

NEW GMS CONTRACT – FUNCTIONS OF LMCs

HEADING	RESPONSIBILITY	REFERENC E	FUNCTION
Enhanced Services	<ul style="list-style-type: none"> ▪ PCOs should inform LMCs about proposed commissioning arrangements for enhanced services ▪ PCOs required to consult constituent practices, LMCs and Patient Forums about the level of investment they propose to make. ▪ In relation to local discussion of Enhanced Services developed for local need, PCO or practice could ask LMC for support. 	7.57 5.10 2.15(iii)	Information Consultation Involvement/Support
Quality & Outcomes - Recording and Reviewing Arrangements	<ul style="list-style-type: none"> ▪ PCO review/visit – LMC involved in process at discretion of either party. (3.38 (i)) 	3.38(i)	Involvement/Support
Contracts	<ul style="list-style-type: none"> ▪ PCOs should inform LMCs about: <ul style="list-style-type: none"> ➤ Local variations to practice contracts ➤ Establishment of new practices ➤ Breaches or failures of the practice contract 	7.57	Information
Contract Review	<ul style="list-style-type: none"> ▪ LMC representative involved in the contract review at the discretion of the PCO or Practice. ▪ Remedial notices <ul style="list-style-type: none"> ➤ PCO or practice may invite LMC to be involved in discussion on how a contract breach or failure should be resolved. ➤ LMC to be consulted where the PCO requires to take action (as set out in paragraph 7.30) due to a serious breach which cannot be resolved, or due to the failure of the practice to comply with a remedial notice. 	7.26 7.29 7.31	Involvement/Support Involvement/Support Consultation
Dispute Resolution and Appeals	<ul style="list-style-type: none"> ▪ Conciliation during dispute resolution – PCO or practice can request the presence and assistance of the LMC. ▪ Local resolution of non-contractual issues (Level 1 appeals) – 	7.43 7.54	Involvement/Support Representation

	PCO local review panels can include an LMC or GP Subcommittee appointed member.		
Ability for PCOs to Provide or Commission Care	<ul style="list-style-type: none"> ▪ Alternative PCO provision of additional services following practice opt out – PCOs to inform LMCs and consult with affected patients, Patient Forums and LMCs. ▪ PCO contracts for parallel additional services alongside those provided by practices – good practice to discuss with LMC. 	2.40 & 7.57 2.41	Information/ Consultation Discussion
Premises	<ul style="list-style-type: none"> ▪ Branch Surgery standards – if shortcomings highlighted by PCO visit, LMC (or GP Sub of AMC) to be consulted. ▪ Minimum quality standards – PCO visits to include LMC representative. 	4.58 4.52	Consultation Representation
Vacancies and Practice Splits	<ul style="list-style-type: none"> ▪ PCOs should inform LMCs about practice splits ▪ LMC to be consulted in process of arranging contracts: <ul style="list-style-type: none"> ➢ for individual GPs following practice splits ➢ following the retirement of a single handed practitioner ➢ required because of significant population increases (Greenfield Sites) 	7.57 7.18 – 7.20	Information Consultation
Practice Assignment and Choice of Practice	<ul style="list-style-type: none"> ▪ Practice applications to close lists – at Stage 3, PCO assessment panels (for considering practice closure notices rejected by the PCO, and in the case of mass closures, determining how requests for new patient registrations should be dealt with) to include LMC representative. 	6.17	Representation
Appraisal	<ul style="list-style-type: none"> ▪ Discussion with LMC required in relation to the proportion of GP remediation costs to be met by Workforce Development Confederations (or equivalent). 	4.12	Discussion
Remote & Rural	<ul style="list-style-type: none"> ▪ Where twinning is feasible, and supported by the LMC, the PCO will do its utmost to support implementation. 	4.23(vi)	Involvement/Support
LMCs	<ul style="list-style-type: none"> ▪ The existing arrangements for the recognition and financial support of LMCs will continue under the new contract 	7.58	Recognition/ financial support