

Cheshire Local Medical Committee Limited	<b>May 4, 2022</b>
<b>Minute No. 151</b>	<b>1:30pm – 4:00pm</b>
	<b>VENUE: Abbeywood Estate, Chester Road, Delamere, Northwich CW8 2HS</b>

<b>Chair</b>	Dr David Ward
<b>In Attendance:</b>	Dr Tiina Ashton, Dr Branwen Martin, Dr Giles Kent, Dr Daniel Harle, Dr Nichola Bishop, Dr Yvette Brindle, Dr Jonathan Griffiths, Dr Penny Morris, Dr Peter Speake, Dr Fiona Kilby, Dr Susannah Ball, Dr Tom Rigby, Dr Claire Baker, Dr Dan Jones, Dr Peter Leftwick, Dr Laura Neale, Dr Shana Tam, William Greenwood, Julie Hughes,
<b>Virtual (MS Teams):</b>	Dr Sean Morris, Dr Paul Bowen, Dr Ivan Camphor, Dr Lesley Appleton Shelley Brough Senior Manager, Cheshire East Council (Presentation)
<b>Apologies:</b>	Dr Simon Powell

## Draft Minutes

<b>AGENDA ITEM 1</b>	<b>WELCOME AND INTRODUCTION</b>	<b>Presenter:</b>	<b>CHAIR</b>
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### 1.1

The Chair welcomed members to the meeting and outlined the arrangements for on-line engagement. The Chair also welcomed Dr Shana Tam LMC Sessional GP/Education Group Lead.

<b>AGENDA ITEM 2</b>	<b>GOVERNANCE CHESHIRE EAST (PLACE)</b>	<b>Presenter:</b>	<b>CHIEF EXECUTIVE</b>
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The Chief Executive introduced this item, with a short summary and welcomed Shelley Brough, Senior Manager (in the absence of Deborah Upton (Organisational Governance Lead) to present an update to LMC members.

The Chief Executive reported as a result of the proposed changes in the NHS system CCGs were to be dis-established in June 2022 and replaced by structures linked to the proposed Integrated Care System. A number of work streams had been established to prepare the way for these changes, in particular at the local 'Place' level. The Governance Workstream for Cheshire East 'Place' would bring a number of key organisations together to work across organisational boundaries to establish new arrangements for supporting and overseeing the integration of health and care services in Cheshire East.

Subject to parliamentary approval, new arrangements would come into force from 1<sup>st</sup> July 2022, with the creation of a new statutory Cheshire and Merseyside Integrated Care System (C&M ICS). Transitional arrangements were required to be in place before then.

Shelly Brough presented the key points in an overview presentation and invited questions from members.

The LMC has been actively engaged in the work in Cheshire East. The LMC was now asked to formally endorse the formulation of the Cheshire East Place Partnership Board together with an associated Memorandum of Understanding and Terms of Reference.

Action Items	Person responsible	Deadline
Members formally endorsed the formation of the Cheshire East Place Partnership Board together with an associated Memorandum of Understanding. The Chief Executive to action.	The Chief Executive	4.5.22

<b>AGENDA ITEM 3</b>	<b>DECLARATIONS OF INTERESTS</b>	<b>Presenter:</b>	<b>CHAIR</b>
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3.1 There were no additional declarations received.

<b>AGENDA ITEM 4</b>	<b>APOLOGIES FOR ABSENCE</b>	<b>Presenter:</b>	<b>CHAIR</b>
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4.1 Apologies received: Dr Simon Powell

<b>AGENDA ITEM 5</b>	<b>TO RECEIVE AND CONFIRM THE MINUTES OF THE MEETING 9 MARCH 2022 (150)</b>	<b>Presenter:</b>	<b>CHAIR</b>
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5.1

**Discussion:** To receive and approve the minutes of the last meeting held on Wednesday, 9 March 2022 CLMC No. 150

**Conclusion:** Members formally received the minutes of the meeting as a correct record.

Action Items	Person responsible	Deadline
A copy of the minutes CLMC (150) 9 March 2022 were duly signed off by the Chair.	Chair / Business Operations Manager	4.5.22

<b>AGENDA ITEM 6</b>	<b>MATTERS ARISING FROM THE PREVIOUS MINUTES</b>	<b>Presenter:</b>	<b>CHAIR</b>
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- Local Authority Commissioned Health Checks. General update by the Medical Director and Dr Harle.  
**Discussion:** The Medical Director reported that every practice should have received from East and West Councils the reviewed documents.  
Dr Harle reported on the headlines for Cheshire East and noted that, overall, there were not a lot of changes.
- Appointment of LMC Associate Medical Director (East Cheshire).  
The Chief Executive reported that one expression of interest had been received and the Directors, under delegated decision powers, had agreed to appoint Dr Nichola Bishop who would officially take up her role on 1 July 2022.

<b>AGENDA ITEM 7</b>	<b>HOT TOPICS</b>	<b>Presenter:</b>	<b>CHAIR</b>
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**7.1 Coronavirus Issues: IPC Guidance**

**Discussion:** The Medical Director introduced this item and noted that all practices would have received the national guidance. She reported that practice front doors were to be open with alcohol gel available. Masks must be worn by those attending premises, or the patient should be risk assessed. She reminded colleagues that as an employer their first duty was to staff. GP premises were mainly private property.

A general discussion took place amongst members.

Dr Jonathan Griffiths asked the Medical Director if we knew what the CQC Guidance was going to be as he didn't know. The Medical Director was not aware either but said the IPC Guidance is the minimum practices should be doing to protect patients and staff.

**Conclusion:** The Chair referred to the CQC point made by Dr Griffiths and that our responsibility was to individual practices and that to deal with this was a key issue. He noted that this will be very challenging moving forward. The Committee was waiting further IPC / CQC update. Members noted the update.

## 7.2 PCN DES CONTRACT

**Discussion:** The Chair reported that the BMA had been discussing some of the interpretations of the wording in the DES and also reviewing the information Pulse had been reporting with regard to Saturday working. The Chief Executive reported that no practices had currently resigned from the DES in Cheshire, but on checking the national LMC list server 23 practices (33%) in South Staffordshire and 50% of practices in North Staffordshire had reportedly previously tendered their undated resignations from the DES. Nationally only a minority had resigned, and these tended to be very locale specific.

The Chief Executive explained that if a practice resigns from the DES then NHSE would recommission the service from remaining practices. If all practices resign from a PCN NHSE would have to recommission from elsewhere. The commissioner would agree a termination date with resigning practices. GPCE are seeking a further op-out later this financial year.

The Chief Executive was on a peer group call yesterday and a very mixed picture was reported. In some areas there is no indication that GPs wanted to pull out and they were trying to make the best of it. There were some interesting points that came up in the conversation. In those areas where the CCGs and LMCs had a good relationship then it was tending not to be a particular issue as the CCGs are applying flexibility. In other areas where the relationships aren't good it tended to reflect a fairly hard line by the CCG and that's where practices were pulling out. A danger was that practices asked for clarification of some issues from NHSE and if the clarification comes back and is not favourable to GPs then they would be bound by it.

Another issue was the discussions around the Saturday 9-5 opening requirement and the need for a GP being present. Again, this has been challenged by GPC. A legal view has been sought but the legal view is not deemed favourable (i.e., legal opinion is that it will be the NHSE view which is likely to be successful).

The Chief Executive reported that the GPC believe there is a strong political pressure behind this and the hard line NHSE are taking is driven by that. In the LMC peer group he was a member of most agreed that funding should flow from the individual practices to PCNs to ensure the latter was accountable to each individual practice.

Dr Bowen raised his concern about the way the funding system was structured to measure delivery of services. To date Cheshire had benefited from a supportive CCG. All this lack of detail meant practices were in significant danger of losing funding. He asked the LMC to work with the ICS and ask them to remain pragmatic and fair so that work was rewarded in light of the spirit of the DES.

Dr Camphor replied that nationally there was a mixed view and concerns about how PCNs are working. His personal view was that they were not.

Further to Dr Camphor's comment Dr Bowen asked Dr Camphor if, despite his personal views, he was able to represent at the GPC that a lot of practices are experiencing a relatively positive outcome for being part of a PCN and that we wouldn't want to give the impression that in Cheshire something isn't working. There was an awful lot of good coming from PCNs forming and he asked that Dr Camphor to represent the wider view. He agreed that he would.

The Chief Executive confirmed that as an LMC we support both the Partnership model and the PCN model.

The Chief Executive reported that Dr Kieran Sharrock would be one of the key speakers at the Cheshire LMC Annual GP Conference on 18<sup>th</sup> May. This would be an opportunity for practices to ask those burning questions. The Chair made reference to the low number of registrations as we had had previously had in excess of 100. He asked members to go

back and speak to their colleagues about it and we could increase number over the next couple of weeks. Business Operations Manager to circulate the flyer again to all practices.

**Conclusion:** The Chair requested this item (PCN DES) is be a re-occurring agenda item.

Action Items	Person responsible	Deadline
PCN DES Contract is to be a re-occurring agenda item.	Medical Director/Chief Executive	15.6.22
All members to share the details of the LMC Annual GP Conference with their colleagues back at their practices.	All Members	5.5.22
Business Operations Manager to circulate the Annual GP Conference flyer again with all practices.	Business Operations Manager	5.5.22

### 7.3 COMMITTEE MATTERS

#### Sessional GP Support Coordinator /Education Group Progress and Update Report

**Discussion:** Dr Shana Tam gave an overview of her role and progress to date and produced an Annual Update report which had been circulated. Dr Tam had carried out a recent survey of GP Education needs of the 200 sessional GPs on our database but only 22 responses were received. The interesting thing about the survey was that it did show there was still demand for Clinical Education, largely long-term conditions. Dr Tam asked members if they could make their practice colleagues aware of her role as Sessional GP Support coordinator and her contact details. She was aware that there was a gap with communication in some areas and Dr Tam would like to explore this in members.

Dr Tam was also the LMC Educational Group Lead and the group met every 6 weeks (following the County meetings). 7 GPs from across Cheshire, in a variety of roles, made up the core group together with the Chief Executive and Business Operations Manager. A practice manager from Hope Farm, in Ellesmere Port, and Trish Atkinson from The Training Hub had recently been added to the group to expand the remit to consider a wider range of practice staff needs. The outcome of the meetings was really positive, strong group discussions. Dr Tam had been developing a series of podcasts that are soon to be published with a dedicated page on the LMC website. Two podcasts had been published with another three recorded.

Dr Rigby made reference to the website 'Geneo,' a referral support portal which also had local information on it and hyperlinks for training. The LMC website was on there. There was a lot of useful information on it in terms of safeguarding policies and the like. Dr Jones suggested sending out the links to members for the 'How to' and 'Geneo'.

Dr Appleton picked up on broader education and suggested making reference to resources early on with GP Registrars as they are not always aware of the LMC. Dr Tam said that the Education Group did present to the Chester GP Registrars earlier this year and received feedback from the GPs saying it was very useful. The Registrars mainly populate our NextGen GP Programmes. Dr Morris LMC GP Registrar confirmed how useful the NextGen sessions were.

**Conclusion:** Dr Tam invited member questions. The Chair gave thanks to Dr Tam for her update.

Action Items	Person responsible	Deadline
Business Operations Manager to share the website addresses for 'Geneo' and 'How to' with members.	Business Operations Manager	11.5.22

### 7.4 GPC UPDATE

#### Update by GPC Representative Dr Ivan Camphor

**Discussion:** Dr Camphor reported the GPC Chair Farah Jameel was still of sick and Kieran Sharrock was deputizing on her behalf. Dean Eggitt had resigned from the GPC executive.

The Sessional Sub Committee were looking to move away from GPC and set up their own sessional committee, but nothing had been negotiated at present. There was still a lot of controversy around PCNs, the rest of the Contract discussion was still ongoing.

The Chief Executive made reference to a comment made by Dr Camphor earlier in the meeting when Dr Camphor made reference to the Association of LMCs. For clarity the Chief Executive had been referring to the Association of Cheshire & Merseyside LMCs which was being established. Dr Camphor' reference was to a suggestion by GPDF for a National Association of LMCs.

**Conclusion:** The Chair gave thanks to Dr Camphor for his update.

## 7.5 PROPOSED PRESCRIBING SCHEME 2022/23

**Discussion:** Dr Harle reported on the draft summary of the proposed Prescribing Scheme 2022/23. The general consensus was positive as it was putting money back into practices if they wanted to engage. The funding was £4 per patient, £2 per patient for engaging and then various work streams to top it up at £4. Funding remained the same. A key question raised by the scheme was - is this the right time to do this with all the pressure we are all under? The CCG recognize the pressure but felt it was the right time. Dr Harle was supportive of the work as it was supporting patients rather than saving money, although some colleagues had different opinions. Another question was how would the CCG support those practices that would struggle to engage? Again, the CCG recognized that issue but like practices, they were also struggling with recruitment of staff but would support and encourage it. On the whole Dr Harle said they were in support of the scheme, but it lacked detail. Dr Harle was aware that the scheme has been approved and understood it would be sent out to practices on Friday.

The Chief Executive mentioned he had had a meeting with Claire Watson recently and flagged as an issue if we could have a directory of names and remits for the ICB to help with contracting enquiries. He would be having the same conversation with the two place leads in due course.

Dr Bowen provided feedback from the Primary Care Forum which continued to try and advise and influence the shadow ICS. There was only the promise of 2 primary care positions on the board, one of which had to be a GP. He thought there was a realization that the book stops with the ICS, via Graham Urwin and the ICS board. He thought some of the political drive was being driven centrally not via the newly emerging 'Place' structures. His concern was we are going to get direction from the Centre which will affect our ability to use funds the way GPs want to use them at a local level. He felt that we had to keep pushing back if the ICS drive hospital centric policy. This was widely agreed.

**Conclusion:** The Chair had requested Primary Care Forum to be a re-occurring agenda item on the LMC agenda, presented by Dr Bowen.

Action Items	Person responsible	Deadline
Primary Care Forum to be a re-occurring agenda item.	Medical Director/Chief Executive	15.6.22

## 7.6 GENERAL PRACTICE IT SYSTEMS SUPPORT

**Discussion:** The Chair introduced this item for general discussion and around the IT issues practices are having. The Chair invited Dr Jones to present an update.

Dr Jones reported he had an ICS role as well as a CCG role so he was looking at this from both angles and provided an update as follows -

**Ardens** – There are so many features available it was worth investing time in watching Training resources on HOW2 – <https://www.how2.training> on a rolling half day, and then working with your practice and PCN teams on which features will give the most benefit.

**Orcha** – App library for patients already in use in East Cheshire and Liverpool. To be available for social prescribers, Well-being coordinators and nurses who, as well as GPs, can offer these to patients. He was hoping to gather existing resources that people already used and recommend for inclusion in this package. Otherwise, we may have to use padlets, or similar.

**Geneo** – Clinical resources evolved to cover East and West Cheshire. Audit was culling old documents and looking to replace with new links wherever possible as well as including training resources to link up what we all needed and used to help new and existing clinicians and secretaries regarding referrals and clinical pathways.

<https://nhs.geneoapp.com/login>

**Digital Optimisation** – ICS staff to support GP practices to make the most of existing and new software. Particularly this could focus on Ardens, EMIS and online consultation systems.

**Online Consultations and Video Consultations (OCVC)** – ICS procurement process delayed, two products in contention; only one can be chosen for legal procurement reasons. Announcement due soon as implementation intended from July.

**EMIS** – not all recent outages are due to EMIS - networking problems recently related to Virgin which caused a recent outage; the system transferred over to the back-up but that was still too slow. Bandwidth improvements should help this. Catherine Smith MLCSU is meeting with EMIS about a recent survey of performance and we are awaiting actions, now that programming problems have been identified.

**NHS App** for patient access to coded and written records – Rosie Goodwin recently sent out a safeguarding message about how to hide EMIS consultations from patients if you are concerned the patient might be harmed by reading them. Also <https://digital.nhs.uk/services/nhs-app/nhs-app-guidance-for-gp-practices/accelerating-patient-access-to-their-record>

**Data Sharing Agreements** for CIPHA have been sent out by Tara Moylan to be signed. She is our Data Protection Officer and is available to answer queries about this new system of 'Combined Intelligence for Population Health Action' from Graph net. This is designed to help local Care Communities target vulnerable groups and patients in need as well as help with larger scale population health management of resources.

**Friends and Family Test** has been reinstated by NHSE – practices need a system in place again from July 22. Many practices are using their websites to gather responses. Alternatives will be debated at the next ICT meeting on 18 May.

**Cheshire Care Record** joining with the Merseyside eXchange system Share2Care – testing is ongoing to allow secondary and tertiary care to view patients GP and social care records. NWS has access to CCR also.

**MS Teams** – This can be used to phone patients now: copy the phone number from EMIS ribbon and past into the phone area. The phone number will be withheld from patients. It means you can use headphones (many still available from the CCG on request) to increase privacy during calls and reduce keyboard typing noises from a handsfree desk phone. Other features are being rolled out for Teams meetings and document sharing also.

**Conclusion:** Dr Jones asked if anyone had a digital interest to get in touch with him as the group are looking for additional support.

## 7.7 LAUNCH OF CONSENSUS ON THE PRIMARY AND SECONDARY CARE INTERFACE.

**Discussion:** The Chair introduced this item which has been previously circulated as an excellent document with a set of key principles and invited Dr Griffiths to present the core principles

**Discussion:** Dr Griffiths talked briefly about the document as it has already been circulated. This had come out last year when he was chairing a group review of system pressures between General Practice, and primary care as a whole, community and the acute hospitals. It was clear GPs don't understand other sector pressures and they don't understand general practice. This document tries to get us all talking a bit more and to try and have principles and not rules. The principles are for us to consider with a section for General Practice and a section for broader primary care. The challenge now is how this is made real. The principles had been developed with Primary Care and Secondary Care across Cheshire and Merseyside and had been well received so far. The question was an ask of all of us - how do we make this real?

The Chair provided feedback to Dr Griffiths and referred to page 6 of the document and practices responsibilities and suggested they're talking about Geneo, and in different hospitals, they have different pathways for GPs to follow which is very confusing as to know which hospital to refer to. We needed a database to be able to know how to refer in the best way on a hospital-by-hospital basis to improve the patient journey. Part of this is ignorance on our part as we don't know what our hospital colleagues are looking for in referral letters unique to their circumstances.

The Chief Executive said the comment about positivity was a good one and that we could use this as a driver. As an LMC if we were happy to support the principles set out in the document, we could use it as a start for a work programme and that could include either face to face or remote sessions with Secondary Care. He had spoken to Fiona Lemons who was a GP in Liverpool and she would be happy to come and talk to us about what they have already started to do in Liverpool at our next meeting in June if we wanted her to. We could potentially come up with an action plan to show the system that we are actively engaged in this and support it.

**Conclusion:** The Chair thanked Dr Griffiths for all his work and involvement in this. The Chief Executive would liaise with the LMC Executive on potential next steps and report back at a future meeting on anything agreed.

## 7.8 GPAS GENERAL PRACTICE ALERT SYSTEM

**Discussion:** The Medical Director gave an update on the GPAS system. She reported that in the past there has been a push for GPs to evidence when busy. GPDF had commissioned a LMC in Devon to produce the GPAS, where collation of data remains under local control, but which helped to show objectively how much pressure GP surgeries were under. This has been produced by GPs for GPs. Weekly collection of practice level information with a self-rated assessment of operational capacity status (collated information anonymously) was submitted to the LMC who produced a sit rep each Friday. Locally we didn't have the in-house resources to run this so it maybe something the Federations might consider. We haven't received the presentation yet from Devon LMC but when we get this we will share with members. We can acquire this for free and we would like to explore its potential use further. He LMC Exec was therefore seeking Committee approval to explore acquisition and implementation of the system with our partner organisations (primarily GP Federations).

The Medical Director invited discussion to see if there was an appetite by members and practices.

**Conclusion:** Members supported the GPAS implementation. Once receive the slides they will be circulated and members could then ask further questions via the LMC office.

Action Items	Person responsible	Deadline
GPAS slides to be circulated to members once received from Devon LMC	Chief Executive	Ongoing

### 7.9 SYSTEM LEADERSHIP DEVELOPMENT: Building Strong GP Leadership in Integrated Care Systems.

**Discussion:** The Chief Executive reported that this is joint work with Dr Griffiths. We knew the ICS were mandated to develop a leadership framework and at our last meeting we discussed in passing General Practice in the future, where's it coming from, how are we going to support developing it. The ICS also had an interest in this and he was sure there might be some funding around this. The Educational Group could consider/ develop a scoping for Leadership Development in General Practice and what we might do locally. He had a call next week with Robert Varnan - former National Lead for NHSE on Leadership. If this is something members were interested then we could start to form a relationship with the training Hub and NW Leadership Academy and set out some next steps.

**Conclusion:** The Chief Executive to pick up off-line with Dr Griffiths, and feed this through the LMC Educational Group.

Action Items	Person responsible	Deadline
Chief Executive to pick this up off-line with Dr Griffiths.	Chief Executive	12.5.22

### 7.10 MEDICAL EXAMINER'S ROLE IN THE COMMUNITY SETTING

**Discussion:** The Medical Director reported a flow chart has previously been circulated as we had not been able to confirm a speaker to this item. The Medical Examiner role was being rolled out and volunteer practices were being sought. This was a slow roll-out and we were keeping a watching brief on the subject. We were hoping to have a speaker for the June meeting.

<b>AGENDA ITEM 8</b>	<b>SESSIONAL GP MATTERS</b>	<b>Presenter:</b>	<b>CHAIR</b>
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#### 8.1 Update on Sessional GP or GP Registrar Matters

**Discussion:** There was no additional update.

<b>AGENDA ITEM 9</b>	<b>FINANCIAL MATTERS</b>	<b>Presenter:</b>	<b>FINANCE DIRECTOR</b>
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**9.1 Monthly Financial Report. To receive the report by the Finance Director for the period to 30 April 2022.**

**Discussion:** The Finance Director provided an overview of the Committee's financial performance for the period 1 April to 30 April 2022 (Month1). The reported in-year position against approved budget was Green as this was the new accounting year there was little to report. The balance sheet remained favourable going into the 2022/23 financial year. He reported that we had received confirmation from NHSE that they will provide the LMC with £13k funding for our next GP Phoenix Programme and a 'Shapes' workshop. Both programmes support GP personal development.

**Conclusion:** Members formerly received the report by the Finance Director and noted the financial position to 30 April 2022.

<b>AGENDA ITEM 10</b>	<b>CORRESPONDENCE</b>	<b>Presenter:</b>	<b>CHAIR</b>
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**10.1 GP REGISTRAR MATTERS**

**Discussion:** Dr Bishop raised the issue of the rise in interest rates on student loans and the increased interest rate She appreciated that it would not affect any GPs at the moment, but thought it would have serious impact in the future on doctors leading to them leaving the UK after they have qualified and is a deterrent to studying medicine for English students. The Medical Director replied that she didn't think this information was fully correct but understand the sentiments behind it.

<b>AGENDA ITEM 11</b>	<b>ANY OTHER URGENT BUSINESS</b>	<b>Presenter:</b>	<b>CHAIR</b>
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**11.1 PHARMACUETICAL NEEDS ASSESSMENT**

**Discussion:** The Finance Director reported the Pharmaceutical Needs Assessment s for East and West Cheshire had now been produced as drafts. Should anyone wish to comment on either he would be happy to provide a link.

**Conclusion:** For members to note the update.

<b>AGENDA ITEM 12</b>	<b>DATE, TIME AND PLACE OF NEXT MEETING</b>	<b>Presenter:</b>	<b>CHAIR</b>
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**12. 1** The date for the next meeting is Wednesday 22 June 2022. The venue will be Nunsmere Hall Hotel, Tarporley Road, Oakmere, Northwich, CW8 2ES. Lunch 1:00pm and business agenda 1:30pm. A remote option will be available

JH/WG100522 (v3)

**Signed: Dr David Ward (Chair)**

**DATE:**

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**Signed: William Greenwood (Chief Executive & Company Secretary)**

**DATE:**

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<b>LMC County Meeting 4.5.22 Action Tracker</b>				
<b>Agenda Item No</b>	<b>Subject / Action</b>	<b>Person responsible</b>	<b>Post meeting note</b>	<b>Status</b>
Agenda Item 2	<b>Governance Cheshire East Place</b> Members formally endorsed the formation of the Cheshire East Place Partnership Board together with an associated Memorandum of Understanding. The Chief Executive to action.	CEO		
7.2	<b>PCN DES Contract</b> PCN DES Contract is to be a re-occurring agenda item.	CEO/Medical Director		
7.2	<b>LMC Annual GP Conference</b> All members to share the details of the LMC Annual GP Conference with their colleagues back at their practices.	LMC Members		
7.2	Business Operations Manager to circulate the Annual GP Conference flyer again with all practices.	Business Operations Manager		
7.3	<b>Committee Matters</b> Business Operations Manager to share the website addresses for 'Geneo' and 'How to' with LMC members.	Business Operations Manager		
7.5	<b>Proposed Prescribing Scheme 22/23</b> Primary Care Forum to be a re-occurring agenda item.	CEO/Medical Director		
7.8	<b>GPAS General Practice Alert System</b> GPAS slides to be circulated to members once received from Devon LMC.	CEO		
7.9	<b>System Leadership Development. Building Strong GP Leadership in ICS</b> The Chief Executive to pick up off-line with Dr Griffiths, and feed this through the LMC Educational Group.	CEO		
<b>LMC County Meeting 9.3.22 Action Tracker</b>				
<b>Agenda Item No</b>	<b>Subject / Action</b>	<b>Person responsible</b>	<b>Post meeting note</b>	<b>Status</b>
11.2	<b>Budget Proposals 2022/23</b>	CEO		Complete

	CEO to write to practices to inform them of the levy increase.			
<b>LMC County Meeting 26.1.22 Action Tracker</b>				
<b>Agenda Item No</b>	<b>Subject / Action</b>	<b>Person responsible</b>	<b>Post meeting note</b>	<b>Status</b>
8.4	<p><b>East Cheshire Confederation Proposals and General System Update.</b></p> <p>The Chief Executive introduced the draft paper which seeks to set out the proposal for the establishment of a General Practice Confederation (GEGPC) for the Cheshire East Place, as part of the restructuring of the NHS. The proposal is for the practices, PCNs, Federations and LMC to agree to work together to represent General Practice as a provider and sharing work will benefit the Partnership.</p>	CEO	A member vote took place which was proposed and seconded for the Chief Executive to progress with the proposal in the East.	Complete
10.1	<p><b>Proposal to form an Association of LMCs for Cheshire &amp; Merseyside to consider/accept the 'Terms of Reference' and agree to Cheshire LMC Engagement with the process.</b> The Chief Executive outlined the proposal. As a formal Committee we now need to decide if we wish to engage with this approach going forward and to agree how this will be developed operationally.</p>	CEO/Medical Director	The Committee noted the brief report, received the proposed draft TORs which were formally proposed by the Directors and agreed the LMC continues to engage in the development of the Association of Cheshire and Merseyside LMCs. Chief Executive and Medical Director to progress with the proposal.	Complete
10.2	<p><b>Invitation for Expressions of Interest for the role of Associate Medical Director (East Cheshire Place).</b> The Chief Executive gave an overview of the structure of the appointed 2 officers to work with the Medical Director and will write out to members with details of the Associate Medical Director role (East Cheshire Place).</p>	Chief Executive /Medical Director		Complete
10.3	<p><b>Primary Care Staff Wellbeing.</b> The Chief Executive reported the LMC will be supporting Health and Wellbeing and by working with The Training Hub we could scope out a programme with additional funding to put together an offer. Chief Executive to update the Educational Group.</p>	Chief Executive		Complete

11.1	<b>Finance Report.</b> Finance Director outlined that we are reviewing our overall spend and increase in the training and development for GPs. Finance Director/CEO/Business Operations Manager to review the overall spend and increase in the training and development for GPs.	Finance Director/CEO / Business Ops Manager		8.3.22
LMC County Meeting 3.11.21 Action Tracker				
Agenda Item No	Subject / Action	Person responsible	Post meeting note	Status
6	<b>Recruitment of LMC Medical Director.</b> Members were happy with the actions taken and for agreement to make a formal offer to Dr Harle. CEO/Medical Director to follow up the action.	CEO/Medical Director	Dr Harle has been appointed as LMC Medical Director and has accepted. He will join in shadow form dual running with Dr Branwen Martin for 6 months in April 2022.	Complete
8	<b>NHS Plan for Improving Access.</b> Dr Mark Sanford Wood, Deputy Chair of GPC addressed the Committee with an update on the background to the dispute between NHSE and GPC. CEO to agree a formal letter for issue to all practices and PCN CDs outlining the BMA action and LMCs current position.	CEO/Executive Team	Chief Executive wrote out to all LMC members on 18.1.22 with an update.	Complete
10	<b>West Cheshire Confederation update.</b> David Holden in the East has agreed to do an article for Heartbeat. CEO to contact David Holden regarding the article.	CEO	Chief Executive has approached David Holden a couple of times but no reply.	Complete
14	<b>Outpatient Waiting Times.</b> The Medical Director would make contact with the CCG and seek their support to provide regular published hospital data on waiting times and make available to every practice. Once the data is received a copy would go into Heartbeat	Medical Director	The Cheshire CCG weekly update includes waiting times for all departments at all Cheshire and surrounding area hospital trusts, this is circulated to all practices. Circulation started earlier this year.	Complete
15	<b>Countess of Chester Hospital IT System.</b> To take this item off line for action and report back at the next meeting.	Medical Director, Drs Powell, Appleton, Jones	A further 40ppp is being given to affected practices (£100,000 total) Fortnightly meetings and email updates continue to affected practices. The payment has been made. Work on lab links (Cerner) continues but may never achieve the functionality of the old system.	Complete

<b>LMC County Meeting 15.9.21 Action Tracker</b>				
<b>Agenda Item No</b>	<b>Subject / Action</b>	<b>Person responsible</b>	<b>Post meeting note</b>	<b>Status</b>
2.1	The Chief Executive reminded Members that the LMC is conducting a full refresh of the Register of Interests for 2021 for all full Committee Members and to return their forms to Julie Hughes.	All Members	Declaration forms have been returned to Business Operations Manager	Complete
2.1	Julie Hughes to arrange for Member updated photos and bio's to be uploaded to the 'Members Section' of the LMC website.	JH	Member photos have been updated on the website.	Complete
6.1.1	Racism and Discrimination in General Practice	Directors / Chief Executive	LMC Directors to collate a message re. Px Scheme to go to all practices This has been actioned.	Complete
6.2	Covid 19 General Update	Medical Director / Chief Executive	Medical Director/Chief Executive to draft letter and share with Clare Watson for joint sign off and issue. Actioned.	Complete
6.3	Blood Bottle and Blood Tests Issue	Chief Executive	Chief Executive to include an item on the November County meeting agenda. Actioned.	Complete
6.7	Discretionary Funds Local Enhanced Services	Medical Director	Clinical Directors / Practice Managers all agreed to continue the review work.	Complete
7.1	The Chair introduced Clare Watson CCG Accountable Officer guest speaker to the meeting (virtually)	JH	The slides unfortunately were unable to be uploaded but shared with members following the meeting. Actioned.	Complete
8.3	Cheshire LMC Annual Report	JH	The Annual Report to be circulated to all practices and other parties. Actioned.	Complete
8.4	Draft Schedule of LMC Meetings 2022	JH	No concerns were raised at the meeting.  Head of Business Operations circulated the dates via outlook in members diaries.	Complete
<b>LMC County Meeting 23.6.21 Action Tracker</b>				
<b>Agenda Item No</b>	<b>Subject / Action</b>	<b>Person Responsible</b>	<b>Post meeting note</b>	<b>Status</b>

5.3	<p>Commissioned Sexual Health Services Cheshire West &amp; Chester (Min 12.1 refers)</p> <p>Medical Director to write to Lee Bennet, Commissioning manager at CWAC, with examples and to request details of current waiting list for LARC</p>	BM	<p>ICP and Ian Ashworth (director of Public Health) are aware of the issues and are working with Virgin to get an outcome. This might include restarting community-based services or may involve renegotiating the contract (Info from West ICP 17 3 2021)</p>	Complete
9.2	<p>Summary Report on the Expected Financial Outturn Position 31 March 2021 and Budget Proposals 2021/22</p>	SK	<p>No subsequent feedback was received by the Chair and so the Financial Directors recommendations are received and agreed</p>	Complete