



CHESHIRE LMC

ANNUAL REPORT & SUMMARY OF ACCOUNTS

2022/2023



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CHAIR'S INTRODUCTION

*As Chair of Cheshire LMC,
I continue to test our
effectiveness and willingness
to be guided by what matters
to you most. We continue to
take every opportunity to
learn your views via the
elected representative GPs
who make up the formal LMC.*

In these difficult times for general practice and faced with yet more organisational change within the NHS we have focused our energies on ensuring we are recognised as a point of reference for the voice of general practice with the emerging integrated care system (ICS). We are building representative links and engagement at senior levels with both the ICS and their 'Place' teams. We have continued our regular contacts with the NHSE regional team and with the two local authorities as commissioners.

You have told us through our engagement that navigating some of these changes has been confusing and you have concerns about how your practice voice will be heard and acted on. It is vital that our practices not only understand these changes but find time to play a crucial part in the journey and the decision-making processes as ultimately the wider health/social care landscape will shape general practice. We, as an LMC are confident that our approach is guided by hearing and learning from the collective experiences and voices expressed to us by you, our member practices. It is our clear mission that at this point of organisational change, and with an increasingly demanding

workload, the LMC will act in the best interest of GPs and general practice based on the findings of what you have told us. Merely surviving is not enough if general practice is to grow and thrive. As a collective body of GPs supported by the LMC and the emerging GP confederations we can all work together to create a better and sustainable future.

With all that in mind we are continuing to work with our PCN Clinical Directors, and the embryonic GP Confederations in both Cheshire East and Cheshire West to provide a unified voice for general practice. We work closely with the four other LMCs in Cheshire and Merseyside and have established an Association of Cheshire and Merseyside LMCs to provide a representative GP platform with NHSE and the ICS since its inception. This has been hampered by at least two rounds of 'efficiency savings' which have reduced its ability to be more supportive.

We have been pushing the NHSE and the ICS for a statement of strategic direction for the whole system and for general practice.

An ICS 'Primary Care Strategy' is in the final draft stage which should give a steer for the next 3 years or so but of course this is hampered by both the imposed nature of this year's contract variation and a lack of progress developing the 'new' contract framework due in April 2024. Clearly this has a major impact on the practice of business planning for future years.

Despite this 'policy' blight we will continue to push for more resources for general practice and to stop the non- contract and unresourced workload shift into primary care in general.

Dr David Ward

THE PAST YEAR

Report by the Medical Director

This is my first report as the LMC's new Medical Director. It is set in terms of the five-year GP Contract Framework concluding at the end of March 2024 and the BMA pushing for negotiations around what our new contract will look like. As we move into the last full year of the contract the political environment and economic downturn will create clear problems for our practices both in terms of running costs and forward planning. This is against a backdrop of a national and local workload and workforce crisis.

Your elected members of the LMC have supported the Executive Team throughout the year bringing forward issues you have raised with them.

Over the year we have negotiated and worked on a wide range of service issues including

- provided pastoral care for GPs.
- been involved in a range of ICB and Local Authority decision making groups such as the ICB Place primary care advisory group, winter planning, flu, and premises.
- we have debated key topics including GMS contract funding and PCN DES issues and when appropriate successfully challenged the ICB or NHSE on their proposals.
- Initiated push back on unfunded workload with local NHS Trusts and sought to establish better two-way relationships.
- engaged with Place based arrangements and contributed to plans, seeking assurances about future engagement with individual practices and PCNs.
- worked closely with GP federations and PCN representatives on proposals to develop local GP Collaboratives (Confederations).
- delivery of a wide range of training and development for GPs, and practice managers.
- issued numerous guides to contract and system change.
- and finally, successfully negotiated extra funding from the ICB and Place for certain services.

I would place on record my thanks to LMC Executive Team colleagues and Julie and William for their support throughout the year.



A VIEW FROM THE CEO

As always, I would remind you that we exist solely to support you. We are confident that we understand the needs of general practice locally both through our 'liaison presence' at meetings and from our workshops and development programmes with practices. It is very clear the pressures that currently exist and we take every opportunity to represent these to NHS England, the ICB senior team and the local Place teams. We also feed into the BMA findings on the current state of general practice to support our national contract negotiating team.

It has become a very difficult place to work with what seems to be the ever-dwindling resources directly reaching practices for more work with heightened patient expectation and much unfounded media criticism. Patients have sadly become more aggressive and demanding as they are told that they deserve to have their care how they want it and when they want it. NHSE and the government have been silent on this – unsurprisingly as this is of their making. Every practice I am in contact with wants to provide the very best care for their patients and despite all the problems still wish to go that extra mile.

We are clear that for patients to experience good medical care anywhere in the system, that general practice must be well supported and have the capacity and time to deliver the services. We are clear that as the integrated care system grows that services must be built from frontline provision upwards. From the patient, practice, neighborhoods', and Place to ensure the best use of resources and capacity for the best patient care. We will need an ICS to deliver on public promises to invest in general practice and community care to make that happen.

We will continue to focus on our core remit of

- responding to your issues.
- serves as the point of reference for NHS and other bodies seeking the views of general practitioners.
- the administration of the GMS and APMS contracts, GPs Terms of Service, Pharmaceutical Regulations (dispensing practices) and the Statement of Financial Entitlements.
- Be involved in investigations when certain aspects of GPs professional conduct are called into question.
- play an active part in advising health bodies on a wide range of policy matters and be involved in many other issues affecting GPs locally.



SUMMARY

We exist solely for our membership who fund our activities.

The headline mission for Cheshire Local Medical Committee is to advise, support and represent general practitioners. That is what we exist to do and is essentially what our constituent GPs pay their levy payments for us to do. How we discharge our mission is up to our elected Committee members and we rely on the representative views of the democratically elected committee GPs and co-opted members working with the office team to formulate our plans and ensure that we are meeting the needs of our practices.

Our longer term Fit for the Future plan hits all the major components of what impacts our support to general practice and what challenges the profession. It is designed to act as a statement of intent that our practices can read as well as forming our own guide to how well we are doing. Importantly, each action described under the programme forms the annual LMC workplan and we will measure ourselves against each item to ensure that we are 'walking the walk.' It's important that as a supportive, representative

body that when the practices tell us where we may be able to help that we tell them what we're doing and by when. Everybody in the LMC is vital; we are a small organisation serving a membership of some 600 GPs and more indirectly through practice managers and their teams. It is with pride that we can always say that we punch above our weight and for the levy that we receive from our practices, we must be able to evidence we are good value and demonstrate that clearly to them. Cheshire LMC continues to represent all Cheshire GPs in our changing NHS, working in partnership with local GP federations where this is beneficial to our joint membership. The LMC has worked hard to raise the collective voice and profile of our GPs, at a local level and we have invested heavily to ensure we have strong networked relationships with the key organisations and decision-makers across Cheshire. We worked hard to build a good working relationship with the single CCG resulting in the establishment of trust, successful discussion, and negotiation. We also turned our focus on improving relationships with the Local Authorities, acute trusts, and the emergent Integrated Care System (ICS).

- ✓ Throughout the financial year, your LMC team has continued its work on your behalf to ensure the views of general practice are heard and views accepted at all levels of the 'system.'
- ✓ Successfully negotiated with NHS and Local Authority commissioning teams to ensure practices received 'average' payments whilst other fee earning work was suspended to deal with the pandemic.
- ✓ Ensured our constitution was aligned to give each PCN and GP federation an equal representative voice on the LMC. We have also recruited sessional GPs and a GP Registrar representative.
- ✓ Delivered our first NextGen GP and Phoenix Programmes for GPs.
- ✓ Produced guidance and advice to support practices to respond to the challenges of the pandemic.
- ✓ Maintained all LMC services to our members during the pandemic without interruption.
- ✓ 2022/2023 Annual Accounts signed off by accountants with no statements.

We have worked to bring the needs of general practice to the fore with our commissioners so that we are fit for the future in terms of the new NHS legislation currently going through Parliament. We have continued our internal developments to ensure that as an LMC we remain relevant to you, to be optimally positioned in the changing NHS landscape, and to enable us to deliver accurate, timely and helpful support to all our practices.

Thank you to all the GPs and their staff from Cheshire who have contacted, supported, and engaged with William, Julie, and the Committee throughout the year.

SUMMARY OF ACCOUNTS 2022/23

Statement of income and retained earnings for the year ended 31 March 2023.

The accounts show a planned 'operating' deficit for the year of £40,580 (c+d). This was in line with the projected outturn for the year and the overall budget profile and reflected a 'one off' dual running costs for the Medical Director handover and increases in salaries and members' expenses. The overall reserves of the Committee have not been impacted and these remain robust and in line with the Committee's needs. Our accountants, Afford Bond, could report a clean set of accounts. Directors received several additional papers detailing breakdowns for individual lines of expenditure for the larger items, including salaries, practice development sessions, and members reimbursement costs. Having reviewed these the Directors were content with the level of transparency provided.

	2023	2022
	£	£
Income	400,125	358,302
Administrative expenses	(440,705)	(400,190)
(Deficit)/surplus before taxation	(40,580)	(41,888)
Tax on (deficit)/surplus	(0)	(165)
(Deficit)/surplus for the financial year	(40,421)	(42,053)
Retained earnings brought forward	215,720	257,773
Retained earnings carried forward	175,299	215,720

Dr D Ward
Chair

Dr D Harle
Medical Director

W Greenwood
Chief Executive/Company Secretary





LOCAL MEDICAL COMMITTEE LIMITED

Representing and Supporting GPs

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