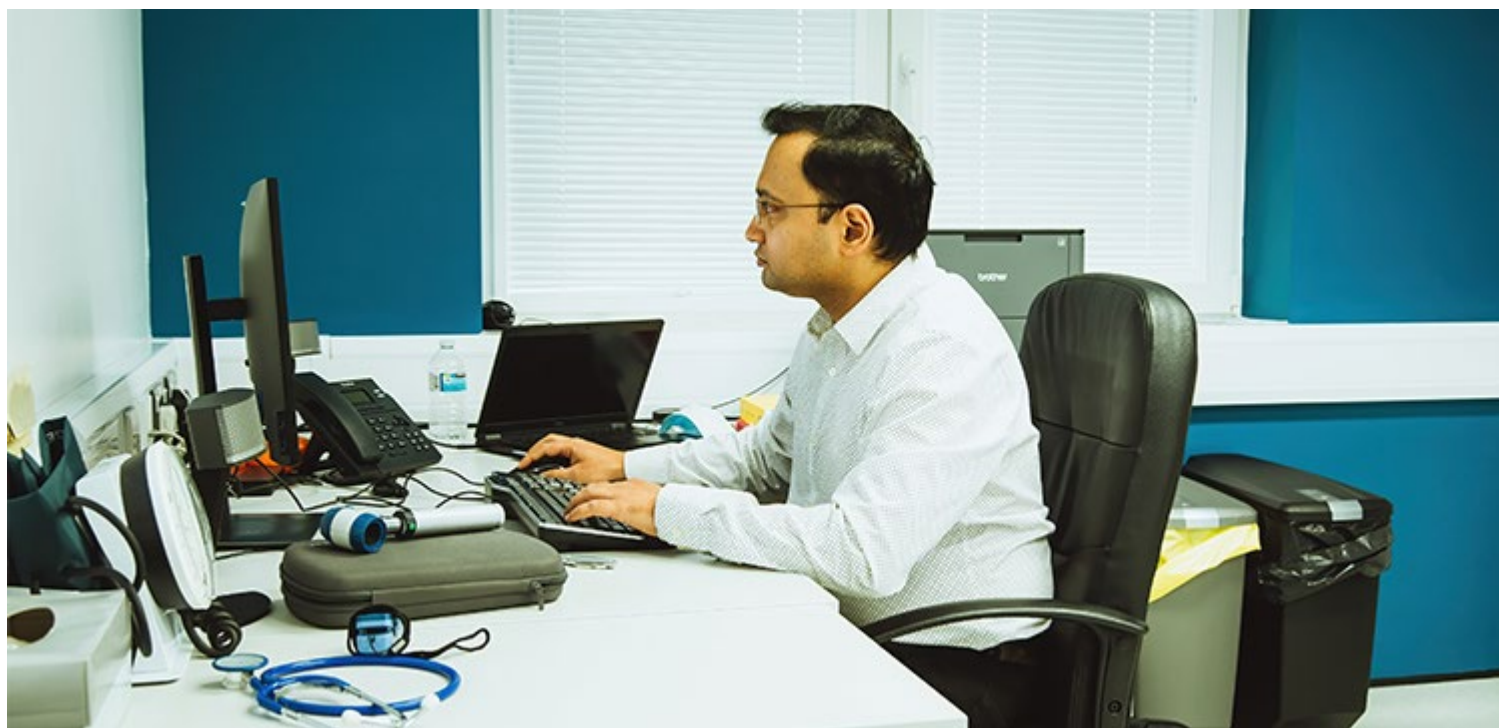




Strategy

2025-2028



V2 FINAL

Overview

The 3-year strategy for Humberside Local Medical Committees is based on ensuring continuation of delivery of the core services our levy-paying constituents expect, and rely on, whilst adapting to the new demands on general practice both locally and nationally. While some of these challenges are known and predictable, others may occur during this period. For this reason, this over-arching strategy document is supplemented by an annual strategy to allow an agile response in the face of a changing landscape.

Relevant development	Comment
New GP core contract	Government commitment to negotiate a new core contract within this parliament. This is widely expected to be by 2026 and will fundamentally alter how practices operate and deliver services. The LMC will have a key role in both feeding in constituents' views to GPCE and LMC conference and supporting practices in understanding and implementing changes. This will be a major piece of work.
Model ICB Blueprint leading to restructure of HNY ICS	A rapid programme of change taking place in Q2-4 of 2025/6 across all ICBs. In HNY this is already impacting our practices and the LMC secretariat, who are increasingly being called upon to provide system input and organisational memory. The outcome and future operating model are currently unknown. Key individuals who remain in post are facing increasing workloads, with threat of widespread redundancy for 75% of the ICB workforce.
NHS 10-year plan	This key national document is placing the spotlight on a new concept of "neighbourhood providers" whilst lacking clarity on what this will look like. GP federations are being encouraged to step into this space, which is not without risk so local and regional discussions are being supported by the LMC. The contractual options for single and multi-neighbourhood providers as well as Foundation trust run Integrated Health Organisations are unknown. This may involve a process similar to the PMS contract where funding is either injected into these to encourage sign up, or diverted from existing PCN DES and GMS funds. It is unclear if there will be a right of return for practices. There are risks posed by other providers who may wish to take on this role, including holding primary care

	contracts and performance managing at IHO level as a result. It is important the LMC is in this space and able to represent our practices with authority.
Local Enhanced Services review – phase 2	The LES review in 24/25 resulted in a significant financial uplift for practices in the region, although some teething and reporting problems remain, largely due to under-estimates of the activity taking place in general practice, and the functionality of Ardens in extracting accurate financial data still not fully operational. Phase 2 of the LES review is to look at remaining local services that operate in specific Place footprints only. These will be evaluated for impact and cost effectiveness. This piece of work will then result in a recommendation to either decommission or expand the service. The LMC is particularly aware of the disproportionate impact this may have on practices in NEL where many of these contracts are currently in place.
GMS contract changes in ERY	Humber Mental Health Foundation Trust currently holds primary care contracts in the ERY and have indicated they wish to divest themselves of these. Discussions have started between the trust and interested local practices. As this is not a contract hand back, the ICB are not responsible for the decisions around the contracts. The LMC is working both with local practices and the ICB to support this process and minimise any risk to those taking on these contracts.
Future GP collective action	With negotiations for a new GP contract yet to start, and some key areas of the Model ICB Blueprint having the potential for major impact on general practice, it remains a possibility that GPCE will seek reviews on a return to GP collective action. It is possible that industrial action representing contractual breaches may also be recommended. This has a significant workload implication for the secretariat as well requiring excellent and accurate communication with practices.

The LMC Secretariat continues to engage and build relationships with existing and developing stakeholders, both at organisation and individual level. Our relationships with the following are highlighted as being of particular importance:

- Our two LMC Committees
- Our constituent GPs and their practices
- HNY ICB board and staff
- GPC England
- Regional provider organisations
- Other LMCs both regional and national
- NHSE regional team

1.0 Company Overview

In the United Kingdom, local medical committees (LMCs) have been the local general practitioner (GP) committees since 1911. LMCs are statutory bodies in the UK and have been recognised by successive NHS Acts as the professional organisation representing individual GPs and GP practices. The NHS Act 1999 extended the LMC role to include representation of all GPs whatever their contractual status. This includes sessional GP and GP speciality registrars. The LMC represents the views of GPs to any other appropriate organisation or agency. LMCs are funded by a statutory levy based on the size of patient population in the committee region. The Levy is collected by PCSE. The Humberside LMCs levy is currently 60p per patient and was last increased by the Board in 2024.

The Humberside Group of LMCs Ltd (the LMC), was established in 1954 and registered as a private company, limited by guarantee, without share capital in 2013. The company is run by a board of elected directors from the LMCs two committees, who each serve three-year terms. Its articles are closely linked to the constitution of both committees and are due to be updated in 2025. The objects of the company are:

- To provide advice to GPs and their practice(s) within the Humberside LMC locality.
- To assist in the development of services for the benefit of the GPs and their practice(s).
- To represent the interests of GPs within Humberside in local matters relating to GMS, PMS, APMS and any such successor contracts.
- To arrange, organise and provide continuing professional development and educational activities for GPs and their practices.

2.0 Our Values

Our values towards our constituents, our staff, our committees and board were agreed jointly by our team and directors at our 2025 strategy day:



3.0 LMC Aims

The focus of the LMC and our vision for our work is articulated as:

Informed and supported local practices

All the work of the secretariat should be carried out with this in mind and continually reviewed to ensure that our work remains aligned to this. In a challenged system, the LMC is increasingly being drawn into areas of work that sit outside our traditional role. Engagement with these should only be when it is aligned to our core work.

Informed

Practices can only be informed through a combination of the LMC secretariat being fully sighted on current and future direction for general practice and the wider system. We will work continuously to build stakeholder relationships, support system work that benefits this aim and remain abreast of national political and policy changes. Ensuring this work is communicated to practices effectively and in a timely fashion is as important. Our communication and profile are constantly under review internally, with feedback from constituents and practices built into all our events. The LMC should only ever be adding relevant value to our practice's inboxes and utilising the most effective methods of information sharing to achieve this.

Every Humberside GP should know who the LMC is, what we can do to help them and how to contact us.

Supported

The support the LMC delivers takes a variety of forms and can be divided into:

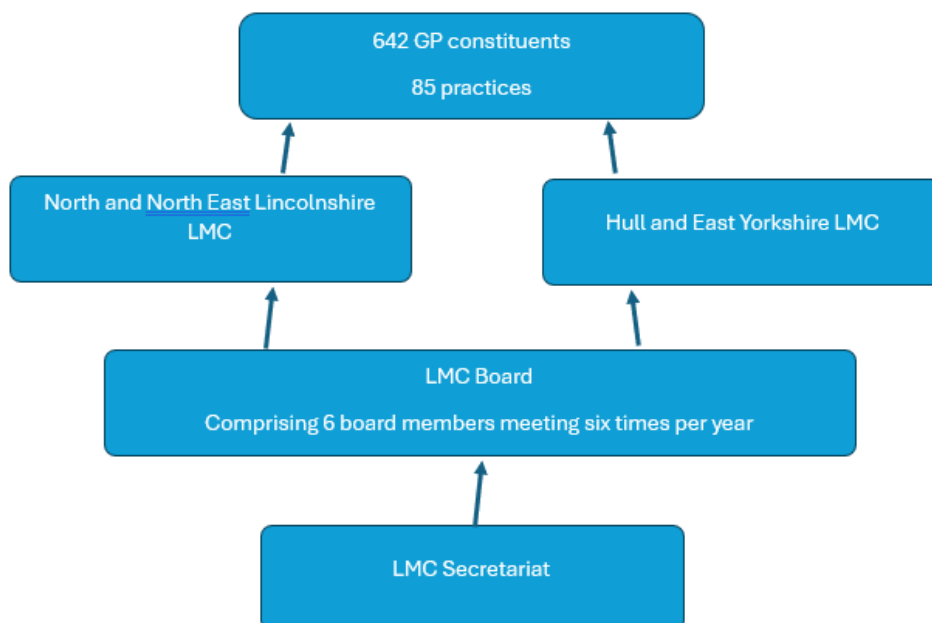
- Individual support to GP constituents: this may be related to pastoral, performance or system issues and includes contractual advice and support during disputes.
- Practice level support to PMs and other practice staff: this is typically around interface issues or patient complaints and removals.
- PCN & system support: this support is delivered via our involvement with PCN CD meetings in all 4 Place footprints, working alongside our GP federations, and representing Humberside general practice in Place and ICS level discussions. We engage directly with all providers in the area to facilitate dialogue and improve services for our GPs.

Effective and Professional LMC Staff

We deliver these aims by having an LMC secretariat that works to best practice standards and aspires to lead the way in the delivery of services to LMC constituents, and our governance. Our comprehensive employee handbook has been compiled and shared for 2025, and our legal obligations as an employer are met with a robust review process led by our CEO MD and Operations Manager. A commitment to team development through monthly one-to-one meetings, quarterly development sessions and mandatory training strengthens the professionalism of our team. Our line management processes support development and encourages input from all team members. Ensuring every member of the team understand the role of the LMC and is included in discussions around the challenges and solutions for our constituents maintains the focus on why we all do the work we do.

4.0 Operational Structure and Governance

The LMC secretariat function is formed as a company limited by guarantee. It has a board of directors, currently six in number. Directors are bound by external and internal governance requirements.

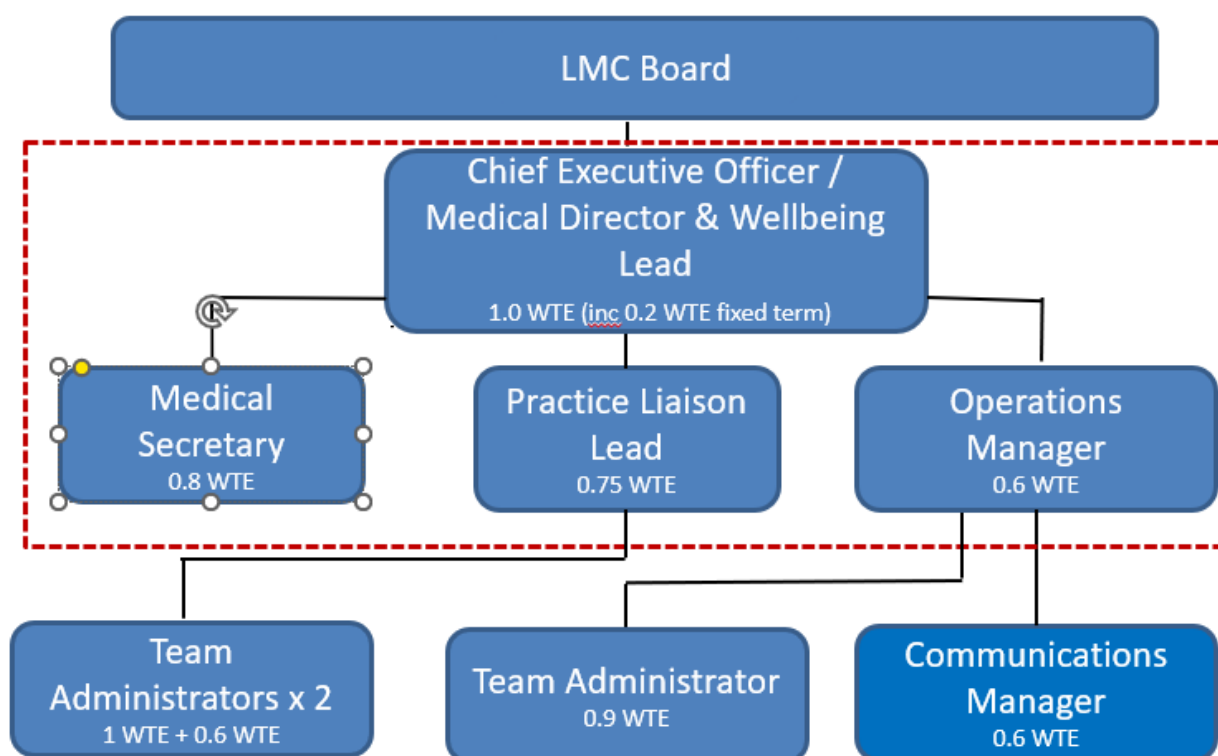


Governance

- The board are appointed by and accountable to the LMC committees who are in turn accountable to our constituents who elect them democratically
- They are bound by the Articles of Association for the company which set out the objects of the company – i.e. what it is that the company should be doing
- These objects are at the heart of our company strategy which is set by the board for a three-year period and reviewed regularly
- Our policies and procedures define how our board and secretariat should conduct themselves and respond to any concerns to ensure a standard of service that justifies our levy and engenders trust and confidence from our constituents.

Operational structure

September 2025



— Management reporting lines
 - - - Management team

5.0 LMC Financial Position 2025/26

The main source of income for the LMC is the statutory levy. The amount this is set at is determined by the Board based on current and projected operating costs and sustainable delivery of core LMC functions.

Additional income from other funding sources including the ICB, NHSE and sponsorship supports the core activity and extended services for constituents. The Board has determined that the LMC will:

- Retain the equivalent of one quarter's statutory levy income as unrestricted free reserves. As at 1st April 2024, with a 60p levy, this amounts to £144,340.
- Continue to build up unrestricted free reserves to a maximum of two quarters' statutory levy income (£288,680)
- Maintain a proportion of reserves in a readily realisable form.
- Protect the reserves held to minimise risk of bank failure holding deposits

The calculation of the required level of reserves forms an integral part of our annual budgeting and forecast cycle.

The LMC's reserves may be used to fund:

- New projects, initiatives or staff posts
- Terminating service contracts such as office rent and equipment
- Any redundancy payments due to employees
- Accountancy, audit and other professional costs
- Contingency fund for outstanding liabilities
- Funding property purchases to serve as LMC accommodation
- Other items as determined by the Board that cannot be funded from the organisation's annual budget

6.0 Our Aims & Objectives 2025-2028

Aim 1	Informed local practices	
Objective	Deadline	
1. Continue to support and input into PCN CD and federation meetings across the Humberside footprint	September 2026	
2. Attend 2 PTL events a year in each Place for face-to-face engagement opportunities with constituents and practice staff	September 2026	
3. Seek feedback from constituents at all LMC events to direct and adjust our communication approach	September 2026	
4. Continue to run 4 events each year with sufficient advance notice to allow full engagement: GP Update course, Practice Managers Conference, Sessional Conference, Nurses Conference	September 2026	
5. Actively engage with and input into system redesign to cement both the LMC and local general practice as a key partner in future working	September 2026	

6. Share national updates with constituents as quickly as possible and deliver supporting, tailored local information when action is required	September 2026
7. Provide website and email metric updates to the management team and board to track the effectiveness of our communication	September 2026
8. Ensure practices are aware of the routes to raise interface issues and how to escalate these	September 2026

Aim 2	Supported local practices	
Objective	Deadline	
9. Work to provide constituents with a more detailed understanding of common issues the LMC can help with	September 2026	
10. Continue to develop an informal peer support network for constituents to access with interested committee members	December 2025	
11. Work to provide resources and training on patient removal and contractual considerations to Practice Managers	September 2026	
12. Support Humberside GP federations in navigating system changes particularly linked to the 10-year plan	Spring 2026	
13. Negotiate with other providers to shift funding into general practice via models that support the stability of the partnership model	Spring 2026	
14. Explore other funding sources to offer expanded services to our constituents alongside the core LMC offer	September 2026	

Aim 3	Effective and professional LMC staff	
Objective	Deadline	

15. Support a new system for gathering and recording interface reports, utilising the admin team to help with this	December 2025
16. Secure full sponsorship for all LMC events to keep these cost-neutral and accessible to constituents and practice staff	September 2026
17. Support the team in completing essential training to ensure compliance with national requirements and internal policies	September 2026
18. Facilitate team development sessions to provide time away from daily tasks to encourage reflection and team-building	September 2026