

**CONSTITUTION OF  
THE SALFORD AND TRAFFORD LOCAL MEDICAL COMMITTEE  
Amalgamated into a joint committee in 1996.**

**1. PREAMBLE**

This document sets out the Constitution of the Salford and Trafford Local Medical Committee (the 'Committee') for the area known as Salford and the area known as Trafford.

For as long as the Committee is recognised by NHS England 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.

**2. RECOGNITION**

In accordance with paragraph 97 of the 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.

**3. FUNCTIONS**

These shall be determined by paragraph 97 of the Act (as amended by paragraph 41, Part 4 of Schedule 4 of the Health and Social Care Act 2012 and any subsequent amendments, and from time to time by the Committee.

Save where the Committee shall otherwise determine, the services provided by the Committee shall not be provided to practitioners who do not make a full contribution in accordance with this Constitution.

For the avoidance of doubt, the Committee shall represent all general practitioners (GPs) in any given relevant capacity in the area. This shall include GPs in their capacity as members of a clinical commissioning group (CCG) or members of a governing body of a clinical commissioning group.

#### 4. INTERPRETATION

The paragraph headings shall be taken into account in the interpretation of this Constitution and where the context so requires:

- the male gender shall be deemed to include the female gender and vice versa;
- the singular number shall include the plural number and vice versa; and
- 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 there under for the time being in force.

#### 5. DEFINITIONS

<b>Act</b>	The National Health Service Act 2006.
<b>Area</b>	Salford and Trafford
<b>BMA</b>	The British Medical Association.
<b>Clinical commissioning group</b>	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.
<b>Chief executive</b>	A person engaged by the Committee to act as its chief executive or where applicable its secretary and where the context so requires the words 'appointed' and 'appointment' shall be construed accordingly.
<b>Committee</b>	The Salford and Trafford 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 Act, performing primary medical services in the area for which the Committee was formed.
<b>Committee year</b>	September to August
<b>GPC</b>	The General Practitioners Committee of the BMA.

<b>GPC voting register</b>	A list of represented GPs (including medically qualified LMC officers) who are eligible to stand, vote or nominate another Represented GP or another qualifying practitioner as a GPC regional representative.
<b>Medical register</b>	The list of registered medical practitioners compiled and held by the General Medical Council.
<b>Member</b>	A person elected or co-opted onto the Committee in accordance with the provisions of this Constitution.
<b>NHS England</b>	The commissioning organisation, recognised 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 (including single handed GPs) or any successor organisation.
<b>Officers of the Committee</b>	To be determined by the elected Committee
<b>Performers lists</b>	The lists maintained by NHS England of medical practitioners providing primary medical services (as defined in section 91(3) of the Act)
<b>Register</b>	The combined register of represented GPs and committee members which shall be maintained in several parts as necessary for administrative purposes.
<b>Represented GPs</b>	All GPs, including those GPs sitting on a governing body of a clinical commissioning group or a GP sitting in his capacity as a clinical commissioning group member, as defined in section 91 of the Act, performing primary medical services in the area for which the Committee was formed.
<b>Returning officer</b>	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.

**Secretary or Chair**

As appointed by the Committee

## **6. THE COMMITTEE**

### **6.1 The committee shall consist of:**

#### *(a) Elected members*

The Committee may in its absolute discretion determine the number of Members who sit on its committee.

#### *(b) Co-opted members*

The Committee may in its absolute discretion invite such persons as it thinks fit to attend the whole or part of any Committee meeting; co-opted members will not have voting rights.

#### *(c) Observers*

The Committee may in its absolute discretion invite such persons as it thinks fit to attend the whole or part of any Committee meeting; observers will not have voting rights.

#### *(d) Sub-committees*

The committee may in its absolute discretion determine to organise itself with sub-committees.

### **6.2 Term of office**

The elected members of the Committee shall hold office for 3 years.

### **6.3 Vacancies**

Where the number of persons elected under paragraph 6.1(a) is less than the number of persons mentioned in such paragraph by reason that no or insufficient qualified candidates have been nominated, the Committee, may within 2 months after the election, co-opt persons who are not disqualified to fill the vacancies.

A casual vacancy will occur on:

- The resignation, suspension from or removal from the performers lists or death of an elected member of the Committee, or
- temporary absence (30 consecutive days or more) due to sickness or other similar circumstance (including maternity, adoption or paternity leave), or

- on the appointment of an elected member to the office of secretary.

Within 2 months of such a vacancy occurring, the Committee shall fill the same by the co-option of a practitioner who as far as possible represents the same class of practitioners as the person in post prior to the vacancy arising.

Pending the filling of any vacancy, the proceedings of any Committee shall not be invalid by reason of such vacancy.

A person co-opted to a vacancy shall hold office for the remainder of the period for which the person in whose place he is co-opted would have been entitled to hold office.

#### **6.4 Retirement**

A member of the Committee whether elected or co-opted may retire on giving written notice delivered to the chief executive or secretary and the retirement shall take effect on the date specified in the notice if a date is given or if not, on the date when the notice is received by the chief executive or secretary.

#### **6.5 Other absences**

It will be for the Committee to agree its process for any other absences.

#### **6.6 Disqualification**

A member of the Committee shall be disqualified if:

6.6.1 He ceases to be a registered medical practitioner [or a registered general ophthalmic practitioner] or is removed from the Medical Register.

6.6.2 He ceases to perform general medical services under any primary medical services contract [or general ophthalmic services] under the Act, or being a performer of such services whose name appears in the Register, either advises NHS England that he no longer wishes to be represented by the Committee.

6.6.3 He has had his name removed from a performers list and has not subsequently had his name included in such a list.

6.6.4 If within one month of receiving a due call he fails to pay to the Committee any current statutory or voluntary levy due to the Committee together with any arrears that may be outstanding.]

6.6.5 He fails to disclose a pecuniary or other significant interest in a matter which is the subject of consideration at a meeting of the Committee and takes part in the consideration or discussion of that matter or votes on any question with respect to that matter or acts in any way contrary to the anti-conflict policy adopted from time to time by the Committee.

6.6.6 He fails to attend a meeting of the Committee for a period of three meetings unless the officers of the Committee excluding the absent member are satisfied that the absence was due to a reasonable cause and that the absent member will be able to resume attending meetings of the Committee within such period as it considers reasonable.

6.6.7 A co-opted member of the Committee shall be disqualified if he ceases to hold the office or qualification which entitled him to be a member of the class of co-opted members.

6.6.8 An elected CCG Board Member shall be disqualified from holding the position of Honorary Secretary or Chair of the LMC

## **7. INFORMATION TO BE SENT TO THE COMMISSIONING ORGANISATION**

The chief executive / Chair of the Committee shall inform NHS England of the names and addresses of all newly elected, appointed and/or co-opted members of the Committee, and, when casual vacancies arise in the membership of the Committee, of the names and addresses of the persons, if any, appointed to fill those vacancies.

## **8. ROLE OF THE COMMITTEE IN RELATION TO CCGS**

This will be determined by the Committee in conjunction with the CCGs

## **9. MEETINGS**

9.1 The Committee or its subcommittees will meet from time to time as the need dictates but no less frequently than 5 times in any 12 month period.

The chief executive / Chair of the LMC shall give not less than 4 clear days notice to the Members of the Committee of the time and place of each meeting.

It shall be the duty of the Committee to inform the represented GPs 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 instruction for the decision to be implemented.

### **9.2 Chairman and Vice Chairman**

The Chairman of the Committee shall chair meetings of the Committee. In the absence of the Chairman, the Vice Chairman of the Committee shall act as Chairman.

### **9.3 Quorum**

A quorum shall be one quarter of the total voting Members

### **9.4 Voting**

Only elected members of the Committee may vote at Committee meetings.

### **9.5 Observers**

The Committee may in its absolute discretion invite such persons as it thinks fit to attend the whole or any part of any Committee meeting.

### **9.6 In camera**

The Committee may require all or any of the invited observers to withdraw from any meeting if it wishes to consider any business in camera.

### **9.7 Secretary**

The Committee shall, from time to time and for such period and upon such terms as they may determine, elect from amongst their members a person or persons to act as secretary.

### **9.8 Minutes**

The chief executive or secretary on behalf of the Committee shall keep minutes of each meeting which shall be drawn up and submitted for agreement at the next meeting of the Committee where, if agreed, they shall be signed by the person presiding over it.

## **10. REPORTING TO ELECTORS**

The Committee will report the minutes of the open meeting with its electorate

## **11. ANNUAL REPORT**

In each year the Committee shall prepare a report of their proceedings since the publication of the preceding report together with a statement of accounts and such report and statement shall be circulated to those whose names are listed in the Register not later than three months after the Committee shall have approved the same.

A copy of the report and statement of accounts shall be sent to NHS England.

## **12. GENERAL AND EXTRAORDINARY MEETINGS**

One meeting a year will be designated as an Annual General Meeting.

### **12.1 Frequency**

This will be determined by the Committee.

### **12.2 Attendance**

In addition to the represented GPs the following persons shall have the right to attend:

- any committee member;
- the chief executive or Executive Member; and
- such other persons as the Committee may in their absolute discretion determine.

### **12.3 Disqualification**

A represented GP who otherwise would be entitled to attend any general meeting of the Committee or any extraordinary meeting of the Committee shall be disqualified from doing so in the circumstances set out in the disqualification section above as if those provisions applied to represented GPs as well as to members of the Committee.

### **12.4 Business at general meetings**

The following business may be transacted at a general meeting:

- the receipt and consideration of the annual report;
- together with such other business of which 14 days notice has been given to the Committee and which the Committee in its absolute discretion accept as appropriate for discussion.

### **12.5 Extraordinary meetings**

Upon the written request of not less than 30 represented GPs who are not disqualified, the Committee shall convene an extraordinary meeting on not less than 21 and not more than 28 days notice. The only business that may be transacted at such a meeting is that specified in the written request to the Committee a copy of which shall be circulated to all those who receive notice of the meeting.



### **13. THE CHIEF EXECUTIVE AND/OR SECRETARY**

#### **13.1 Appointment**

To be decided by the LMC

### **14. FUNDING**

#### **14.1 Amount**

The amounts of statutory levy and the voluntary 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 GP.

#### **14.2 Accounting**

The Committee shall maintain separate accounts for the statutory levy and the voluntary levy or their equivalents. The accounts must clearly identify the statutory element paid by practitioners respectively on the register.

### **15. NOTICES**

Where a document is required to be sent to a represented GP it shall be deemed to have been duly sent if it was delivered or posted to the address of the represented GP shown in the register, or sent by email.

### **16. DISCLOSURE OF INTEREST**

16.1 If an officer of the Committee or committee member sits on or works for any stakeholder or relevant organisation or has a pecuniary or other significant interest, direct or indirect, in any contract, proposed contract, stakeholder or relevant organisation or other matter and is present at a meeting of the Committee [or subcommittee] 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.

16.2 If any officer of the Committee or a committee member has any doubts about whether or not he has such an interest he shall report the matter to the chairman who shall advise as to whether or not the matter should be declared.

16.3 The Committee shall publish and maintain a conflict of interests policy, a document which shall be available for inspection to members and represented GPs.

16.4 Further the Committee shall maintain a register of members' interests available for inspection on the Committee website.

## **17. AMENDMENTS TO CONSTITUTION**

This Constitution may be amended, as decided by the LMC in the following manner, but not otherwise.

17.1 Any amendment duly carried above of which NHS England shall signify their approval shall be notified by the Chief executive/ Chair to the Committee at the next meeting of the Committee and thereupon such amendment shall forthwith take effect.

17.2 The chief executive/ Chair shall notify the proposer of any amendment duly carried of the decision of NHS England thereon forthwith upon the communication of such decision to the LMC.

## **18. WINDING UP**

If upon any amalgamation or reorganisation of the 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 reorganisation so as equitably to reflect the proportions in which Represented GPs are transferred to other committees.

**Dated [June 2013]**