the issue of such list).
- 7.4 The Returning Officer shall send to each elector a voting list containing the names of those candidates for whom he is entitled to vote.
- 7.5 The Returning Officer shall examine the voting list received on or before the date of the election and, after rejecting any that are invalid, shall count the votes recorded on the

remaining list and shall prepare a return of the candidates according to the number of votes which each has received. The person receiving the greatest number of votes will be placed highest on the return.

- 7.6 If the votes received by any two or more candidates are equal and the addition of one vote to any one of such candidates would enable that candidate to be declared elected, the Returning Officer shall decide by lot which of the candidates shall take the highest place.
- 7.7 Any question as to the validity of any nomination or voting list or otherwise in connection with an election shall be determined by the Returning Officer.
- 7.8 The Returning Officer shall, forthwith, give notice in writing of the result of the elections to all candidates.
- 7.9 Where any document is, under this Constitution, required to be sent to a practitioner, it shall be deemed to have been duly sent if it has been delivered electronically to the email address of the elector on the list of electors prepared in accordance with Paragraph 6.4.
- 7.10 No election shall be invalid by reason of any mis-description or non-compliance with the provisions of this Constitution, or by reason of any miscount or of the non-delivery, loss or miscarriage in the course of post of any document required or authorised by this Constitution to be dispatched by post, if the Returning Officer is satisfied that the election was conducted substantially in accordance with the provisions of this Constitution.

8. First Meeting of the Committee

- 8.1 A new Committee will be deemed to be re-formed every two years in order to provide continuity between current and new members.
- 8.2 The first meeting of the newly re-formed committee shall take place within the first two months following appointment of the new committee in April of the election year.
- 8.3 The Returning Officer shall give not less than seven clear days' notice to the members of the Committee of the time and place of the first meeting.
- 8.4 It shall be the duty of the Committee to inform the electors of the identity of its members and the Committee shall, at its first meeting, decide by what means this shall be done and shall give the appropriate instructions for their decision to be implemented.

9. Election of Chair and Vice Chair

- 9.1 Members wishing to be elected must be proposed and seconded, in writing to the LMC Office no later than four weeks before the first Committee meeting of the new term, and they must indicate in writing their willingness to stand.
- 9.2 Members may be proposed for both offices and submit a written summary of no more than 150 words on their suitability for office. For the avoidance of doubt, co-opted/invited members are not eligible to stand for either position.
- 9.3 In the event of more nominations than seats being received, the details of the candidates and their election summary will be distributed to electing members of the

Committee electronically, to arrive no later than 14 days prior to the day of the first meeting.

9.4 Prior to the meeting an election will be held electronically and will be determined by simple majority. The number of votes for each candidate will not be disclosed. The Returning Officer in the LMC Office will act as scrutiner.

9.5 In the event of an equal number of votes being cast for all candidates, then a second electronic election will be taken immediately.

If a majority is still not obtained then the office holder previously elected, if standing, will be declared elected.

If the previous office holder is not standing, then the decision will be by lot, as in Paragraph 7.6.

9.6 In the event that the number of nominations for Chair or Vice Chair does not exceed the number of vacancies, the Returning Officer shall declare those candidates to be automatically elected.

9.7 In the event that the current Chair and Vice Chair wish to re-stand and no other nominations for said positions are received within the timescale, then the Chair and Vice Chair will automatically be declared elected.

10. Unfilled Vacancies

10.1 Where the number of persons elected under Paragraphs 4.1.1 and 4.1.2 is fewer than the number of persons mentioned in such paragraphs by reason that no or insufficiently qualified candidates have been nominated the Committee may, under its Constitution, appoint duly qualified persons to fill the vacancies until the next election.

11. Quorum

11.1 One-third of the number of members of the Committee (or, if one-third is not a whole number, the next whole number above one-third) shall form a quorum of the Committee, provided that at least three-quarters of the members present shall be elected (or co-opted) representatives of partner practitioners on the Performers List elected (or co-opted) representatives of practitioners on the General Ophthalmic List or elected representatives of sessional medical practitioners on the Performers List.

When a small though quorate number of members are present it will be at the discretion of the Chair, following discussion with the Chief Executive, to postpone any voting decisions, depending on the individual significance of a matter.

12. Term of Office

12.1 The elected members of the Committee shall hold office for four years, save that after the first election one half (to be determined by the Committee with district and geographical location in mind) shall initially hold office for two years. This shall be determined by a random internal selection process (i.e. drawing lots).

13. Disclosure of Interest

- 13.1 If an Officer of the Committee or a Committee Member has a pecuniary interest (direct or indirect) in any contract, proposed contract or other matter and is present at a meeting of the Committee when the contract, proposed contract or other matter is the subject for consideration he shall, at the meeting and as soon as practicable after its commencement, disclose that fact and shall not take any part in the consideration of the contract, proposed contract or other matter or vote on any related question.
- 13.2 If, at the beginning of a Committee meeting, any Officer of the Committee or Committee Member has any doubts about whether or not he has such an interest, he shall report the matter to the Chair, who shall advise as to whether or not the matter should be declared. Reference will be made to the Governance framework for further clarification.

14. Disqualification or Retirement of Members

- 14.1 A member of the Committee shall cease to be a member, thereby creating a casual vacancy, if:-
- 14.1.1 Having been qualified for election under paragraph 4.1.2 he ceases to be a practitioner on the Performers List entitled to vote in the constituency for which he was elected.
 - 14.1.2 Having been qualified for election under paragraph 4.1.3 he ceases to work in general practice in the area as a sessional practitioner on the Performers List.
 - 14.1.3 Having been co-opted to the Committee under paragraph 4.2.2 as a practitioner representing a particular class of experience not otherwise represented on the Committee they cease to fulfil the experience criteria unless the Committee allow the co-opted practitioner to remain by resolution of the Committee in full session.
 - 14.1.4 He has been absent from three consecutive meetings of the Committee unless the Committee, being satisfied after enquiry by the then Chair that his absence was due to illness or other reasonable cause, resolve that he shall continue to be a member of the Committee.
 - 14.1.5 He resigns his office by notice in writing signed by him and delivered to the Chief Executive to the Committee which shall take effect immediately.
 - 14.1.6 After proper investigation the Committee resolves that he has been guilty of such conduct as makes it inappropriate for him to continue to be a member of the Committee.
 - 14.1.7 Having been co-opted to the Committee under paragraph 4.2.1 as a practitioner undergoing training for general practice he ceases to be such a practitioner.
 - 14.1.8 He enters the service of the Wessex LMCs Ltd as a paid officer employee.

15. Suspension

- 15.1 Suspension from NHS England's Performers, Ophthalmic or Supplementary Ophthalmic

Lists is recognised as a neutral act. Any member who is suspended from one of the above lists will remain on the committee but will not attend meetings during the period of suspension.

16. Method of Filling Casual Vacancies

- 16.1 Where by reason of the resignation, death or disqualification of a member of the Committee elected under paragraph 4.1 a casual vacancy in the membership of the Committee occurs, the Committee may fill the vacancy by the appointment of a partner practitioner on the Performers List or a sessional practitioner on the Performers List according to the classification of the member of the Committee whose resignation, death or disqualification has caused the vacancy until the next election.
- 16.2 The person appointed by the Committee to fill a casual vacancy arising by reason of the resignation, death or disqualification of a member elected under paragraph 4.1 shall be a person entitled to vote in the same constituency as the member of the Committee whom he replaces.

17. The Status of Casual Appointees

- 17.1 Pending such appointments the proceedings of the Committee shall not be invalid by reason of the vacancies.
- 17.2 Persons so appointed may stand for election at the termination of their casual appointment providing they remain otherwise eligible.

18. Information to be sent to the relevant Area Teams of NHS England

- 18.1 The Chief Executive to the Committee shall, as soon as may be appropriate, inform NHS England of the names and addresses of all newly elected, appointed and/or co-opted members of the Committee, and of any casual vacancies in the membership of the Committee which may from time to time occur, and of the names of the persons, if any, appointed to fill those vacancies.

19. Funding

- 19.1 **The Statutory Levy:**
The administrative expenses of the Committee will be collected on a statutory basis from all partner practitioners on the Performers List and, on a non statutory basis, from sessional medical practitioners who wish to be represented by the Committee.
- 19.2 **The National Levy:**
The Committee will raise an additional National Levy from partner practitioners on the Performers List to cover its other expenses.
- 19.3 **Collection of Levies:**
The method of collection of the Statutory Levy and the National Levy shall be determined from time to time by the Committee.

19.4 Amount of Levy:

The amounts of Statutory Levy and National Levy shall respectively be determined by the Committee having regard to the requirements of openness, transparency and equity and upon an estimation of the proportion of administrative and other expenses attributable to each class of Represented Member. The Committee retains the right to apply its discretion in the application and distribution of Levy funding. For the avoidance of doubt, the Committee shall exercise this discretion in a manner that best supports and benefits the LMC Electorate in the roles set out in Appendix A and as varied from time to time.

19.5 Accounting for Levies:

Separate accounts shall be maintained for the Statutory Levy and National Levy.

20. Expenses

20.1 Members and co-optees/invitees sign the attendance register and are deemed to be making a claim for expenses for both attendance and mileage allowance.

20.2 Members and co-optees/invitees should be prepared to attend for an entire meeting unless prior notification has been received by the Office.

20.3 Members and co-optees/invitees arriving after the start of a meeting, or leaving before the end of the meeting and who have not previously notified the office, may be paid a reduced attendance fee.

20.4 Members and co-optees/invitees have personal responsibility to ensure that information relating to their expenses is accurate and up to date.

20.5 Members and co-optees/invitees remuneration/expenses will be paid either by bank transfer into a practice bank account, or directly to the individual via PAYE, at the end of each quarter. If expense forms are not received in time for the quarterly payment run, expenses will be carried over to the next quarterly payment period.

20.6 Members and co-optees/invitees honorarium / attendance allowance will be determined by the Secretariat of the Wessex LMCs on an annual basis, as will mileage and other expenses.

20.7 For the avoidance of doubt, honorarium / attendance allowance payments are relevant as follows, in line with 20.6 above:

- Secretariat (Chairs / Vice Chairs) = honorarium payable
- Committee Members (elected and co-opted) = attendance fee payable
- IOW Committee Members = enhanced attendance fee payable (to cater for additional travel / time away from the practice)
- PM Representatives = attendance fee payable
- GPC Representative = attendance fee payable
- GP Trainee = no attendance fee payable
- Educational / Deanery Representative = no attendance fee payable
- Invitees = no attendance fee payable

21. Annual Reporting

21.1 The Committee shall prepare at least once a year an annual statement of accounts.

- 21.2 Any reports and statement of accounts shall be available to those on the list of electors via the LMC website not later than three months after the Committee shall have approved the same.

22. Amendment to the Constitution

- 22.1 This Constitution may be amended in the following manner, but not otherwise:-

Proposals for such amendment shall be sent to the Chief Executive to the Committee who shall place them before the Committee for consideration at the earliest opportunity but the Committee will not consider the same until at least 28 clear days' notice of such proposals shall have been received by the members of the Committee.

- 22.2 After such proposals have been considered by the Committee:-

The Chief Executive to the Committee shall, if requested so to do by a simple majority of the voting members of the Committee present embody in a letter any proposed amendment to this Constitution of which the Committee has approved and circulate such letter to all practitioners on the electoral lists as set out in paragraph 6.4 with an invitation to such practitioners to submit to the Chief Executive their comments on such proposals within 14 days after the date of the dispatch of such letter.

- 22.3 The Committee shall at a meeting held not earlier than 14 days and not later than 120 days after the date of the dispatch of such letter consider all replies received by the Chief Executive within such period and shall decide by a two-thirds majority by the voting members present whether the said proposed amendment (either as circulated in such letter or as varied as the result of the consideration of such replies) shall be adopted and if so the NHS England be notified of such amendment by the Chief Executive to the Committee and confirmation sought of the continued recognition of the Committee as representative under Para 44 of the NHS Act 2006.

- 22.4 Any amendment duly carried under sub-paragraph 21.3 of this section shall be notified by the Chief Executive to the Committee at the next meeting of the Committee and thereupon such amendment shall forthwith take effect.

- 22.5 The Chief Executive shall notify the proposer of any amendment duly carried under sub-paragraph 21.3 of this section of the decision of the Committee thereupon forthwith.

23. Winding Up

- 23.1 If upon any amalgamation or re-organisation of the H&IOW Local Medical Committee there remain any residual funds or liabilities, the same shall be distributed between such other Committees as may be involved in the amalgamation or re-organisation (using a ratio which relates to the numbers of registered patients in such other committee areas).

- 23.2 In the event of winding up of the Committee without amalgamation, then assets will be used to pay redundancies and penalties as first-call and the rest distributed amongst those practices and those sessional GPs (who are not salaried GPs) who are levy paying members at the date of close of business.

Section 1 - Appendix A

Core Functions of the Local Medical Committee

A Statutory Body – Has rights and responsibilities defined in the NHS Acts & Regulations and serves as the local representative committee for all NHS GPs.

An Independent Body – Represents the interests of:

- General medical practitioners performing primary medical services, secondary medical services and any other services commissioned or otherwise by NHS England or any other NHS body or other commissioner or successor organisation;
- General medical practitioners as members of Clinical Commissioning Groups or any successor organisation;
- General medical practitioners as providers of primary and secondary care services whether as part of core primary care contracts or as members of a provider organisation, federation, alliance or similar;
- General medical practitioners as sessional or locum doctors;
- General medical practitioners as elected Committee members or co-opted or appointed members of the Committee acting as advocate and remaining independent from political constraints and of the need to satisfy other interests.

A Professional Body – Promotes quality and maintains standards of professional practice through support and demonstration in collaboration with other professional and educational bodies.

A Representative Body – Listens, debates and responds to feedback and represents the majority view and interests of its GPs acting in the above capacity to NHS England, CCGs and other national and local organisations (or their successors).

A Democratic Body – Elected by and consisting of local GPs who represent their local and diverse interests.

A Resource – Provides advice and support to all GPs in all matters relating to their professional lives and actions.

Section 1 - Appendix B

Schedule for elected seats on the H&IOW Local Medical Committee

No.	CCG	Reps	Population *
1.	FAREHAM & GOSPORT	2	196,000
2.	ISLE OF WIGHT	2	138,000
3.	NORTH HAMPSHIRE	2	218,000
4.	WEST HAMPSHIRE	6	550,000
5.	SOUTH EAST HAMPSHIRE	2	212,000
6.	SOUTHAMPTON	3	245,000
7.	PORTSMOUTH	2	207,000
8.	N.E. HAMPSHIRE & FARNHAM	2	220,000
9.	SESSIONAL SEATS	2	
10.	OPHTHALMIC MEDICAL PRACTITIONER	1	
	TOTAL ELECTED SEATS	24	

* Statistics taken from the Office of National Statistics / County Council Census / CCGs

Notes:

- See Section 4, sub-section 4.1.2 regarding allocation of Reps against geographical constituency.
- See Section 5, sub-section 5.3 regarding yearly review of the population figures.



Section 2

Articles of Association

OF WESSEX LOCAL MEDICAL COMMITTEES LIMITED

COMPANIES ACT 1985

**COMPANY LIMITED BY GUARANTEE AND NOT HAVING A
SHARE CAPITAL**

1. Interpretation

In these Articles expressions have meanings as follows:

“Act”	: the Companies Act 1985 as amended by subsequent legislation
“Chief Executive”	: the person from time to time appointed by the directors as company secretary to the Secretariat
“the Directors:	: Directors of the company as listed at Companies House; normally Chairs and Vice Chairs of the Secretariat.
“General Meeting”	: a meeting of the Secretariat, which all Members may attend, as specified in Rule 3
“Local Medical Committee”	: a body recognised by the Secretary of State for Health under Section 44 of the National Health Service Act 1977 (as amended)
“Member”	: a member of the Secretariat
“Membership”	: membership of the Secretariat
“Participating LMC”	: a Local Medical Committee which from time to time has entered into a subsisting Service Agreement, being an Agreement between the Secretariat and the relevant Local Medical Committee governing the provision of secretarial, administrative and other services by the Secretariat to and on behalf of the relevant Local Medical Committee
“the Secretariat”	: the company being Wessex Local Medical Committees Limited

1.2 Words denoting the singular include the plural and vice versa, and the masculine gender includes the feminine gender.

1.3. The headings to these Articles are for convenience only and are not to be taken into account in their interpretation.

2. Membership

2.1 The Members of the Secretariat are the signatories to the Memorandum of Association and these Articles.

2.2 The Members of the Secretariat shall be the people specified in Rule 2.1 above and such other people as may in the future be admitted as Members in accordance with these Articles.

2.3 Applications for Membership must be addressed in writing to the Secretariat.

2.4 Each application for Membership will be considered by the directors.

- 2.5 The directors at their sole discretion may accept or reject an application for Membership without giving any reason.
- 2.6. Any Member may resign his Membership by giving written notice to the Secretariat. Such a notice will (unless otherwise expressed) take effect on the date of receipt.
- 2.7. The directors may take any of the following actions in respect of a Member who (in the opinion of the directors) offends against these Articles or any regulation made under Rule 4.2 or whose conduct or continued Membership is (in the opinion of the directors) detrimental to the interests of the Secretariat or whose conduct is (in the opinion of the directors) objectionable in any respect or who is (in the opinion of the directors) unfit to remain a Member:
- 2.7.1 invite the resignation of the Member; or
 - 2.7.2 expel the Member from the Secretariat; or
 - 2.7.3 suspend the Member from the Secretariat for such period as the directors in their sole discretion may decide
- 2.8 **If any Member is convicted of any criminal offence or is lawfully imprisoned, or being engaged in any profession is prohibited by the disciplinary body of that profession from continuing to practise that Member ipso facto ceases to be a Member of the Secretariat, but any person so ceasing to be a Member may be readmitted to Membership by the directors at their discretion.**
- 2.9 On ceasing to be a Member a person forfeits all right to and claim upon the Secretariat, its assets and its funds.

3. General Meetings

- 3.1 A General Meeting shall be either an Annual General Meeting or an Extraordinary General Meeting.
- 3.2 Notice of every General Meeting shall be given in accordance with the provisions of the Act but the accidental omission to give notice of a General Meeting to, or non-receipt of such notice by, any Member will not invalidate the proceedings at that meeting.
- 3.3 An Annual General Meeting of the Secretariat shall be held once a year, at such time (within six months of the end of the Secretariat's financial year and not more than fifteen months since the date of the last Annual General Meeting) and such place as nominated by the directors.
- 3.4 The business of the Annual General Meeting is:
- ~ to receive the directors' report;
 - ~ to receive the Secretariat's accounts for the preceding financial year;
 - ~ to elect the Chair, and Vice Chair;
 - ~ to decide on any proposition put in accordance with Rule 3.5;
 - ~ to transact any other business as specified in the agenda for the Meeting.
- 3.5 Any Member who wishes to propose a resolution at an Annual General Meeting must give written notice of the wording of the proposed resolution to the Chief Executive at least 30 days prior to the date of the Annual General Meeting. The Chief Executive must notify the directors accordingly and the directors will have the power to decide in their sole discretion whether or not the proposal will be put at the Annual General Meeting.

- 3.6 An Extraordinary General Meeting may be convened by the directors, at such time and place as the directors nominate.
- 3.7 The Chair or Vice Chair, may by written notice to the Secretariat, require the directors to convene an Extraordinary General Meeting.
- 3.8 An Extraordinary General Meeting may also be convened on a Members’ requisition in accordance with the provisions of the Act.
- 3.9 General Meetings will be chaired by the Chair or (in the absence of the Chair) by the Vice-Chair but in the absence of both such officers the Members present shall appoint from amongst their number a person to chair the meeting.
- 3.10 Every Member is entitled to attend and vote (in person or by proxy) at General Meetings. Voting will be on a show of hands, unless either before or upon the declaration of the result of a show of hands, a poll of all Members is demanded by the person chairing the meeting, or by at least five of the Members or their proxies. Except when a poll is validly demanded, the declaration by the person chairing the General Meeting that a resolution has been carried or rejected and an entry to that effect in the minutes of the Meeting will be conclusive.
- 3.11 A poll will be taken in such a manner as the person chairing the meeting may direct, and the result of the poll will be deemed to be the resolution of the Secretariat in General Meeting. In a poll, every Member is entitled to one vote on each motion.
- 3.12 Unless otherwise required in law, resolutions shall be passed by a majority of Members present in person or by proxy and voting at a General Meeting. If there is equality of votes at a General Meeting or in a poll, for the avoidance of doubt the person chairing the meeting will not have a casting vote.
- 3.13 The appointment of a proxy shall be executed by or on behalf of the appointer and shall be in the following form (or in a form as near thereto as circumstances allow or in any other form which is usual or which the directors may approve):-

“..... Limited

I of being a member of the above-named company, hereby appoint of as my proxy to vote in my name and on my behalf at the annual/extraordinary general meeting of the company to be held on 20.....

Signed on..... 20.....”

4. Directors’ Powers

- 4.1 The management and administration of the Secretariat is vested in the directors who may exercise all the powers of the Secretariat. A meeting of the directors at which a quorum is present may exercise all powers vested in the directors.
- 4.2 The directors may from time to time make, repeal and amend any regulations (not conflicting with these Articles or the Memorandum of Association or any resolution of the Secretariat in General Meeting) as they consider expedient for the benefit of the Secretariat or the furtherance of its functions. All such regulations will be binding on Members until repealed by the directors or by the Secretariat in General Meeting.

- 4.3 The directors are empowered to appoint a Chief Executive and such other employees as they may deem necessary on such terms and at such rates of remuneration as the directors think fit with power to vary rates and terms, and to terminate any engagement and fill a vacancy at their discretion.
- 4.4 The directors are empowered to enter into such contracts and arrangements (including the borrowing of money) as they deem appropriate for the performance of the functions of the Secretariat and/or the furtherance of the interests of the Secretariat. The Chair or the Vice Chair and at least one other director shall be authorised signatories for any contract entered into by the Secretariat.
- 4.5 The directors have authority to delegate any of their powers, functions and duties to such person or persons as they may designate from time to time, and any such delegation may be recalled, altered or revoked by the directors with immediate effect. No reason need be given as to why any delegation has been recalled, altered or revoked.

5. Directors' Remuneration and Expenses

- 5.1 The directors, or any of them, shall be entitled to such remuneration as the Secretariat may by Ordinary Resolution determine from time to time.
- 5.2 Directors may be paid all travelling and other out of pocket expenses properly incurred by them in connection with their attendance at directors' meetings or General Meetings or otherwise in connection with the discharge of their duties.

6. Directors' Interests

Provided that he has disclosed to the other directors the nature and extent of any material interest of his, a director may be a party to or otherwise interested in any transaction or arrangement with the Secretariat.

7. Directors

- 7.1 The directors shall be the Chair and Vice Chair from the Dorset Local Medical Committee, the Chair and Vice Chair from the BANES, Swindon and Wiltshire Local Medical Committee and the Chair and 3 Vice Chairmen from the Hampshire and Isle of Wight Local Medical Committee.
- 7.2 Each director shall be a Member
- 7.3 The directors may, at their sole discretion, co-opt any Member as a director.
- 7.4 Any director may appoint as an alternate director any other person who is both approved by the directors and approved by the Participating LMC which he represents. Any such appointment shall be in writing and delivered to the Secretariat but for the avoidance of doubt nothing in this Article shall permit a director to appoint an additional director without the approval of the directors.

7.5 A person will cease to be a director if:

- ~ he sends a written resignation to the Secretariat;
- ~ he ceases to be a Member of the Secretariat;
- ~ he is removed by resolution passed at a General Meeting of the Secretariat
- ~ the directors resolve he should cease to be a director
- ~ the Local Medical Committee he represents ceases to be a Participating LMC

7.6 A person who ceases to be a director shall also cease to be a Member.

8. Chair and Vice Chair

8.1 The first Chair of the Secretariat is the person who currently holds office as Chair of the unincorporated body known as The Secretariat for the Wessex Local Medical Committees. The person who holds the office of Chair must retire from office at the Annual General Meeting following his appointment/election. He shall be eligible for re-election at an Annual General Meeting as Chair unless:

- ~ the Local Medical Committee he represents ceases to be a Participating LMC
- ~ the directors resolve he should cease to be Chair
- ~ he ceases to be a director

8.2 A Chair shall cease to be Chair if:

- ~ the Local Medical Committee he represents ceases to be a Participating LMC
- ~ the directors resolve he should cease to be Chair
- ~ he ceases to be a director

8.3 The first Vice-Chair of the Secretariat is the person who currently holds office as Vice-Chair of the unincorporated body known as The Secretariat for the Wessex Local Medical Committees. The person who holds the office of Vice Chair must retire from office at the Annual General Meeting following his appointment/election. He shall be eligible for re-election as Vice Chair unless:

- ~ the Local Medical Committee he represents ceases to be a Participating LMC
- ~ the directors resolve he should cease to be Vice Chair
- ~ he ceases to be director

8.4 A Vice Chair shall cease to be Vice Chair if:

- ~ the Local Medical Committee he represents ceases to be a Participating LMC
- ~ the directors resolve he should cease to be Vice Chair
- ~ he ceases to be a director

8.5 If a Chair or Vice Chair dies, retires or otherwise ceases to hold office, the directors are empowered to appoint another Member to fill the vacancy as Chair Designate or Vice Chair Designate until the next Annual General Meeting during which period the appointee will have all the rights, powers and duties of the vacant office to which he is appointed.

9. Directors' Meetings

- 9.1 The directors will meet not less than twice in each year and when considered necessary by not less than one Member representing each different Participating LMCs or when called by the Chair or Vice Chair.
- 9.2 So far as practicably reasonable, prior written notice of the date and venue of each directors' meeting will be given to each director, such notice containing an agenda of business to be transacted.
- 9.3 The Chair will preside at every meeting of the directors or, in his absence, the Vice Chair or such other directors as those present may decide.
- 9.4 Decisions shall be made and resolutions may be passed by a majority of the directors and/or the alternate directors present at a meeting voting by show of hands and if there is an equality of votes at any directors' meeting, for the avoidance of doubt the person chairing the meeting will not have a casting vote.
- 9.5 The only people entitled to attend directors' meetings shall be directors, alternate directors, the Chief Executive and such others (whether or not Members) as the directors may invite.
- 9.6 Decisions and resolutions validly made and passed by the directors shall be binding on Participating LMCs

10. Quora

- 10.1 The quorum at any directors' or General Meeting is one director or alternate director from each Participating LMC.
- 10.2 No business may be transacted at a meeting and no resolution may be validly passed unless the appropriate quorum is present.
- 10.3 If, within half an hour from the time appointed for a General Meeting, a quorum is not present, the meeting must stand adjourned to such time and place as the person chairing the meeting directs, and if at such an adjourned meeting a quorum is not present, those Members who are present shall be a quorum and may transact the business for which the meeting was called.

11. Minutes

- 11.1 The Chief Executive will procure that there is recorded the business transacted at all directors' meetings and General Meetings.
- 11.2 The minutes of any meeting will either be read out at the next meeting or circulated prior to or at the next meeting and, if approved, confirmed at that next meeting.
- 11.3 Minutes of General Meetings will be available for inspection by Members at reasonable times and on reasonable notice. Minutes of directors' meetings will not be open to inspection by Members other than directors, unless the directors otherwise resolve.

12. Banking and Accounts

- 12.1 The Secretariat will maintain an account or accounts with such bank or banks as the directors may decide from time to time.
- 12.2 All cheques drawn on and withdrawals from any account of the Secretariat will be signed by two people from a panel of signatories nominated from time to time by the directors
- 12.3 The Secretariat's financial year ends on such date in each year as the directors may from time to time determine
- 12.4 The annual accounts and balance sheet will be presented to the Members at the Annual General Meeting.
- 12.5 The Secretariat's accountants will be such firm (being a member of the Institute of Chartered Accountants in England and Wales) as the directors may from time to time decide.

13. Notices and Communications

- 13.1 Any notice to a Member will be validly served by delivering it to the Member personally or by sending it by pre-paid post addressed to such Member at his address recorded in the Secretariat's list of Members.
- 13.2 Any notice to the Secretariat will be validly served only if delivered personally to or sent by pre-paid post to its Registered Office.
- 13.3 Proof that an envelope containing a notice was properly addressed, pre-paid and posted shall be conclusive evidence that the notice was given. A notice from the Secretariat shall be deemed to be given at the expiration of 24 hours after the envelope containing it was posted.

14. Indemnity

Every director shall be indemnified out of the assets of the Secretariat against any liability incurred by him in the proper execution of the powers duties and functions of that office.

15. Winding Up

The Secretariat shall not be dissolved without the agreement of not less than one director or alternate director from each Participating LMC. Upon dissolution, after discharge of all liabilities of the Secretariat and making due provision for contingent liabilities, the surplus funds held by the Secretariat shall be distributed amongst those Participating LMCs as at the date of dissolution pro rata to the proportion which the number of doctors represented by each Participating LMC bears to the total number of doctors represented by all Participating LMCs. The rights and duties of the directors shall continue until completion of the winding up procedures.

These Articles have been signed by the following subscribers to the Memorandum of Association of the Company:

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

In the presence of:

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....

W I T N E S S	Signature:	.....
	Name:	.....
	Address:	.....
	Occupation:	.....



Section 3

Governance

OF WESSEX LOCAL MEDICAL COMMITTEES LIMITED

Code of Conduct and Accountability

Introduction: Code of Conduct and Accountability

The LMC Constitution sets out how the committee shall be constituted but does not explicitly state that the LMC must conduct its affairs in accordance with principles of good governance arrangements. The function of the LMC is to represent the interests of all GPs whatever their contractual status and to help and advise them on all NHS matters. Its primary aim is to accurately reflect and put forward the professional views and aspirations of all GPs providing NHS primary medical services in the areas that the LMCs represent, and to improve the health of the local population in accordance with local and national health strategy.

The LMC is involved in local negotiations for services over and above the basic contracted services. The Secretariat Officers and the Committee Members will actively pursue any issue that affects or is likely to impact on local primary medical services or the work of GPs. The work and agenda of the committee will always be directed to protect and enhance the interests of GPs and the patients they serve.

This document sets out the standards of conduct, accountability and openness expected of the Secretariat, staff and members of the Committee. Its aim is to ensure that everyone understands the way they are expected to work. All committee members, co-opted members and employees of the Wessex Local Medical Committees Limited will be asked to sign a declaration confirming that they have read this code, understand it and agree to abide by it.

(Please refer to additional Governance documents: Appendices A and D)

1. Conduct

In 1995 the Committee on Standards in Public Life formulated the Seven Principles of Public Life, which it recommended should be incorporated in the Codes of Conduct of all public bodies. The Principles (known as the Nolan Principles) are set out in Appendix A.

2. Representativeness (Selflessness), Integrity, Objectivity, Accountability, Openness, Honesty and Leadership

The success of the Committee depends on some extent on the adoption of these values so that they influence the behaviour of those who are involved in the organisation. The Committee works closely with the NHS; as a consequence of this its own values must reflect those of the public service values that are at the heart of the NHS. Acceptance of the values should inform and govern the decisions and conduct of all committee members and staff.

3. Accountability

The LMC is accountable to the local GP community. The LMC members have a responsibility to set the strategic direction of the LMC, define its annual and longer term objectives and agree plans to achieve them. The work of the committee and individual members must be able to stand the test of public scrutiny, judgments on propriety and professional codes of conduct. If any contractor has concerns about governance, especially confidentiality and conflicts of interest, these can be raised with the Chair.

The Secretariat shall consist of the Chair and Vice-Chair(s) of each of the three Local Medical Committees plus the Chief Executive. The Chair and Vice-Chair of the Secretariat will be appointed from within the Secretariat.

The LMCs' Secretariat employs the Chief Executive, Medical Directors, Directors of Primary Care, Assistant Director of Primary Care, Business Manager, Secretariat Administrator, Finance Officer, Administrative Assistant, LEaD Manager and LEaD Co-ordinator, all under employment contracts.

The Chief Executive is directly accountable to the Secretariat for ensuring that the decisions of the constituent LMCs are implemented, that the organisation works effectively and for the maintenance of proper financial stewardship. The Chief Executive has executive powers conferred by the Committees to ensure that matters are dealt with in a timely manner. The Secretariat is required to meet bi-annually and is responsible for monitoring the executive management of the organisation.

4. Delegation of Powers

From time to time the LMC may delegate certain tasks to sub-groups or teams. Under these circumstances the nature and limits of such delegation will be minuted at a full LMC meeting.

5. The Role of the LMC Chair

- 5.1 To provide leadership to the Committee and to represent the Committee in meetings with Area Teams, Clinical Commissioning Groups, Local Authorities, Commissioning Support Agencies and other organisations, as appropriate.
- 5.2 To enable all Committee members to make a full contribution to the Committee's affairs and ensure that the Committee acts as a team.
- 5.3 To ensure that new Committee members are fully briefed on the terms of their membership and their rights and responsibilities including this Code.
- 5.4 To ensure that key and appropriate issues are discussed by the Committee in a timely manner.
- 5.5 To ensure that all Committee members declare relevant interests and, if requested, withdraw from any relevant discussions.
- 5.6 Working with the Secretariat to ensure that the Committee has adequate support and is provided efficiently with all the necessary data on which to base informed decisions.
- 5.7 To lead or chair sub groups as appropriate.
- 5.8 To ensure that the Committee conducts its affairs in accordance with accepted principles of good governance, and that high standards of personal behaviour are maintained in the conduct of the business of the LMC.
- 5.9 In consultation with the LMC Secretariat to appoint/nominate representatives to any committee or subcommittee on which medical representation is required.
- 5.10 To ensure transparency and equality of information and opportunity for all contractors in matters relating to the local purchasing of medical services.
- 5.11 To respond to any request for an inquiry by a contractor who believes that the LMC or an officer of the LMC has acted unconstitutionally by holding a meeting of the LMC to deal with the matter and to report to all contractors represented by the LMC.

- 5.12 From time to time, the Chair may be called upon to provide additional support to the LMC Office in dealing with local issues.
- 5.13 The Chair will be responsible for the approval of the committee meeting minutes.
- 5.14 A complementary relationship between the Chair and the Secretariat is paramount. The Chief Executive should be allowed full scope within clearly defined delegated powers for action in fulfilling the decisions of the Committee and to ensure that there is effective dialogue between the LMC and the local health and social care community.

6. The Role of the LMC Vice Chair(s)

- 6.1 The Vice Chair(s) of each Wessex LMC is/are a member(s) of the Secretariat and it is expected that the Vice Chair(s) of each respective LMC shall attend all Committee / Secretariat meetings where possible.
- 6.2 It would be expected that the Vice Chair(s) and Chair will liaise to ensure that one or another is present at each Committee and/or Secretariat meeting in order that the meeting is quorate.
- 6.3 The Vice Chair(s) will deputise for the Chair in his absence covering the Chairs roles and responsibilities. The Chair may also delegate tasks to the Vice Chair, where appropriate.

7. The Role of the Secretariat

- 7.1 To support the Chair and Vice Chair in the discharge of their responsibilities.
- 7.2 To ensure that the Committee has adequate support and is provided efficiently with all the necessary data on which to base informed decisions.
- 7.3 To appoint/nominate representatives to any committee or subcommittee on which medical representation is required.
- 7.4 To ensure the LMC executive and management team is supported to discharge their responsibilities efficiently and effectively.

8. The Role of the Chief Executive

- 8.1 To ensure systems are in place for effective management and organisation of the Secretariat arrangements.
- 8.2 To be responsible for the prudent and economical administration; for the avoidance of waste and extravagance and for the efficient and effective use of all the LMC resources.
- 8.3 Ensure that the LMC has in place effective management systems that safeguard contractor' funds.
- 8.4 Ensure that Wessex LMCs Ltd. achieves value for money from the resources available and appropriate advice is tendered to the LMC Committee Members.
- 8.5 To ensure that the Committee Members have access to the information, training and expert advice they need to exercise their responsibilities effectively.
- 8.6 Be clear what decisions and information are appropriate to the Secretariat.

- 8.7 Ensure that financial and other information is organized and presented succinctly and efficiently to ensure the Secretariat can fully undertake its responsibilities.
- 8.8 To take accountability to the Secretariat for the transparency of LMC operations and communicating them to GPs.
- 8.9 Ensure an effective communications strategy is in place for both communication with Members and the GPs.
- 8.10 To work with the Chair to ensure that meetings are managed in an appropriate way.
- 8.11 To check the minutes of LMC meetings and associated meetings and to ensure that all GPs are provided with relevant and timely information.
- 8.12 Ensure that the LMC has a risk management process to ensure all significant risks and potential liabilities are addressed.
- 8.13 Establish effective liaison and relationships with other organisations concerned with health and social care.
- 8.14 Collaborate with the GPC on all matters for the provision of medical services in terms of local and/or national issues.
- 8.15 Develop the role of the Secretariat in acting as a clearing house for information, as a collating point and as a network for members to minimize their individual isolation.
- 8.16 Line-manage the Staff of the Secretariat and carry out, or delegate, relevant annual appraisals of the roles.
- 8.17 To manage the financial affairs of the Management Committee.

9. The Role of the Directors

To assist the Chief Executive in the above roles.

10. The Role of the LMC Committee Members

- 10.1 To support the work of the LMC Secretariat.
- 10.2 To commit to working together effectively as a team in order to get things right first time, saving time and effort.
- 10.3 Take on tasks for the LMC where these tasks are allocated in ways which build on the interests and expertise of individual members in order to maximise expert input on key issues and report back when requested.
- 10.4 To respond to consultation documents in a timely manner
- 10.5 To recognise and adhere to reporting procedures put in place by the LMC and the Management Executive and to submit activity reports in a timely way.
- 10.6 To prepare for meetings by familiarising themselves with the Agenda papers.

11. Declaration of Interests

It is a requirement that all Committee Members, officers and staff declare any conflict of interest that arises in the course of conducting Committee business. Members will be asked to declare their interests on appointment (*Appendix B*) and to inform the Committee of any changes to their register entries as and when they occur.

12. Conflict of Interest

A conflict of interest may be defined as ‘a set of conditions in which professional judgement concerning a primary interest tends to be unduly influenced by a secondary interest’ or a situation in which ‘one’s ability to exercise judgement in one role is impaired by one’s obligation in another’.

A conflict of interest for the LMC may arise where the judgement of an individual acting on behalf of the organisation, or the organisation itself, is perceived to be influenced or impaired. It is essential, therefore, that the LMC’s involvement in the local healthcare system does not involve a vested interest. As the face of general practice changes and the LMC’s representative role extends to include new bodies (most obviously GP provider organisations), conflicts of interests may be more likely to centre on conflicts of loyalty but could also include financial interests (direct or indirect) and/or personal interests.

Whilst it will be impossible to eliminate conflicts of interests entirely (and there are clear advantages to the LMC having an interest or knowledge in a particular area in order to have an understanding and offer meaningful advice), these must be managed appropriately. Conflicts must be identified, declared and recorded. Measures must also be taken to address those conflicts, which may result in the LMC (or particular individuals) withdrawing from certain situations or continuing only with the consent of all parties. The LMC, its officers and members must undertake to be transparent, balanced and proportionate at all times.

LMC Members, officers and staff are required to act in the best interests of the GP community they serve and not for personal gain. If conflicts of interest are not managed effectively, the consequences would be serious and could be damaging to the LMC, undermining the confidence that general practice and other agencies have in the organisation’s professionalism and integrity.

It is also expected that LMC Members, when attending external meetings, should not offer opinions that may be regarded as those of the LMC (see paragraphs re representation) but should direct queries and inquiries for LMC opinion to the office.

Officers of the LMC cannot sit on the Board of a CCG although LMC members can, subject to the above paragraph. Officers of the LMC and LMC members can be members of a provider organisation, subject to the above paragraph.

13. Openness

There should be sufficient transparency about the Committee activities to promote confidence between the LMC, the GP community they represent, its staff, patients, and the public, health and social care organisations it deals with. Reports from meetings will ensure that the reasons and results of discussions held are reported in an open way, although the content of the discussions will remain confidential to the committee members.

The Chief Executive will ensure that:

- There will be an annual general meeting of the Secretariat for which the agenda papers and accounts will be made available to members at least seven days in advance of the meeting.
- Audited annual accounts will be available.

14. Confidentiality

LMC members at times may be privy to information that should be treated in the strictest confidence and not discussed outside of meetings. Members will be asked to sign Confidentiality Agreements on appointment (*Appendix C*).

The staff of the Secretariat will also sign confidentiality agreements on appointment.

15. Employee Relations

The Secretariat must comply with employment legislation and guidance, respect agreements entered into by themselves or on their behalf and establish terms and conditions of service that are fair to the staff and represent good value for money.

Section 3 - Appendix A

The Secretariat of the Wessex LMCs Ltd. accepted in [date] the following guiding principles (Nolan Principles) for members of the Committee and this was accepted by the constituent LMCs at their meetings in [date]:

Representativeness (Selflessness): Members must reflect the interests of the contractors who elected or appointed them to the LMC, and must make decisions in the interests of the general body of contractors; they must not make decisions in order to gain financial or other material benefits for themselves, family or friends.

Integrity: Members must not put themselves under any obligation that might influence their performance on the LMC or their ability to reflect the interests of the contractors who elected or appointed them or make decisions in the interests of the general body of contractors.

Objectivity: In making decisions and in carrying out the business of the LMC members should act within the constitution and make decisions only on merit.

Accountability: members of the LMC are accountable for their decisions and actions to contractors and the public and therefore submit to scrutiny.

Openness: members should be as open as possible about all decisions and actions they take. They should give reasons for their decisions, and restrict information only for short term tactical reasons, or when the wider public interest clearly demands.

Honesty: Members have a clear duty to declare any private interest relating to their LMC duties, and take steps to resolve any conflicts arising.

Leadership: Members should promote and support the above principles by leadership and example.

Note:

The effect of the principles of representativeness and integrity is that the nominating bodies can mandate the Member to express a view, but cannot bind them in how they vote or decide on a particular issue. This means members can hear and participate in debate, and are free to amend their views in the light of the debate. They will no doubt then reflect back to the relevant body why they made the decision he did, recognising the lines of accountability.

Section 3 - Appendix B

CODE OF CONDUCT - DECLARATION OF INTERESTS

1. Remunerated Directorship of company(s) (public or private) and businesses owned personally or in partnership.
2. Remunerated employment or offices.
3. Remunerated Consultancy(s).
4. Remunerated work performed under contract.
5. Names of companies or other bodies in which I have an interest, either on my own account, my spouse or infant children, for a beneficial interest in share holdings greater than the 10% of the share capital.
6. Remunerated contributions to professional and scientific publications.
7. Other sources of income or pecuniary support relevant to my membership of the LMC.
8. Membership of other medical bodies.
9. Membership of commissioning bodies.
10. [ANY OTHERS]

Section 3 - Appendix C

CONFIDENTIALITY AGREEMENT - FOR LMC MEMBERS AND PRACTICE MANAGER INVITEES

I understand that as an LMC member/Practice Manager Invitee I may have sight of or acquire information that will be commercially sensitive or may for other reasons be information that the LMC or the GP(s) to whom the information relates would not wish to be communicated to third parties.

I acknowledge my obligation to ensure that I do not make use of any such information for purposes other than those of the LMC. I further acknowledge that all information received from or about contractors that relates to their business and financial affairs may not be disclosed to anyone without the express consent of the contractor to whom it relates, in which case the disclosure will be through the LMC Chief Executive.

I will make full disclosure to the LMC of all appointments or offices held by me and I will consult the Chief Executive prior to accepting any appointment or office that may reasonably be thought to be relevant to my membership of the LMC.

Section 3- Appendix D

LMC Governance Checklist

Committee Procedures:

- LMC Governance Principles agreed and adopted at an LMC meeting, minuted and document annotated with date of agreement.
- LMC Governance Principles accompany all LMC meeting papers.
- LMC Governance Principles posted on the LMC website.
- Check decisions or actions are within the powers of the LMC provided in the constitution.
- Have Declarations of Interests available for inspection at all LMC meetings.
- Keep contractors informed of committee business through newsletters, contractor meetings etc.
- Consult contractors when appropriate before significant decisions.
- If delegating responsibility set remits and conditions.
- Minute LMC meetings clearly and fully.
- Provide an induction procedure for new LMC members to include LMC Governance (a New Members Induction Pack is available).
- Hold an AGM each year in accordance with the constitution.
- Prepare an Annual Report to contractors.
- Appoint a Management Committee to monitor governance.
- Chair to rule on dealing with conflicts of interest.
- Chair to conduct meeting in accordance with standard meeting procedures.

LMC Members:

- Read this Governance guide.
- Be aware of and conform to duties of the LMC set out in the LMC Constitution.
- New members read this Governance guide and sign to accept the LMC Governance Principles.
- Complete and keep updated Declaration of Interest form.
- Sign confidentiality agreement.
- Declare any conflicts of interest at LMC meetings as appropriate.
- Adhere to corporate responsibility.
- Ensure members have relevant training to discharge their role.

Finance:

- Separate the role of secretary and treasurer.
- Prepare annual accounts with sufficient detail of income and expenditure.
- Accounts audited by professional with practising certificate.
- Ensure levy is used for administrative purposes only.
- Members scrutinise budgets and annual and regular management accounts as part of their duty to ensure contractors funds are being managed properly.



Section 4

Roles & Responsibilities

OF WESSEX LOCAL MEDICAL COMMITTEES LIMITED

Roles & Responsibilities of Committee Members and Co-Optees/Invitees

1. Introduction

The LMC is the only local representative committee for all GPs. In Wessex there are currently three LMCs based in Dorset, Hampshire and the Isle of Wight and Bath, Swindon and Wiltshire. These committees consist of GPs who are elected to represent their GP colleagues. The elections take place electronically every two years but most representatives are elected for a 4 year term. Each Committee has a constitution, which is essentially the rules under which the Committee operates.

The Committee once established elects a Chair and between one and three Vice-Chairs, who serve for the term of the Committee, which is normally 2 years.

The Chairs and Vice Chairs of the three Committees form a “Secretariat” which is the overarching body for Wessex and employs the staff who work for the LMC.

The Secretariat of Wessex LMCs has been established as a “Company Limited by Guarantee” and its remit is to support the work of the individual Committees.

Appointment as a member of a Local Medical Committee brings with it specific responsibilities and an expectation from colleagues that true representation will be met. This paper sets out the roles and responsibilities of LMC members and clarifies the standards expected of them.

2. Appointment to the Committee

Members are appointed to the Committee through the election process which requires an applicant to be proposed and seconded by General Practitioner colleagues working in the same constituency. Some members will be appointed by co-option because of special experience or expertise.

3. Meetings

There are generally between four and six meetings per year which take place on a Wednesday afternoon for Hampshire & Isle of Wight and Bath, Swindon and Wiltshire and on a Thursday afternoon for Dorset.

3.1 Attendance

3.1.1 All members will be expected to attend regularly at full meetings of the LMC and at LMC Liaison meetings e.g. local hospitals, Area Teams if required (and will be notified beforehand). Non-attendance at three LMC meetings in any 12 month period may result in the member being asked to stand down (see Section 14.1.4 of the Committee Constitution for specific details).

3.1.2 Co-optees are also expected to regularly attend meetings of the LMC. Non-attendance at three successive meetings without good reason may result in the invitee being asked to stand down.

3.2 Apologies

3.2.1 Members and Co-optees are expected to give their apologies to the office prior to an LMC meeting if they are unable to attend.

3.3 Preparedness

- 3.3.1 Members and Co-optees are expected to have read all relevant papers that will be disseminated prior to an LMC meeting and the office will ensure that, wherever possible, papers are sent out seven days before a meeting (in electronic format).
- 3.3.2 Members should keep themselves up to date with issues affecting their constituents, their constituencies and national issues affecting the profession.
- 3.3.3 Co-optees are also expected to keep themselves up to date with issues affecting their colleagues, their geographical areas and to be aware of national issues affecting general practice

4. Declaration of Interests

- 4.1 Members and Co-optees will complete the Members' Register of Interests in line with the LMC's policy.
- 4.2 Members and Co-optees will advise the Office of any changes in their interests.
- 4.3 Members and Co-optees are to declare any pecuniary or other interest in any matter under discussion.
- 4.4 Members and Co-optees will be required to read and sign understanding of the LMC Members Governance Document.

5. Personal and Practice Issues

Members and Co-optees should raise issues that affect a number of practices rather than a practice individually, unless using the issue to introduce or illustrate a point that may have future ramifications on a number of practices.

6. Representation of Constituents

- 6.1 Members are elected by constituents and should make themselves available to be contacted in listening to their views and to ensure that those views are fairly represented at the LMC meetings.
- 6.2 Members should be aware that, by their election, they have a mandate to make decisions on behalf of their constituents.
- 6.3 The LMC officers (defined as the Chair, Vice Chair and others directly employed by the LMC) are often required to offer professional advice and associated with this comes liability. Therefore the LMC officers have what is known as "Director and Officers liability insurance". This is not available to LMC committee members, it should be made clear that the representative role does should not extend to offering professional advice unless the individual is covered under this insurance.

7. Representation of the LMC

Members of the LMC are expected to follow established LMC policy and to fairly and professionally represent the LMC's views to external organisations. Where members express a personal view, rather than LMC policy, this should be made clear in any discussion.

8. LMC/CCG Members

- 8.1 LMC members, who are also CCG members, should clarify in which capacity they are acting when involved in discussions at LMC meetings. Once stated, it is expected that a member will represent the views of that organisation during any meeting or ensuing discussion and any member who feels unable to avoid a conflict of interest should ask the Chair to be withdrawn from that discussion.
- 8.2 It is also expected that LMC members, when attending CCG meetings, should not offer opinions that may be regarded as those of the LMC (see paragraphs re representation) but should direct queries and inquiries for LMC opinion to the office.
- 8.3 Officers of the LMC cannot sit on the Board of a CCG although LMC members can, subject to the above paragraph.

9. Practice Manager Invitees (PM Representative)

- 9.1 Practice Manager invitee are invited to attend the LMC meetings by the elected GP members of the Committee and are expected to seek and listen to practice managers' views from the appropriate constituency of Wessex and to ensure that those views are fairly represented as appropriate in LMC meetings.
- 9.2 Invitees must be aware that, by their invitation, they have a mandate to provide the collective practice manager perspective in order to assist the Committee to make decisions on behalf of their constituents.
- 9.3 Invitees will produce a short summary of LMC meetings (within 2 weeks of the meeting) and submit this to the office for validation ready for circulation to all practices in the appropriate constituency.
- 9.4 Invitees will receive agenda items from their colleagues and pass these, with all relevant contextual information to the Committee Administrator not less than 14 days prior the meeting.
- 9.5 Practice Manager invitees of the Committee are co-opted positions and do not carry any voting rights.
- 9.6 It would be expected that the Practice Manager invitee's practice would be regular payers of both LMC levies (statutory & national (GMS) or administrative & national (PMS). Practice Manager invitees are expected to encourage other practices to do the same.
- 9.7 Practice Manager invitees are expected to fairly represent the LMC's views to their practice manager colleagues.
- 9.8 If Practice Manager invitees are expressing a personal view, rather than an LMC view, this should be made clear in any discussion.

- 9.9 Practice Manager invitees are appointed following receipt of nominations to stand as a Practice Manager Representative for a 4 year term of office. Nominations must have the backing of the Practice. If the number of nominations received does not exceed the number of vacancies the Returning Officer shall declare those candidates to be elected. Where nominations received exceed the number of vacancies appointment shall be determined by a random internal selection (i.e. drawing of lots).
- 9.10 Practice Manager invitees will receive an attendance fee for each LMC meeting attended which is paid quarterly, along with any travel expenses incurred. The attendance fee will be determined by the Secretariat of the Wessex LMCs on an annual basis as will mileage and other expenses. (*See Section 20 within the Committee Constitution: Remuneration / Expenses*).

10. Communications

- 10.1 Members and Co-optees should respond promptly to all communications, whether from the Office, constituents or other organisations, and wherever possible, within five working days, where possible.
- 10.2 Preferred communication should be in electronic format wherever possible and copies sent to the Office.

11. Requests for Information

- 11.1 Requests for information made by the Office to members and Co-optees should be answered within five working days, unless otherwise indicated.
- 11.2 The Chair and Vice-Chairs will be expected to report and comment on consultation papers as appropriate.
- 11.3 The Chair and Vice-Chairs will be expected to attend LMC/Area Team Business Meetings as requested.

Signed Declaration of Acceptance

LMC Office Copy – please sign and return

Signed by the Chief Executive for and on behalf of the Secretariat:



Signed:
Dr Nigel Watson, Chief Executive

Date: **1 April 2016**

I hereby confirm that I have Read and Accepted the Constitution Framework of a Committee Member (be it elected, co-opted or invited) as detailed in this document:

Name:

Signed:

Date:

NB: *For the avoidance of doubt, acceptance of the Constitution Framework includes the 'Code of Conduct & Accountability Declarations' as detailed in Section 3 (Appendices A-D).*

✂ Cut along the dotted line and return signed copy to the LMC Office ✂

Signed Declaration of Acceptance

Signed copy for retention by the Committee Member

Signed by the Chief Executive for and on behalf of the Secretariat:



Signed:
Dr Nigel Watson, Chief Executive

Date: **1 April 2016**
.....

I hereby confirm that I have Read and Accepted the Constitution Framework of a Committee Member (be it elected, co-opted or invited) as detailed in this document:

Name:

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NB: For the avoidance of doubt, acceptance of the Constitution Framework includes the 'Code of Conduct & Accountability Declarations' as detailed in Section 3 (Appendices A-D).



WESSEX

Local Medical Committees
Incorporating Wessex LEaD