

By email to:

Jason Stamp (Chair, HNY ICB)

Teresa Fenech (CEO, HNY ICB)

5th January 2026

Dear Jason and Teresa,

We write on behalf of general practice across the Humber and North Yorkshire Integrated Care System (HNY ICS). While we recognise that the current consultation on the proposed operating model from April onwards is formally for employees, we wish to raise two significant areas of concern on behalf of general practice. Although we can only speak directly for GPs, these issues are also highly relevant to other primary care contractor groups, whose views we would strongly encourage you to seek.

Our intention is that these concerns are considered by the transition team and the executive, alongside the valuable consultation responses submitted by staff.

1. Absence of a central ICS Primary Care Team in the proposed structure

Firstly, the current Primary Care team manage all essential functions including management of contracts and payments for general practice and other primary care contractors. We are not assured that the proposed structure has the capacity or clarity to administer this workload. Any delay or inaccuracy in payments would risk destabilising practices and, by extension, other providers and direct patient care.

In addition, the existing team is responsible for a range of other critical functions, including primary care estates, Special Allocation Scheme placements and appeals, the GP retainer scheme, and locum and maternity reimbursements. This is a significant volume of work alongside similar functions for pharmacy and optometry. We are unable to identify where or how these functions will be delivered within the proposed structure.

Secondly, HNY ICB currently holds a delegated arrangement with NHS England for primary care, with direct responsibility for contract management and oversight. This is an area where Local Medical Committees work closely and effectively with the current ICB Primary Care Team. The proposed model doesn't appear to include this function, raising concerns as to whether the ICB intends to relinquish its delegated responsibilities (with NHS England approval), or whether these responsibilities will transfer to another, as yet unidentified, organisation. As presented, it is difficult to see how the ICB can continue to meet the requirements of its delegated arrangement without further amendment to the proposed structure.

2. Reduction in Place-based support for general practice

We appreciate the significant financial and workforce constraints facing all ICBs. However, the combined loss of the central ICB Primary Care Team and Place-based colleagues who support

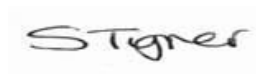
general practice represents, in our view, a disproportionate reduction when compared with other parts of the system.

Place teams hold deep and invaluable knowledge of local practices and provide day-to-day support that enables practices to function effectively and to contribute to wider system objectives. These teams collectively manage a high volume of queries from primary care and play a critical role in problem-solving and relationship management. The removal of all Place-based staff and the centralisation of these responsibilities into a team of fewer than five whole-time equivalents would have a material impact on the day-to-day running of practices and their ability to care for the population.

National policy continues to position primary care as the foundation of neighbourhood teams and as the principal driver of outpatient transformation through left-shift activity. As such, the demand for effective support to general practice will only increase. The remit of staff working within family health and neighbourhood health programmes is enormous and will only increase further.

As engaged and constructive stakeholders within the ICB, who we hope you have found to be supportive throughout our working relationship with ICB colleagues, we are acutely aware of the challenges facing you, the executive team, and the hundreds of ICB staff affected by these proposals. We remain willing to work collaboratively with you to identify solutions that offer greater assurance and stability for general practice, within the acknowledged constraints. However, we would strongly urge the transition team to undertake a specific review of the issues outlined above.

Yours sincerely,



Dr Sally Tyrer, Chair

NY&Y Branch YORLMC



Dr Zoe Norris, CEO MD

Humberside LMCs