

Cheshire Local Medical Committee Limited	March 9, 2022 1:30pm – 4:00pm VENUE: Nunsmere Hall Hotel
Minute No. 150	

Chair	Dr Stephen Kaye
In Attendance:	
	Dr David Ward, Dr Tiina Ashton, Dr Giles Kent, Dr Branwen Martin, Dr Daniel Harle, Dr Simon Powell, Dr Yvette Brindle, Dr Jonathan Griffiths, Dr Penny Morris, Dr Peter Speake, Dr Richard Hart, Dr Tom Rigby, Dr Claire Baker, Dr Peter Leftwick, Dr Laura Neale, William Greenwood, Julie Hughes
Virtual (MS Teams):	Dr Nichola Bishop, Dr Sean Morris, Dr Dan Jones, Dr Susannah Ball
Apologies:	Dr Fiona Kilby, Dr Paul Bowen, Dr Ivan Camphor, Dr Lesley Appleton

Draft Minutes

AGENDA ITEM 1	WELCOME AND INTRODUCTION	Presenter: CHAIR
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1.1

The Chair welcomed members to the meeting and outlined the arrangements for on-line engagement.

The Chair welcomed Dr Penny Morris GP Registrar at Park Medical Practice who will be taking up the role currently held by Dr Richard Hart as GP Registrar Representative from April 2022. The Chair gave thanks to Dr Hart for his contribution to the LMC and wished him well for his future career.

AGENDA ITEM 2	DECLARATIONS OF INTERESTS	Presenter: CHAIR
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2.1

There were no additional Declarations received.

AGENDA ITEM 3	APOLOGIES FOR ABSENCE	Presenter: CHAIR
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3.1 Apologies received: Dr Ivan Camphor, Dr Fiona Kilby, Dr Paul Bowen, Dr Lesley Appleton.

AGENDA ITEM 4	TO RECEIVE AND CONFIRM THE MINUTES OF THE MEETING 26 January 2022 (149)	Presenter: CHAIR
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4.1

Discussion: To receive and approve the minutes of the last meeting held on Wednesday, 26 January 2022 CLMC No. 149.

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

Action Items	Person responsible	Deadline
A copy of the minutes CLMC (149) 26 January 2022 was duly signed off by the Chair.	Chair / Business Operations Manager	9.3.22

AGENDA ITEM 5	MATTERS ARISING FROM THE PREVIOUS MINUTES	Presenter: CHAIR
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- Nomination of LMC Vice Chair role becoming vacant from 1st April. The Chief Executive reported further to previous invitation for expressions of interest, one expression of interest had been received from Dr Tiina Ashton. The Chief Executive said if agreeable to the Members present and on-line then we need to propose/second Dr Ashton to take up the Vice Chair role on 1 April 2022. It was noted the role was also a Director for Cheshire LMC Limited.
- This was Proposed by Dr Stephen Kaye and Seconded by Dr Branwen Martin and put to the vote. It was unanimously agreed that Dr Ashton take up the role from 1 April.

Action Items	Person responsible	Deadline
The Chief Executive to progress follow up action with Dr Ashton.	Chief Executive	18.3.22

- A question was raised by Dr Harle about GP involvement in future Covid vaccination programmes and concern about workload and capacity to undertake GMS backlog work caused by responding to previous Covid 19 work.
- Dr Ward asked about the future of Hot Hubs and funding – there was current funding which was due to end on 1 April.

Work was ongoing to resolve these matters. The Chair acknowledged the good work being done by Dr P Kearns and Dr D Holden (in their capacity as GP leads for the East ICP) and Dr C Ritchieson (West ICP).

AGENDA ITEM 6	LOCAL CORONAVIRUS MATTERS	Presenter: CHAIR
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6.1 The Chair invited discussion on any topics by Members.

Discussion: There was a discussion on how general practice should deal with 'hot' cases whilst providing normal GMS services to the majority of patients. The LMC view was there needed to be good public facing communications for some time to come.

Conclusion: The Chief Executive to contact the CCG about doing some joined up work on a longer-term communications campaign in particular about mask wearing when attending GP premises. There was also the need to discuss with the CCG the impact of dealing with hot and cold cases on the GP estate.

Chief Executive to liaise with Drs Martin, Harle and Powell on the matters raised and pick up with CCG

There are still questions on governance, workload and finance to be addressed. Overall, this was felt to be an important piece of work for development with the CCG.

Action Items	Person responsible	Deadline
Chief Executive to liaise with Drs Martin, Harle and Powell on the matters raised and pick up with the CCG.	Chief Executive	18.3.22

7.1 SMI Physical Health Checks in East and West Cheshire.

Discussion: The Medical Director gave an update referring to the pressure on Public Health in particular, around patient groups with Severe Mental Health problems (smoking and alcohol use in particular). Dr Martin reported that there was an income stream of approx. £19 per patient to undertake the work.

Conclusion: Members felt that as practices were so close to 'year-end' that it was very late in the day to try to pick this work up successfully.

7.2 West Cheshire Confederation Proposals and NHS System update.

Discussion: The Chief Executive presented a paper which was essentially a re-run of the discussions held at the January LMC meeting in respect of East Cheshire. The circulated paper was the latest description from West Cheshire, which Chris Ritchieson has kindly authored detailing progress towards a similar arrangement in West Cheshire. The Chief Executive had not been involved in West Cheshire work, but Dr Martin had spoken to Dr Ritchieson at length about the work so far and the next step was to send it to colleagues in the West so that any questions could be answered. The Chief Executive asked for agreement from the LMC and an endorsement that we support the ongoing work.

The Chief Executive suggested that the LMC needed to look at its own support structure internally given the changes in the LMC Executive Team. He might need to undertake more support work in the West and Dr Harle support the work in East. From an LMC view, he considered this a strong development matter for the future of general practice engagement and influence in the new NHS systems.

The Vice Chair talked about the importance of succession planning regarding clinical leadership in both this sort of development and in the wider health system now that other fora were disappearing now. He said he had previously attended locality meetings where GPs could start to get a feel for what was going on, but with that going now there would not really be anything to replace them.

Conclusion: The Chair commented that this was a really good flavour of where we are up to with this proposal and the difficulties GPs in both localities might face in the future. Members were happy for the Chief Executive and LMC Officers to contribute to this agenda and help drive this forward.

Action Items	Person responsible	Deadline
The Chief Executive and LMC Officers to support progress of the proposal	Chief Executive/LMC Officers	18.3.22

7.3 White Paper: Joining up care for people, places and populations.

Discussion: The Chief Executive informed the Committee of the content of this important White Paper. General Practice was only mentioned once in the footnote in the 80-page document. The described future direction of health and social care strategy would set the shape of what the ICS and the system would start to be delivered in the next 5 to 10 years all of which would likely impact General Practice. The paper was purely for information, but it started to formulate a map of how the government believes health policy will develop, and the need to understand it to be able to inform discussion. He expected several similar documents would follow in the coming months.

Conclusion: The Chair gave thanks to The Chief Executive for sharing the paper and noted it had been received by Members.

7.4 Letter re General Practice Contract Arrangements in 2022-23.

Discussion: The Chief Executive gave an overview of the 1 March letter from NHSE which was largely for information. He reported that 3 practices had already been in touch with the LMC as they were very unhappy with the content. Probably the biggest issue in the paper was the extended hours and Saturday working. The paper also indicated that more and more resources would run through PCNs, rather than individual practices and potentially, the impact the global sum where most of the costs of General Practice come from. The letter was discussed and debated by Members.

The Chief Executive suggested Members might coordinate feedback from their own practices and PCNs.

Dr Camphor GPC Representative (who was not present at the meeting) had contacted the Chief Executive earlier that morning with an update on the document. The Chief Executive reported on behalf of Dr Camphor that these changes had not been agreed by the GPC. In fact, the GPC were against them, particularly some of the proposals around extended hours, Saturday working, the long-term effect of monies going through PCNs and not practices, which had been discussed earlier.

Conclusion: The Committee was asked to note the letter.

7.5 QoF Immunisation Payments.

Discussion: The Medical Director set out the main problems associated with current Covid workloads and the impact on achieving QoF immunization targets to trigger payments. Many practices had realized they are not going to achieve the target levels. The Medical Director suggested it was worth practice managers getting in touch with the CCG to check on any coding issues.

Conclusion: Practices should be aware of the issue and consider contacting the CCG where appropriate.

7.5 Emergency Ambulance Delays.

Discussion: Three instances of medical emergencies in practice premises had been reported to the LMC in which NWAS Ambulance delays of up to 59 minutes had been reported to the LMC for information. The Medical Director reported we had sought assurance from NWAS that if a patient was considered to be in 'a place of safety' that requests were not automatically being downgraded for a response. We had received that assurance from NWAS today. It had also been reported that NWAS have had so many Covid staff absences as well as difficulty in retention that the army had been enlisted to provide ambulance drivers.

The Chief Executive reported that he and Dr Harle had contacted NWAS and the CCG and escalated the issue. Initial replies had been received.

Conclusion: The Committee noted the update.

AGENDA ITEM 8 GPC	Presenter:	CHIEF EXECUTIVE
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8.1 Update by GPC Representative

Discussion: In Dr Camphor's absence the Chief Executive fed back briefly on key GPC discussion.

Main items of note.

NHSE 1 March contract letter was not agreed with or supported by GPC.

GPC do not support monies being channeled via PCNs rather than practices.

GPC was aware of the difficulties in achieving QoF vaccination targets and the impact on payments.

The Medical Director reported GPDF were developing an exercise under the banner of a 'Build Back General Practice campaign' which was being led by a professional PR company who have spent the past 5 months finding out what the core problems are. The ask is that LMCs help with getting the message out using social media channels and via their newsletters and other channels.

The key messages are;

- Better GP and staff retention
- More junior doctors in General Practice
- Improving the understanding of what General Practice can be
- More neutral media rather than the generalised aggressive media
- Supporting GPs wellbeing
- The Government to deliver on promised improvements in workforce numbers

The Medical Director highlighted that there would be media training opportunities with GPDF for LMC members. She suggested colleagues consider getting involved, in particular those with a career ahead of them who probably have not had any media training. The Chief Executive fed back that the Education Training Group - who we would be meeting

later, that LMC Member development was seen as a priority and so would make sure media training was incorporated into that.

Conclusion: Members were asked to note the GPC update and Medical Director's update.

AGENDA ITEM 9	SESSIONAL GP MATTERS	Presenter:	CHAIR
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9.1 Update on Sessional GP or GP Registrar Matters

Discussion: The Chair asked Dr Hart if there were any GP Registrar issues to note and if Sessional GPs present had any issues to raise. Dr Hart reported that the NextGen GP Programme was going well and that attendees greatly valued the structure and content of the sessions so far. He hoped the Committee would continue to support such programmes.

Dr Dan Jones reported that work had progress to provide IT support for remote working for Sessional and Locum GPs. Dr Tom Micklewright was helping Dr Jones on this but anyone else was welcomed to contribute which would be really helpful.

The Chief Executive advised that Dr Shana Tam, who leads the Sessional GP Programme and took over from Dr Dorothy King last year had produced a report and would present this at the next LMC meeting.

Conclusion: Members were asked to note the updates.

AGENDA ITEM 10	COMMITTEE MATTERS	Presenter:	CHAIR
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10.1 Expressions of Interest for the role of Associate Medical Director (East Cheshire Place).

Discussion: The Associate Medical Director role (East) would become vacant shortly as Dr Harle took up shadowing for the Medical Director role in November. The Chair reported that there would be some dual running costs for the Associate Director and Medical Director roles to November 2022.

The Chair sought expressions of interest by 1 April to take up shadowing from July for the Associate role. Expressions of Interest to the Medical Director. The Chair invited Dr Harle to give an outline/overview of the Associate Medical Director role. Dr Harle suggested if anyone had any further questions about the role to contact him. The Chief Executive said the office have written out to all those who are eligible with the job description and both Dr Martin and Dr Harle are available for an informal chat.

Conclusion: Expressions of Interest to the Medical Director and report back at the May meeting.

Action Items	Person responsible	Deadline
Expressions of Interest to be submitted by any Member by 1 April 2022	Members	1.4.22

10.2 Annual Work Plan Outturn Report

Discussion: The Chief Executive outlined the Outturn Report showing progress and this was largely for information - details had previously been circulated. This was the work programme for the Executive Team and Members. It was noted that the LMC had had a work programme for the last 7 years and it seemed to serve the Committee well, keeping the organization focused on the core work of supporting members. The only project not complete last year was the replacement of the website, but the LMC would continue to look into this.

Conclusion: The Chair gave thanks to Chief Executive, Business Operations Manager and Medical Director for the work they had achieved and how praised the LMC for its continued progress in supporting members. The document was noted and received.

10.3 Annual Work Plan 2022/23

Discussion: The Chief Executive presented the draft work plan from 1st April 2022 to 31st March 2023, noting that some of the work had started already. The Chief Executive asked that the Annual Work Plan (with the Medical Director's addition) could be endorsed and signed off. Members were asked to express interest to support any projects they had an interest in. The work plan's progress would be a quarterly item on the agenda.

Conclusion: The workplan was agreed with the Medical Directors addition of engaging with GPDF “Build Back General Practice” campaign.

Action Items	Person responsible	Deadline
Chief Executive to action the agreed workplan 2022/23	Chief Executive	1.4.22
Members to contact CEO if they wish to contribute to individual programmes		30.4.22

10.4 Review of the LMC Risk Register

Discussion: The Chief Executive presented the draft summary paper that has been agreed by Directors and was mainly for noting. The Risk Register had also been circulated to the Members. He reported that there were 42 main risk areas split across 5 sections – Governance, Operational, Financial Work, External work such as NHS system change and Legal Compliance. All 42 risk areas are on low at present but one of them (NHS system change) was only one point below the threshold for amber – but was shown green in the paper. The Directors had reviewed this in advance and were assured by the mitigating actions.

Conclusion: The summary report was received and approved by Members.

10.5 Business Continuity Plan

Discussion: As part of the Chief Executive’s Appraisal this year the Directors had asked that the Business Continuity Plan be reviewed. The Chief Executive introduced his report and Full Risk Register which had been reviewed and agreed by the Directors.

Conclusion: The summary paper and Full Risk Register were noted and received by Members.

AGENDA ITEM 11 FINANCIAL MATTERS	Presenter:	FINANCE DIRECTOR
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11.1 Monthly Financial Report. To receive the report by the Finance Director for the period to 28 February 2022.

Discussion: The Finance Director provided an overview of the Committee’s financial performance for the period 1 April to 28 February 2022 (month 11). The reported in-year position against approved budget is amber (including prepaid training in sessions for 2022/23). The balance sheet remained favourable as did cash totals on deposit.

Conclusion: Members formerly received the report by the Finance Director and noted the financial position to 28 February 2022

11.2 LMC Budget Proposals 2022/23

Discussion: The Finance Director presented a budget proposal paper and provided an overview of proposals for the LMCs expenditure for the coming financial year. He reported the current financial position remained healthy, but costs are now at a point of impacting on reserves in the coming year unless the Committee considered the future position. More on training and development for GPs and staff in year as noted in previous reports. Member’s reimbursement had increased in recent years as we had been able to appoint almost our full establishment. This had been an area of success as we aimed to be fully representative of all our member practices and PCNs. In 2022, the Finance Director would be working with the LMC Chief Executive / Company Secretary to look at potential areas in which any further cost reductions can be made.

The Directors had met and discussed remuneration recommendations for employees, member reimbursement and LMC Officer Honoraria. The Directors agreed that it would be appropriate that a 3% uplift should be applied to each of these areas. A consequence of this, there would increase expenditure in the year from 1 April. It amounts to approximately £7,000 in salaries/honoraria; an increase of £1,000 for meeting attendance and £225 in conference attendance costs. The statutory levy was currently 38.8ppp (pence per patient) per annum. The Directors suggested an increase to 41ppp (a 2.2p per patient increase). The planned handover period for the Medical Director, whereby Dr Harle was shadowing Dr Martin for 9 months, would cost around £35,000 and this would be taken out of reserves.

The Finance Director recommended that the Committee consider a 3% uplift in salaries, honoraria and attendance allowances and he recommend an increase in the LMC Statutory Levy to 41ppp per annum.

Conclusion: The Chair proposed the uplifts in salaries, honoraria and member allowances by 3% from 1 April 2022. Dr Griffiths seconded this proposal.

This was put to the Members present and approved.

Dr Harle proposed the increase in Statutory Levy to 41ppper annum from 1 April 2022 and Dr Leftwick seconded the proposal.

This was put to the members present and approved.

Action Items	Person responsible	Deadline
Chief Executive to write to individuals re uplifts and all practices re Levy change	Chief Executive	31.3.22

AGENDA ITEM 12 CORRESPONDENCE	Presenter: CHAIR
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12.1 Northing to report.

AGENDA ITEM 13 ANY OTHER URGENT BUSINESS	Presenter: CHAIR
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13.1 Dr Bishop discussed the AVS service which is paid for in West Cheshire (£40 advice - £80 visit) but not directly elsewhere. A debate was had as to whether this would be a positive or negative service to undertake.

13.2 Dr Griffiths reported on the ICS Place Directors for Cheshire East and West for noting/awareness. He confirmed for Cheshire East Mark Wilkinson had been appointed; and in Cheshire West Delyth Curtis had been successful. Alison Lee, who is the current Managing Director of Cheshire West ICP had been appointed the Place Lead Director for Knowsley and will be leaving Cheshire West. Tony Leo, currently the Director of Commissioning for Primary Care, NHS England North West, would be the Place Lead for Halton; and Simon Banks was appointed to the Wirral.

Dr Griffiths reported that the future of the Cheshire & Merseyside Integrated Care System (ICS) was being shaped with the development of a Clinical and Care Leadership Framework. It would outline how clinical and care professionals would be involved in all aspects of ICS decision-making. He said it was essential that it is developed and owned by us, because it would influence our daily work and how we work together.

This framework is being developed over the next few months using an interactive collaboration tool called Idea Drop. There would be a series of questions/challenges over the coming months where colleagues could 'drop in' their ideas, views and comment on the ideas of others, and see how ideas move through a 'pipeline' as the framework develops. Dr Griffiths would email the information to Julie Hughes who would share it with the Members.

Conclusion: Dr Griffiths to email Julie Hughes the Clinical and Care Professional Framework information who would share it with the Members.

Action Items	Person responsible	Deadline
Dr Griffiths to email Julie Hughes the Clinical and Care Professional Framework information who would share it with the Members.	Dr Griffiths/Julie Hughes	14.3.22

AGENDA ITEM 14 DATE, TIME AND PLACE OF NEXT MEETING**Presenter: CHAIR**

14.1 The Chair advised that there was a change of date for the next meeting as this clashed with the UK Conference of LMCs (10 & 11 May) and would therefore now take place on Wednesday 4th May 2022 at 1:00pm for refreshments and 1:30pm business agenda. Venue: Nunsmere Hall Hotel.

14.2 Conference of UK LMCs 10 & 11 May 2022. The Chair asked if any member was interested in attending to contact Julie Hughes. The dates are confirmed as above and would be face to face at The Barbican in York. Overnight accommodation would be booked for representatives for 9 & 10 May. Deadline for Motions to be submitted by noon on 2nd March.

14.3 The Chair addressed the Committee and confirmed that he was retiring from General Practice, and the LMC, at the end of the month. He gave grateful thanks to LMC colleagues past and present and for being persuaded to join the LMC in the first place. He explained how he had enjoyed the high-level intellectual interaction and attending the social events. He wished the current Vice Chair, Dr David Ward, well in his new role as Chair and handed over the Chain of Office with a short presentation.

JH/WG 090322 (v3)

LMC County Meeting 9.3.22 Action Tracker				
Agenda Item No	Subject / Action	Person responsible	Post meeting note	Status
11.2	Budget Proposals 2022/23 CEO to write to practices to inform them of the levy increase.	CEO		
LMC County Meeting 26.1.22 Action Tracker				
Agenda Item No	Subject / Action	Person responsible	Post meeting note	Status
8.4	East Cheshire Confederation Proposals and General System Update. 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.	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	Proposal to form an Association of LMCs for Cheshire & Merseyside to consider/accept the 'Terms of Reference' and agree to Cheshire LMC Engagement with	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	Complete

	the process. 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.		LMCs. Chief Executive and Medical Director to progress with the proposal.	
10.2	Invitation for Expressions of Interest for the role of Associate Medical Director (East Cheshire Place). 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).	Chief Executive /Medical Director		8.3.22
10.3	Primary Care Staff Wellbeing. 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.	Chief Executive		8.3.22
11.1	Finance Report. 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	Recruitment of LMC Medical Director. 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	NHS Plan for Improving Access. 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	CEO/Executive Team	Chief Executive wrote out to all LMC members on 18.1.22 with an update.	Complete

	outlining the BMA action and LMCs current position.			
10	West Cheshire Confederation update. 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	Outpatient Waiting Times. 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 pan-Cheshire secondary care waiting list information is awaiting sign off.	9.3.22
15	Countess of Chester Hospital IT System. 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)	9.3.22

LMC County Meeting 15.9.21 Action Tracker

Agenda Item No	Subject / Action	Person responsible	Post meeting note	Status
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

LMC County Meeting 23.6.21 Action Tracker

Agenda Item No	Subject / Action	Person Responsible	Post meeting note	Status
5.3	Commissioned Sexual Health Services Cheshire West & Chester (Min 12.1 refers) Medical Director to write to Lee Bennet, Commissioning manager at CWAC, with examples and to request details of current waiting list for LARC	BM	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)	Complete
9.2	Summary Report on the Expected Financial Outturn Position 31 March 2021 and Budget Proposals 2021/22	SK	No subsequent feedback was received by the Chair and so the Financial Directors recommendations are received and agreed	Complete