West Pennine Local Medical Committee

Constitution

Status	For adoption at the Committee meeting on 13 October 2026
Next review due	By October 2030 (clause 20.1)
Area	Oldham and Tameside & Glossop

Preamble

West Pennine Local Medical Committee ("the LMC") is the recognised statutory representative body for general practice across Oldham and Tameside & Glossop. This Constitution establishes the governance framework under which the Committee operates and sets out its purpose, membership, powers and responsibilities.

1. Name and Status

1.1 The organisation shall be known as the West Pennine Local Medical Committee ("the LMC").

1.2 The LMC is recognised under section 97 of the National Health Service Act 2006 (as amended) as the Local Medical Committee representative of general practitioners and general practice within its constituent area.

1.3 The LMC shall operate in accordance with applicable legislation, national guidance relating to Local Medical Committees, this Constitution and its Standing Orders.

1.4 The LMC is constituted as **[LEGAL STATUS – e.g. an unincorporated association / a company limited by guarantee (company number _____)]**.

2. Constituent Area

2.1 The LMC shall represent general practitioners, constituent practices and primary medical services providers operating within: (a) Oldham and Tameside, within the footprint of NHS Greater Manchester Integrated Care Board; and (b) Glossop, within the footprint of NHS Derby and Derbyshire Integrated Care Board; together with any successor commissioning or NHS structures in those areas.

2.2 The Committee shall seek to maintain fair and balanced representation across Oldham and Tameside & Glossop.

2.3 The Committee may review representation arrangements from time to time to ensure they remain appropriate to local circumstances, workforce demographics and service provision.

3. Purpose

The purpose of the LMC is to:

3.1 Represent, promote and protect the interests of general practice within its constituent area.

3.2 Support constituent practitioners and practices in the delivery of high-quality primary medical services.

3.3 Provide an independent and collective professional voice for local general practice.

3.4 Engage with NHS organisations, commissioners, local authorities, provider organisations and other stakeholders on behalf of constituent practices and practitioners.

3.5 Promote the sustainability, development and effectiveness of general practice.

3.6 Support improvements in patient care, population health and professional standards.

3.7 Uphold the principles of representative, accountable and transparent governance.

3.8 The views of the LMC need not necessarily reflect those of any national representative body and shall be determined by the Committee acting in the interests of its constituent practitioners and practices.

4. Functions

The functions of the LMC shall include, but not be limited to:

4.1 Representing the interests of general practitioners and practices on matters affecting primary medical services.

4.2 Providing advice, guidance and support to constituent practitioners and practices.

4.3 Engaging with NHS England, Integrated Care Boards, local authorities, provider organisations and other system partners.

4.4 Identifying, monitoring and responding to issues affecting workload, contractual delivery, workforce, patient services or the sustainability of general practice.

4.5 Developing and communicating local policy positions on issues relevant to general practice.

4.6 Contributing local intelligence and expertise to regional and national professional bodies.

4.7 Promoting collaboration, sharing of best practice and professional development.

4.8 Supporting the wellbeing, resilience and effectiveness of the local general practice workforce.

5. Membership

5.1 Eligibility

Members of the Committee shall ordinarily:

(a) Be registered with a licence to practise with the General Medical Council and included in the NHS England Medical Performers List;

(b) Be working primarily within the LMC area;

(c) Be connected to a levy-contributing practice or be personally contributing to the levy arrangements of the LMC; and

(d) Support the objectives and purposes of the LMC.

5.2 The Committee may create special categories of membership where it considers this beneficial to the discharge of its functions.

5.3 Composition

The Committee may consist of:

- Up to twenty-two elected voting members;
- Up to two GP Registrars, who shall **[be / not be]** entitled to vote;
- Co-opted non-voting members; and
- Officers elected by and from the voting membership of the Committee.

5.4 Seats shall be allocated between Oldham and Tameside & Glossop, broadly in proportion to the number of general practitioners working in each area, as set out in the Standing Orders.

5.5 The Committee shall seek to encourage participation from:

- GP Partners;
- Salaried GPs;

- Locum GPs;
- Portfolio GPs;
- Newly Qualified GPs; and
- GP Registrars.

5.6 Co-opted Members

The Committee may appoint co-opted members where specialist knowledge, experience or stakeholder representation would assist the work of the LMC.

5.7 Co-opted members may attend meetings and contribute to discussions, but shall not possess voting rights.

5.8 The Committee may determine the duration and terms of any co-option.

5.9 Guests and Observers

The Committee may invite guests, observers or representatives from relevant organisations to attend meetings where it considers this beneficial.

5.10 Attendance at meetings shall not confer voting rights.

5.11 The Committee may exclude co-opted members, guests and observers from discussion of confidential matters.

6. Elections

6.1 Principle

The Committee shall be democratically accountable to the practitioners and practices it represents.

6.2 Terms of Office

Elected members shall serve for a term of four years unless they resign, cease to meet the eligibility requirements, or their membership otherwise terminates in accordance with this Constitution.

6.3 Election Cycle

Elections shall ordinarily be conducted every two years on a rolling basis, with approximately one-half of elected positions becoming eligible for election at each cycle.

6.4 Eligibility to Vote

All general practitioners included in the Medical Performers List and working within the LMC area shall be entitled to vote in LMC elections, in accordance with the electoral roll maintained under the Standing Orders.

6.5 Election Method

Where nominations for an area exceed the vacancies for that area, an election shall be conducted by secret ballot, which may be held electronically. Candidates receiving the highest number of valid votes shall be elected.

6.6 Where nominations do not exceed available vacancies, candidates shall be deemed elected without ballot.

6.7 Returning Officer

Each election shall be overseen by a returning officer appointed by the Committee who is not a candidate in that election.

6.8 Casual Vacancies

A casual vacancy may be filled by co-option of an eligible practitioner from the same area until the next scheduled election, at which the seat shall be filled for the remainder of its term.

6.9 Detailed electoral arrangements, including nomination procedures and timetables, shall be set out in the Standing Orders and shall be consistent with this Constitution.

7. Officers

7.1 Officer Roles

The Committee shall elect the following Officers from amongst its voting membership:

- Chair;
- Vice-Chair;
- Secretary; and
- Treasurer.

7.2 Additional Appointments

The Committee may appoint additional office holders or advisers, including:

- Liaison Officer;
- Information Governance Lead;
- Governance Lead; and
- Other positions deemed necessary for the effective operation of the LMC.

7.3 Such appointments may be voting or non-voting as determined by the Committee.

7.4 Term of Office

Officers shall normally serve a term of two years and may stand for re-election.

7.5 Responsibilities

Officers shall:

- Provide leadership to the LMC;
- Ensure proper governance;
- Implement decisions of the Committee;
- Represent the LMC externally; and
- Ensure proper management of finances, resources and staff.

7.6 Further responsibilities shall be detailed within the Standing Orders and role descriptions approved by the Committee.

7.7 Where the Chair is unavailable or conflicted, the Vice-Chair shall act as Chair.

8. Duties of Members

Members shall:

(a) Act in the interests of the LMC and the practitioners it represents;

(b) Prepare adequately for meetings;

(c) Contribute constructively to Committee business;

(d) Respect confidentiality where required;

(e) Declare conflicts of interest;

(f) Comply with this Constitution, the Standing Orders and associated policies; and

(g) Undertake additional duties or representational roles agreed by the Committee where reasonably practicable.

9. Cessation, Removal and Suspension

9.1 Cessation of Membership

Membership shall cease where a member:

(a) Resigns in writing;

(b) Ceases to hold GMC registration with a licence to practise, or is removed from the Medical Performers List;

(c) Ceases to meet the eligibility requirements; or

(d) Is absent from four consecutive Committee meetings without an explanation the Committee considers satisfactory, following review by the Committee and after the member has been given an opportunity to explain the absence.

9.2 Grounds for Removal

The Committee may remove a member where it is satisfied, following the procedure in clause 9.3, that the member has:

(a) Committed a serious or persistent breach of this Constitution, the Standing Orders, the Conflict of Interest Policy or the Standards of Conduct; or

(b) Acted in a manner that has brought, or is likely to bring, the LMC into serious disrepute.

9.3 Removal Procedure

No member shall be removed without the following procedure:

(a) The member shall be given written notice of the concern, the grounds relied upon and the evidence available;

(b) The concern shall be considered by an investigating Officer or panel with no conflict of interest in the matter;

(c) The member shall have at least 14 days to respond in writing, and the right to attend and be heard at the meeting at which the matter is decided, accompanied by a colleague if they wish;

(d) A decision to remove shall require a two-thirds majority of voting members present and voting at a quorate meeting. The member concerned, and any member with a conflict of interest, shall not vote;

(e) The member shall be given written reasons for the decision within 7 days; and

(f) The member may appeal in writing within 21 days of receiving the decision. The appeal shall be heard by a panel of three people not previously involved in the matter, which may include an independent person such as an officer of another Local Medical Committee. The decision of the appeal panel shall be final.

9.4 Suspension

The Committee may suspend a member where this is reasonably necessary to protect the LMC or to allow a fair investigation of matters that may lead to removal. Suspension:

(a) Is a neutral act and does not imply any finding against the member;

(b) Shall be notified to the member in writing with reasons;

(c) Shall be for no longer than three months unless extended by a further decision of the Committee; and

(d) Shall be reviewed at each subsequent Committee meeting, at which the member may make representations.

9.5 Any Officer who is the subject of, or has a conflict of interest in, proceedings under this section shall take no part in them. Where the Chair is the subject, the Vice-Chair shall act.

10. Meetings

10.1 The Committee shall ordinarily meet monthly.

10.2 The Committee shall hold an Annual General Meeting each year, with at least 21 days' notice to members. The Annual General Meeting shall receive the annual report and the annual accounts.

10.3 Agendas and papers for ordinary meetings shall normally be circulated at least 7 days in advance.

10.4 Meetings may be held in person, remotely or in hybrid form. Members attending remotely shall be counted as present for quorum and voting.

10.5 Decisions shall be made by a simple majority of voting members present and voting, unless this Constitution requires otherwise. In the event of a tied vote, the person chairing the meeting shall have a second or casting vote.

10.6 Between meetings, the Committee may make decisions by written or electronic resolution, provided the resolution is sent to all voting members and is approved by a majority of all voting members in post.

10.7 Where an urgent decision is required before the next meeting, the Chair, in consultation with at least one other Officer, may act on behalf of the Committee. Any such action shall be reported to the next Committee meeting for ratification.

10.8 Minutes shall be taken of all meetings, approved at the following meeting, and retained. A summary of decisions, excluding confidential matters, may be published to constituent practices.

10.9 Meeting procedures shall be governed by the Standing Orders.

11. Quorum

11.1 A meeting shall be quorate when:

- One-third of the voting members in post are present;
- Representation is present from both Oldham and Tameside & Glossop; and
- At least one Officer is present.

11.2 No binding decisions may be taken at an inquorate meeting, save that urgent matters may be dealt with under clause 10.7.

12. Finance

12.1 Funding

The LMC may derive income from:

- The statutory levy, collected on the LMC's behalf by the relevant Integrated Care Boards under section 97 of the National Health Service Act 2006;
- Voluntary levies;
- Grants;
- Event income;
- Donations; and
- Other lawful sources approved by the Committee.

12.2 Levy rates shall be set by the Committee and published to constituent practices.

12.3 Sponsorship, donations or grants from commercial organisations shall only be accepted in accordance with a policy approved by the Committee, and shall be recorded and disclosed in the annual accounts.

12.4 Financial Management

The Committee shall:

- Maintain proper accounting records;
- Operate appropriate financial controls, including at least two authorised signatories, one of whom shall be an Officer, with dual authorisation for payments above a limit set in the Standing Orders;
- Approve annual budgets;

- Approve and maintain a reserves policy;
- Receive annual accounts; and
- Maintain adequate reserves.

12.5 Honoraria, sessional payments and expenses paid to Officers and members shall be made only in accordance with a remuneration and expenses policy approved by the Committee. The total paid shall be disclosed in the annual accounts.

12.6 Financial Year

The financial year shall run from 1 April to 31 March.

12.7 Accounts and Annual Reporting

The annual accounts shall be independently examined or audited by a suitably qualified accountant who is not a member of the Committee. The Treasurer shall present an annual report to the Annual General Meeting covering:

- Income and expenditure;
- Reserves;
- Financial performance; and
- Material financial risks.

13. Conflicts of Interest

13.1 Members must act with integrity and openness.

13.2 All members shall maintain accurate declarations of interest and update them within 28 days of any change.

13.3 Members shall declare any actual, potential or perceived conflict of interest relating to matters under discussion.

13.4 The Committee may require a conflicted member to refrain from voting, withdraw from discussion, or leave the meeting for the relevant item.

13.5 A Register of Interests shall be maintained, reviewed at least annually, and published on the LMC website.

13.6 Further requirements shall be set out within the LMC's Conflict of Interest Policy.

14. Standards of Conduct

Members shall:

- Behave professionally;
- Treat colleagues with dignity and respect;
- Support collective decision-making;
- Protect confidential information; and
- Avoid conduct likely to bring the LMC into disrepute.

14.1 The LMC shall conduct its business in accordance with the Equality Act 2010 and shall promote equality, diversity and inclusion in its membership and work.

14.2 Allegations of misconduct shall be investigated fairly, and any action taken shall be proportionate and in accordance with section 9.

15. Committees and Delegation

15.1 The Committee may establish sub-committees, working groups or advisory groups.

15.2 The Committee may delegate authority to Officers, employees or sub-committees. Delegations shall be recorded in the Standing Orders or in the minutes.

15.3 Delegation shall not remove the overall accountability of the Committee.

16. Employees

16.1 The LMC may employ staff necessary to support its functions. Staff are employed directly by the LMC.

16.2 Employees shall be managed in accordance with employment law and policies approved by the Committee.

16.3 Employees shall not possess voting rights unless separately elected as members and eligible under this Constitution.

17. Indemnity, Insurance and Data Protection

17.1 The LMC shall maintain appropriate insurance, including employer's liability, public liability, and officers' and members' indemnity insurance.

17.2 Members, Officers and employees acting in good faith on the LMC's business shall be indemnified by the LMC against liabilities properly incurred, save where they have acted dishonestly, recklessly or in deliberate breach of this Constitution.

17.3 The LMC shall process personal data in accordance with the UK General Data Protection Regulation and the Data Protection Act 2018.

18. Amendment of the Constitution

18.1 Any member may propose amendments to this Constitution.

18.2 Proposed amendments must be circulated to members at least 28 days before the meeting at which they are to be considered.

18.3 Amendments shall require approval by a two-thirds majority of voting members present and voting at a quorate meeting.

18.4 Approved amendments shall be notified to constituent practices and published on the LMC website.

19. Dissolution, Merger or Reorganisation

19.1 In the event of dissolution, merger or reorganisation, the Committee shall make arrangements for the settlement of liabilities and transfer of assets.

19.2 Remaining funds and assets shall be applied for purposes consistent with the objectives of the LMC and the interests of constituent practitioners.

19.3 Any successor body shall inherit rights, responsibilities, assets and liabilities as determined by the Committee and any applicable legal requirements.

20. Review

20.1 This Constitution shall be reviewed at least every four years, or sooner where required due to legislative, organisational or operational change.

20.2 Responsibility for maintaining and reviewing this Constitution rests with the Committee.

20.3 The Committee may undertake interim reviews where changes to legislation, NHS structures or governance arrangements make revisions necessary.

Adopted by the Committee

Chair	Signed: _____	Date: _____
Secretary	Signed: _____	Date: _____