Norfolk & Waveney
Local Medical Committee
Representing, supporting, advising GPs and practice teams

MEMORANDUM OF UNDERSTANDING

The Norfolk and Waveney Integrated Care Board (ICB) has, in its Constitution, committed to engage with the Norfolk and Waveney Local Medical Committee (LMC). The purpose of this document is to outline some of the principles underpinning the relationship between the LMC and ICB.

The LMC

The Norfolk & Waveney Local Medical Committee is recognised under statute in the NHS Act 1977.

The ICB recognises any statutorily constituted LMC as representing general practitioners within its boundaries. The LMC also has a relationship with NHS England (NHSE) (or equivalent body). It is expected that these relationships will need to adapt as and when NHSE responsibilities are delegated to other organisations to ensure the LMC can appropriately deliver its statutory role.

The LMC acts as the local representative of general practitioners. This role is not in any way diminished by the appointment of a Primary Medical Services Partner on the ICB Board or any other general practitioner clinical or General Practice leadership the ICB utilises. As the LMC has links with the BMA's General Practitioners Committee it is well placed to help interpret national contracts and guidance at a local level.

The LMC has a crucial role in representing, advising and supporting GPs working in the area. It also represents the profession on all areas that affect the GP contract, including additional contracts offered. Current legislation introduces a number of significant changes, that, if not handled sensitively and fairly at a local level, could threaten the constructive working relationships between practices, and between practices and the ICB.

As a Committee made up of a cross section of General Practitioners in the area, the LMC is well placed to recognise and manage Conflicts of Interest, interpret decision making processes and adopt the role of a critical friend to the ICB.

The ICS and the ICB

It is recognised that the ICS is made up of partner organisations, including the ICB. The ICB is an organisation that fulfils the eligibility criteria set out in the ICB constitution. The 4 core purposes for ICBs set by NHSE are: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money; help the NHS support broader social and economic development. The LMC has a role in supporting the delivery of the ICB's core purposes in relation to decisions and service design that impact General Practice and in supporting appropriate engagement with GP practices to ensure its views are heard by the ICB.

The ICB may commission local services from General Practice, however this does not materially change any other rights or responsibilities practices have as part of their existing GMS/PMS/APMS contracts.

Primary Medical Services Contracts (GMS/PMS/APMS)
The ICB has delegated responsibility under the Delegated Agreement with NHSE for the Primary Medical Services Contract (GMS/PMS/APMS). National negotiations and responsibility for changes to the GMS regulations are the responsibility of NHSE. Due to the LMC's statutory responsibility to represent every levy paying GMS/PMS/APMS practice in its area, the LMC must be consulted by the appropriate organisation, about any proposals that relate to a Primary Medical Services Contract. The LMC is the only body that has the mandate of all practices in Norfolk & Waveney to represent their views and also has a wealth of expertise and knowledge that can be utilised to inform ICB decisions about the management of, or the understanding of these contracts.

No unilateral changes can be made to the General Medical Services Contract unless negotiated and agreed by the BMA General Practitioners Committee (GPC). Any changes to local APMS or PMS contracts, or proposed new APMS contracts, need to be consulted with the LMC.

Enhanced Services
The LMC, as the statutory representative body of General Practitioners, should be consulted on proposed service changes, and service development, that impacts general practices, and in some cases the LMC will need to adopt a negotiating position. The exact mechanism can be designed and agreed between the ICB and LMC but it is expected that the LMC will be informed on the ICB and NHSE's strategic directions, and specifically involved in negotiations surrounding services commissioned from General Practice, including those already commissioned, those provided via a list based system, those developed at Place level and those commissioned by public health.

It is expected that arrangements for directed enhanced services will remain unaltered and any changes will need to be negotiated between NHSE and the GPC.

Local enhanced and locally commissioned service development and procurement will continue to be consulted upon with the LMC as part of a defined process with adequate time dedicated.

Future modelling and remodelling of care pathways and moving care into community setting sets challenges and opportunities. A successful and safe transfer of services from secondary to primary care is, however, entirely reliant on a commensurate transfer of resources. Therefore the LMC should also be given the opportunity to be involved in discussions about any service re-design that may impact general practice. The LMC will continue to be a member of the Clinical Interface Group, or subsequent arrangements.

General Practice Funding
The LMC should be involved in discussions about general practice funding to enable assurances that adequate funding is being invested into General Practice to support service provision, resilience, and stability in the delivery of their contracts. The LMC should also be shared appropriate financial information to provide assurances that funding streams intended for use in General Practice are being appropriately utilised and fairly distributed.

Where service re-design is being proposed this must be discussed with the LMC within the principle that funding follows the patient and General Practice funding will not be used to supplement or duplicate other providers' funding.

Performance Management
The ICB is responsible for the performance management of primary medical services contracts compliance, under its legal delegation agreement with NHSE.

Where necessary, the LMC may be requested to support a practice or individual GP if disputes develop. Disagreements should be dealt with in line with the Primary Medical Care Policy and Guidance Manual (PGM).

Dispute Resolution
Contractors and the ICB are to follow the Managing Disputes section of the NHS England Primary Medical Care Policy and Guidance Manual (PGM) or a local Disputes policy where there is one in place and in-line with the PGM. The PGM policy describes the process to determine the action required when a contractor has requested to follow the NHS dispute resolution process or where the Commissioner elects to follow the NHS dispute resolution procedure. The policy focuses on primary medical care contracts in their various forms.

Electoral Process
The LMC should be kept informed of any appointment process that may impact General Practice. Any appointment process must be conducted fairly and impartially.

Constitutional Changes
The LMC is a formal "Observer" to the ICB Board. As set out in the ICB Constitution: "0bservers will receive advanced copies of the notice, agenda and papers for board meetings." Any changes to the ICB Constitution must be approved by the Board before submission to NHSE for final approval. Therefore, there is full transparency with regard to any proposed change to the ICB Constitution.

Quality and Performance
ICBs have direct responsibility under delegation for quality and improvement, alongside CQC. The LMC will therefore need to be made aware of the direction of travel adopted by the ICB to support quality service delivery.

While recognising the importance and focus of quality in general practice and the key role that the ICB has in supporting practices both informally through support, advice, training, workforce planning and formally through the management of the contracts it has delegated responsibility for, it does not extend to the performance management of individual GPs, which remains the responsibility of NHSE. In cases where there are performance concerns around the delivery of GP contracts the ICB has delegated responsibility for, the ICB should discuss their concerns with the LMC as there maybe ways of addressing these informally or collaboratively. Where concerns require escalation, then there needs to be discussions between the ICB and LMC. Any contractual sanctions being considered by the ICB will be discussed with the LMC prior to a final decision being taken.

Summary
The LMC hopes that the continued commitment of the ICB to commit to this MOU will help maintain and support good working relationships between the organisations and underpin the LMC's statutory role to be consulted upon in all areas that have an impact on General Practice. Early engagement with the LMC presents the best opportunity to support resilient practices, and service delivery improvement where this is appropriate and necessary.

To support the principles of this MoU, the table below details areas the LMC should be consulted/informed on. This is not an exhaustive list and additional areas will arise due to the remit of General Practice, but it covers key areas and should be used as a reference. Additional detail and the processes that should be followed are included within the Primary Medical Care Policy and Guidance Manual.

Main Topic	Specific areas	Engagement
GP Contract	GMS Contracts APMS Contracts PMS Contracts Contract disputes Contract terminations or sanctions NHS Regulations Statement of Financial Entitlements (SFE) Branch closures List closures	The GMS GP contract is nationally negotiated, with the ICB having a delegated responsibility. PMS and APMS are locally negotiated contracts and the ICB must consult with the LMC on any amendments or issuing of new contracts. The LMC must be informed of any proposals or issues with

	Boundary changes Practice Mergers or closures Patient Allocations List Maintenance SAS Finance Digital Practice Resilience Practice Visits	regards to the areas listed to enable it to be involved in finding solutions and identify areas of support. The LMC can also provide oversight on the process.
National Enhanced Services	DES, NES, ES Supplementary guidance to these contracts	Whilst these enhanced services are negotiated nationally, the ICB has a delegated role to manage these contracts. The LMC can support the ICB to correctly interpret the requirements of these enhanced services, provide oversight and advice to agree any required delivery plans or changes to service delivery and membership, advise on suggested alternative provision where required.
ICB commissioned LCS Contracts and Incentive schemes	LCS' Incentive Schemes (including prescribing) QIPP specific to General Practice Local Pilot Schemes	As a key stakeholder the LMC should be consulted throughout the process of developing new schemes or adapting existing schemes. It can also support in responding to practice queries about these services and work with the ICB to find agreeable and appropriate outcomes.
Estates	Premises Cost Directions Sale and lease back proposals New premises proposals and adaptations new policies and procedures / protocols ICB schemes from other providers which could affect general practices Planning application responses Estates strategies Data gathering, compliance issues NHSPS/CHP/NCHC disputes	The LMC should be informed of all areas that affect GP Estates and service provision. It can also support in responding to practice queries about estates and work with the ICB to find agreeable and appropriate outcomes.
PMS Funding	PMS funding bids	The LMC should be informed of PMS bids so it can provide oversight to the process of agreeing bids.
Medicines Management	TAG decisions for all drugs that are being deemed appropriate to prescribe and monitor in General Practice	The LMC should be informed of decisions made by TAG as these will directly impact GP prescribing. This information will also ensure the LMC is aware of

	Changes in process or governance relating to medicines management Any prescribing incentive schemes being proposed	new Shared Care Agreements (SCA) to ensure these are included within any LCS or incentive schemes.
Pharmacy and Dispensing (ICB responsibility from 2023)	Consult on PNA if responsibility is moved to the ICB Integration issues/services with community pharmacy Pharmacy strategy jointly with HWE Issues/changes concerning dispensing practices. DSQS	When the ICB takes on delegated responsibility for these areas it should ensure the LMC has been consulted and informed of any issues or proposed changes that impact General Practice.
Secondary Care Interface	The NHS Standard Contract provisions require secondary care providers to work with their local commissioners to assess by the end of September 2021, and annually thereafter, the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including their compliance to the interface requirements of their contract.	Following assessment, the Co-ordinating Commissioner and the Provider must then: agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees; arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.
Interface between primary, community, secondary and tertiary providers	Interface issues requiring escalation and resolution; To support and contribute to actions to resolve and proactively consider emerging issues and a shared strategy to address such issues; and to support and contribute to the identification of opportunities for improved system collaboration.	Pro-active and collaborative involvement of the LMC as an equal partner throughout Interface Group discussions and issues. Commitment from the ICB to recognise the LMC as such and as outlined in the Terms of Reference for the Interface Group.
ICB Guidance, Training and Data reviews	Advice on: ICB Bulletin inclusions ICB guidance for General Practice Communications to General Practice Training and support	The LMC is well placed to advise and critique ICB comms to ensure they are accurate, clear and appropriate. As well as to share any knowledge about other areas which could impact the content of the communications.

	Data reviews	The LMC can also work with the ICB to provide local intelligence and ensure it is aware of issues and updated guidance. It can also help to identify and develop required Training needs.
Meeting Attendance	Share meeting TORs with the LMC to enable a decision to be made about whether it is appropriate for the LMC to attend. Share meeting papers and agendas for meetings which are relevant to the LMC's role.	The LMC should be given the opportunity to attend appropriate meetings to enable us to engage in discussions and represent the views of our constituent GP practices. This will enable the meetings to have more informed outcomes. To enable the LMC and ICB to agree which meetings it should attend, the TORs of meetings will be shared. Papers for meetings should always be shared with the LMC at least 7 days before the meeting.
CQC	CQC Visits CQC outcomes CQC guidance/training	The LMC should be informed of upcoming CQC inspections, practices the ICB has concerns about with regards to CQC registration requirements, issues to come out of CQC inspections. The LMC's role will be to support its constituent practices prior to or following CQC inspections, in conjunction with the ICB and other provider support. It can offer pastoral support and be part of a collaborative approach with the practice/CQC/ICB to find solutions to make the required improvements and prepare for CQC inspections.

Signed:

Mel Benfell Naomi Woodhouse
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Signed: _____

Chief Executive Officer, Norfolk and Waveney ICB