

25 March 2013

Regional Directors of Commissioning  
Area Directors of Commissioning

Dear Colleague

**Re: Formal recognition of Local representative Committees by the NHS Commissioning Board**

As you will be aware, the Local Representative Committees (LRC) are representative bodies composed of elected members representing the four recognised professions of General Medical Practitioners (GPs), Dentists, Pharmacists and Optometrists. Each of the LRCs has an executive of Chairman, Vice-Chairman, Treasurer and Secretary. The LRC members are elected by the practitioners and the Executive is then elected by the constituent members. Under the Health and Social Care Act 2012, schedule 4 the NHS Commissioning Board will assume statutory responsibility to formally recognise the local representative committees.

Following discussion with representatives from the four LRCs, it has been agreed that for the purposes of ensuring a smooth transition, and the continuation of payment of LRC levies, the NHS Commissioning Board should automatically continue to recognise all LRCs that were previously recognised by PCTs from April 2013 for an interim period of 6 months.

During this period, there will be a need for Area Teams as the local offices of the NHS Commissioning Board to formally recognise the local representative committees to which they will relate. Where a LRC has a relationship with more than one Area Team, the LRC only needs to be formally recognised by one Area team.

Model constitutions have been produced to support LRCs amend their constitutions to reflect the Health and Social Care Act 2012. These amendments have generally fallen into three types

- 1.. Updating the constitution in line with Schedule 4 of the Health and Social Care Act 2012, to change references to recognition of the LRC by Primary Care Trusts and Strategic health Authorities, to recognition by the NHS Commissioning Board<sup>i</sup>
2. Updating the geographical areas Local pharmaceutical Committees represent to align to the Health and Well-being Boards rather than PCTs
3. Where relevant LRCs have redefined their boundaries as a consequence of mergers and the names of LRCs have changed as a consequence

In preparation for the transfer of responsibility to Area teams colleagues are asked to note that

For an interim period of 6 months, and for the purposes of Section 167 of the National Health Service Act 2006, the NHSCB will recognise all local representative committee's previously recognised by Primary care Trusts with effect from 1.4.13

Levies to local Representative committees will continue to be paid as they are now. Levies will be collected from practices and aligned to the appropriate LRC based on postcode, however it should be noted that if a practice wishes to change which LRC collects it's levy this will need to be notified in writing to the FHS services.

Plans should be made by Area teams to review and approve the constitutions of the LRCs and to confirm the formal recognition of the LRCs on behalf of the NHSCB. This should be at an appropriate minuted committee.

To facilitate this process, the national representative committees have been developing model constitutions for use by LRCs and as part of the FHS review and introduction of the National Performers List, communication with performers regarding the role and responsibility of LRCs and the collection of levies will be further refined

I hope this seems an acceptable approach and gives time for Area Teams to establish their relationships with their local representative committees. Please though feel free to contact me for any further clarification

Best wishes

Yours sincerely



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<sup>i</sup> Local Medical Committees – section 97 as amended by Schedule 4, paragraph 41 of the Health and Social Care Act 2012

Local Dental Committees – section 113 as amended by Schedule 4, paragraph 53 of the Health and Social Care Act 2012

Local Optical Committees – section 125 as amended by Schedule 4, paragraph 62 of the Health and Social Care Act 2012

Local pharmaceutical committees – section 167 as amended by Schedule 4, paragraph 91 of the Health and Social Care Act 2012