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*Dear Laurence,*

13 OCT 2011

**Local Medical Committees**

Thank you for your letter of 20th September about the future role of Local Medical Committees (LMCs).

I very much recognise the important role played by LMCs in relation to local provision of primary medical services. We want this to continue – and that is why the Health and Social Care Bill continues to provide a legal framework within which LMCs may operate. The proposed amendments to section 97 of the NHS Act, which are set out in Schedule 4 to the Health and Social Care Bill, fully preserve the existing primary legislative provisions, with references to Primary Care Trusts being replaced, as you note, by references to the NHS Commissioning Board. This is a straightforward consequence of the proposal for the NHS Commissioning Board to take on statutory responsibility for commissioning of primary medical services.

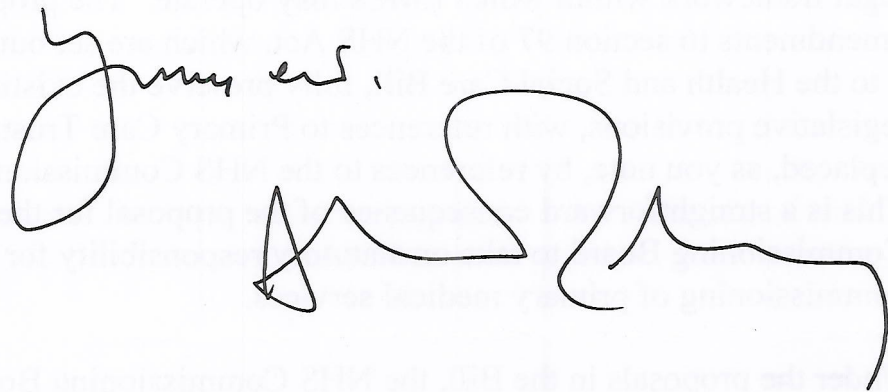
Under the proposals in the Bill, the NHS Commissioning Board will, as you say, be able to arrange for clinical commissioning groups (CCGs) to undertake some of the Board's functions relating to primary medical services. Where these functions include a duty on the Board to take certain actions with regard to LMCs, the delegation of the function would not alter this duty – and the Board would need to make arrangements to ensure that LMCs were appropriately involved. For example, if the Board were to delegate the function of investigating excessive prescribing to a CCG, the Board would need to decide whether to involve the LMC itself (through one of its local offices) or whether to make delegated arrangements for the CCG to involve the LMC. The statutory duty

would, however, remain in either case with the NHS Commissioning Board.

It is also worth bearing in mind that much of the valuable work done between LMCs and local NHS partners does not only arise because of the legislation permitting LMCs to be recognised, nor through the requirement for PCTs to seek their views in certain circumstances. A large part of this valuable work happens because both parties recognise the benefits of co-operation and dialogue for the effective provision of services for patients.

This sort of cooperation will, of course, continue to be very valuable in improving the quality and efficiency of local health services. As well as protecting the existing legislative framework, we would therefore very much wish to encourage both the NHS Commissioning Board and emerging CCGs to identify ways in which they can work with LMCs for the greater good. I understand that officials working on the setting up of the NHS Commissioning Board are already seeking help from the GPC in developing a set of proposals that will allow these local relationships to develop and flourish.

I hope that this reassures you that Local Medical Committees have a continuing and important role to play within their local NHS.

A handwritten signature in black ink, appearing to read 'Andrew Lansley', written in a cursive style.

**ANDREW LANSLEY CBE**