



Lancashire & Cumbria Consortium of Local Medical Committees

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LMC Position Statement on the National Neighbourhood Health Implementation Programme (NNHIP)

1. Purpose

This document aims to outline the position of the Consortium of Lancashire and Cumbria Local Medical Committee's in relation to the Neighbourhood Health Implementation Programme (NNHIP) recently launched by NHS England as part of the wider NHS 10-Year Plan. We aim to inform practices, provide a balanced view on the potential implications, and assert the LMC's ongoing role in representing the interests of GP partners and practices.

2. Background

The NNHIP seeks to establish Integrated Neighbourhood Teams (INTs) delivering proactive, multidisciplinary care for populations of between 30,000 to 50,000. This is intended to reduce reliance on hospital-based services and improve outcomes for people with complex or long-term needs.

These ambitions have been mooted many times before and seem to be recycled in NHS management spheres when there is political agitation to 'see' more drastic 'on the ground changes'. In theory these are positive aspirations that will help patient outcomes, *if* planned and rolled out in a manner where we see funds flowing to where the work is actually being carried out.

The initial rollout in September 2025 involves 42 'pioneer' areas. This is the 'starter wave' with more neighbourhoods expected to join in phased expansions over the next 12 to 24 months. The deadline for submission of expressions of interest is August 8th.

Although the programme's stated ambition is to empower localities and reduce inequalities, its implementation model varies by region and may have direct implications for independent contractor GP practices.

3. LMC Position summary

<u>Support in principle</u>	We support efforts to improve patient outcomes through integrated, localised care and early intervention provided these models respect the autonomy and viability of general practice.
<u>Cautious engagement</u>	Practices should engage cautiously and ensure that any participation is on terms that protect their independent contractor status , their clinical autonomy , and the financial sustainability of their core contracts.
<u>Essential LMC involvement</u>	The LMC asserts its role as the statutory and representative body for GP practice. We expect to be involved at every stage of system design, implementation, and governance affecting GPs.

4. Key Concerns

- **Erosion of GMS contract autonomy**

We are concerned that the neighbourhood model may, over time, seek to pool or centralise funding in ways that dilute the authority of individual practice contracts, thereby undermining the independent contractor model.

- **Loss of local control**

There is a risk that Integrated Neighbourhood Teams (INTs) are led or managed by non-GP providers (acute or community trusts, local authorities, private providers), resulting in GPs being treated as service delivery units rather than system leaders.

- **Governance ambiguity**

In some areas, governance models are being drawn up with limited or no GP input, especially from partner-led practices. Without clear safeguards, GPs may be held accountable without having commensurate influence or control.

- **Two-tier General Practice**

There is growing concern that salaried models embedded in neighbourhood teams may gradually displace partnership-led practices, leading to fragmentation and de-professionalisation of general practice.

5. Opportunities *(If structured well!)*

If GPs and LMCs are given a strong voice and structural oversight is embedded, the programme could:

- Provide better multidisciplinary support for complex patients.
- Reduce unplanned hospital usage through team-based anticipatory care.
- Enable greater integration with social care and voluntary services.
- Give practices access to enhanced digital infrastructure and population health data.

However, this must never come at the expense of contractual autonomy, fair funding, or partnership viability.

6. Our Recommendations to Practices

- ***First and foremost: ensure robust PCN governance arrangements are in place where the PCN Clinical Director needs to have explicit consent from member practices prior to signing up to the NNHIP. This should also ideally be preceded by an in-depth discussion of the risks and benefits of doing so.***
- Do not enter binding agreements (e.g. pooled budgets, shared workforce contracts) without legal and LMC scrutiny.
- Insist on clear governance structures that protect GMS contract holders and ensure equal decision-making rights.
- Ensure GPs retain clinical and operational control over the care of their registered patients within any neighbourhood arrangement.
- Avoid displacement by acute or community trusts seeking to “host” or “own” the neighbourhood workforce.
- Document any additional workload or integration efforts and seek formal recognition or remuneration via the ICB.

7. Next Steps as your LMC

- We will seek a seat on all local Neighbourhood Programme Boards or governance structures.
- We will work with federations and PCNs to establish a framework of local principles that protect general practice and the independent contractor status in neighbourhood integration.
- We will work with both established and emerging local federations to agree appropriate inclusion of formal clause(s) in their articles of association to ensure LMC governance input, enhancing protection for member practices.
- We will also advocate for the inclusion of formal LMC governance clause(s) in neighbourhood development plans across our region, ensuring greater consistency and support for local practices.
- We will aim to develop template memorandums of understanding (MoUs) for practices to use when engaging with local INTs or place-based boards.

8. Conclusion

Neighbourhood-based care models offer a genuine opportunity to improve population health but only if designed around, not over, general practice.

The LMC remains firmly committed to defending the GP partnership model, ensuring funding flows to front-line practices, and safeguarding the clinical independence and contractual integrity of its members.

We urge all practices to consult the LMC before entering any neighbourhood-related initiative, and we remain available to advise, represent, and support every practice at this pivotal time.