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| Cheshire Local Medical Committee Limited Minute No. 171 | |  | | --- | | September 17, 2025 | | 1:30pm – 5:00pm | | VENUE: Nunsmere Hall Hotel, Tarporley Road, Oakmere, Northwich, CW8 2ES | |

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| Chair | Dr Shana Tam |
| In Attendance: Dr D Harle, Dr G Kent, Dr S Powell, Dr N Bishop, Dr P Speake, Dr A Fletcher, Dr T Rigby, Dr J Norris, Dr A Fulton, Dr A London, Dr L Appleton, Dr L Neale, Dr V Vernon, Dr S Morris, Dr N Paladugu, Mr. R. McLeod, Mr. William Greenwood Chief Executive, Mrs. J Hughes Business Operations Manager. | |
| Virtual (MS Teams): **Observers/ Guest Speakers:** | Dr D. Snowden, Dr I. Camphor, Dr Y Brindle, Dr N Paul, Dr D Chappell, Mrs S Mitchell    Dr Mirza GP Registrar, Ashfields Primary Care Centre |
| Apologies: Dr D Ward, | Dr D. Ward, Dr S. Bharadwaj, Dr P Bowen |

## Draft Minutes

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| **AGENDA ITEM 1** | **WELCOME AND INTRODUCTION** |  | **CHAIR** |

* 1. The Chair welcomed those attending in person, via MS Teams and Dr Neeraja Paladugu to her first meeting as elected representative for Northwich and replacement for Dr Kilby.

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| **AGENDA ITEM 2** | **DISCUSSIONS WITH MEDICAL EXAMINER SERVICES EAST AND WEST CHESHIRE** |  | **CHAIR** |

**2.1** The Chair introduced the Medical Examiners (Dr Mary Bainbridge Lead ME for East Cheshire and Jodie Hayes Lead ME Officer, Dr Jemma Crofts ME and Dr Clare Merrymen ME Officer for West Cheshire), who were invited today to give an update to members followed by Q&As. Examples of specific issues were raised from members and shared with the Medical Examiners in advance of the meeting.

Jodie Hayes provided a brief PowerPoint presentation which was to be shared with members after the meeting. This gave an overview of the service and recent experience.

William Greenwood suggested that if the Medical Examiners had any ongoing issues, they could share these with the LMC office. He noted previous input from the Medical Examiners Service, which was very useful at the start of the new arrangements, and we wanted to continue the working relationship to avoid any issues in the future. Dr Tam said she was grateful for their input today. She also updated that the LMC had earlier contact with the coroner’s service and that our Medical Director had met with the coroner’s office earlier in the month.

**Members received the presentation and thanked Medical Examiner Service colleagues for their helpful input.**

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| **AGENDA ITEM 3** | **GPC UPDATE** | **Presenter:** | **GPC REPRESENTATIVE** |

**3.1** Agenda item brought forward in the meeting.

The Chair introduced Dr Ivan Camphor (GPC representative) who was invited to share his views on GPCE recent communications and an update about the 1 October contract changes; wider GMS contract negotiations; and his thoughts on the recent press coverage of the GPCE and alleged breach of trust by NHSE. He started by reflecting on the government’s stated direction of travel in the 10-year plan and their ‘red lines’ on issues such as GP access. He felt the government would not negotiate on these. Dr Camphor felt the regulations around online access from 1 October were unsafe, had not been properly negotiated with GPCE, lacked any safeguards for patients or practices, and did not form a solution acceptable to the profession.

He went on to describe his understanding of the recent press coverage of the 1 October changes and how these had been ‘accepted’ by GPCE in good faith after NHSE agreed to provide appropriate safeguards for practices to work in. NHSE had failed to meet their obligations in this respect. He felt this disharmony had led some colleagues to feel that GPCE was not well led and that the Executive Team had failed the profession. He gave his personal views on neighbourhood working and the possible impact on the partnership model, modern general practice and advice and guidance.

The Chair thanked Dr Camphor for his time and candour in providing his views and Dr Camphor left the meeting.

The Committee considered Dr Camphor’s views and thoughts in discussion. Whilst many of his concerns about the state of general practice funding and 1 October contract changes were shared by members there was unanimous support for the leadership of Dr Bramall-Stainer and the work of the GPCE Executive Team.

It was felt that they had put in a tremendous amount of personal time into the recent contract negotiations and were very disappointed with the approach taken by NHSE in the negotiations and subsequent contract imposition. Whilst it would have no material effect many practices were not intending to sign the contract variation documents from the ICB. Dr Harle formally asked members –

a) what were the members’ views of the current GPCE Chair and the Executive Team?

b) should there be a separate Partners Committee within GPC?

c) Based on concerns regarding recent contract changes and NHSE’s breach of trust, what action might be supported?

Members repeated their full trust in the GPCE leadership and Executive Team. The Committee’s express view was that Dr Bramall-Stainer was a very good leader, well versed in the core contract detail and issues impacting practices. The current Executive Team had made great improvements in providing clear and effective communications of GPCE activity. There was no clear support for a separate partner committee at GPCE. Internal division was not seen as helpful to the profession at this time. The current Cheshire stance on unfunded and un-commissioned work was noted, as was its promotion of the BMA safe working guidance. Members agreed to await the outcome of the 18th September GPCE meeting regarding support for further action.

**Members received the GPC update.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **3.1** | **CEO to write to Dr Camphor to thank him for his contribution and state Cheshire LMCs support for the GPCE Chair and Executive Team. Dr Camphor would be asked to pass Cheshire LMCs views and support onto the GPCE.** | **CEO** | **18.9.25** |

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| **AGENDA ITEM 4** | **DECLARATIONS OF INTERESTS** | **Presenter:** | **CHAIR** |

**4.1** There were no updates to the declarations of interest. The Business Operations Manager had issued DOI forms to Dr N Paladugu and Dr Z Mirza for their completion and return.

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| **AGENDA ITEM 5** | **APOLOGIES FOR ABSENCE** | **Presenter:** | **CHAIR** |

**5.1** Apologies received from Dr D Ward, Dr S Bharadwaj and Dr P Bowen.

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| **AGENDA ITEM 6** | **TO RECEIVE AND CONFIRM THE MINUTES OF THE MEETING HELD ON 25 JUNE 2025** | **Presenter:** | **CHAIR** |

**6.1** Members were presented with the minutes of the last meeting held on Wednesday 25 June 2025 CLMC No. 170 and the Chair asked if there were any corrections or were they a correct record of the proceedings and sought approval to receive them.

**Members formally received the minutes of the meeting held on Wednesday 25 June 2025. The minutes were agreed and signed electronically.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.1** | **The minutes (CLMC No. 170) signed electronically.** | **Business Operations Manager** | **18.6.25** |

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| **AGENDA ITEM 7** | **MATTERS ARISING FROM THE PREVIOUS MINUTES** | **Presenter:** | **MEDICAL DIRECTOR** |  | **MEDICAL DIRECTOR** |

**The Medical Director provided a brief update on the following items.**

**7.1 Update on smoking cessation.**

The Medical Director reported that Cheshire East Local Authority have now piloted a service where pharmacies would undertake prescribing. Practices in Cheshire East that have pushed back have made a difference. Cheshire West haven’t yet done this but it was a start and he would suggest GPs continue to push back.

**7.2 CW AVS LES**

Dr Powell had written to Sarah Murray, Cheshire West Place Lead a few months ago regarding AVS LES calls funding. He reported that Cheshire West were standing firm on the decision not to change the response time-frame, but unofficially, Sarah Murray had said that if practices completed their AVS call within approximately 16.5 minutes they could contact her for a discussion for her to review on a case-by-case basis. Dr Powell said that while he was not hugely surprised, it was a disappointing outcome, and he felt Cheshire West Place could have been more supportive. He cited that his practice had a number of examples of rejected payment claims, from calls that were completed between 16 and 17 minutes. This decision was made by Primary Care Cheshire, who managed the contract. Dr Powell ended by saying his practice would continue to monitor the situation.

Dr Snowden also raised a similar issue. Mr. Greenwood advised Dr Snowden regarding escalation processes with Place, and if anonymised details were shared, CLMC would review and feedback to the ICB at the next Primary Secondary Care Interface meeting with Sarah Murray, Laura Marsh and Andy McAvaley.

**7.3 West Cheshire ICB Place: GP Plus LES**

The Medical Director reported on the GP Plus Scheme in Cheshire West. Cheshire LMC had seen the draft proposal and had shared concern regarding the rapid pace of implementation, given the possibility of further changes from ICB emergency ‘transformations’ and current ‘harmonization’ projects in Cheshire. He also reported on specific points in the proposal including ensuring appropriate AI support was in place to assist with population health. This had been an issue in East Cheshire. The specification’s aspiration for weekly MDTS was considered unrealistic by the LMC, and the ICB had subsequently revised the clause. The Medical Director sought members’ views and group discussion followed.

**Members received the updates from the Medical Director and noted further actions.**

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| **AGENDA ITEM 8** | **HOT TOPICS** | **Presenter:** | **CHAIR/CHIEF EXECUTIVE/ MEDICAL DIRECTOR** |

**8.1 Cheshire LMC unfunded work update.**

The Chief Executive updated members regarding the LMC’s advice to GPs withdrawing from unfunded and un-commissioned work. Detailed communication had been shared with members and all practices in June. LMC colleagues had already had discussions with ICB colleagues in West Cheshire who were looking into the service issues raised. It was unlikely they would source funding to commission some of these service gaps. Discussion with East Cheshire Place’s lead director was being arranged. The LMC Executive Team would review further action following 1st October. Dr Powell said that his practice and many others were already rejecting such work.

The Medical Director reported he met with Jonathan Griffiths (ICB) about several topics and they were looking at examples shared by the LMC.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **8.1** | **LMC Executive to review uptake of local action post 1st October and report back at a future meeting.** | **EXEC Team** | **November 25** |

**Members received the update.**

**8.2 NHS 10-year Plan**

The Chair introduced the item formally noting the publication of the NHS 10-year plan and invited Mr Greenwood to add further detail. The Chief Executive had previously shared briefing papers on the content of the 10-year plan and impact on general practice. The LMC had also circulated an FAQ paper to members and all practices. It was noted that the plan lacked operational and financial detail. In many respects the plan’s aspirations also lacked any timeline for the proposals within the plan. Mr Greenwood anticipated that this would be released in the form of several technical and financial framework documents after the NHSE Board meeting in late September. Other documents had recently been issued covering how NHSE regional offices and ICBs would be asked to operate (including the remit and core work). He was preparing briefing papers regarding this, which would be shared in due course. Dr Fulton commended Mr Greenwood for his work on these helpful and succinct briefing documents.

Members discussion followed. Development of neighbourhoods could be potentially beneficial for patient care. It was noted that the ICB had confirmed two pilot neighbourhood sites (Sefton and St Helens) had received approval. 43 national pilot sites had been announced by NHSE. Nationally, many LMC’s were expressing grave concerns at the rapid pace of development led by NHSE. All the Cheshire LMC’s previous questions raised with the ICB remained unanswered, as the ICB did not have the detail either. At present the LMC advised ‘buyer beware’ to practices or PCNs thinking of signing up to pilots or similar. When sufficient detail was available the LMC would reconsider its’ view.

There was a discussion on three or four ‘high level’ themes in the plan. These were broadly agreed as good for patient care, but the devil would be in the detail. There was notable concern from members regarding references to NHS Trusts holding the ‘Place’ health budget and potential development of Integrated Care Organisations. Concern was expressed whether appropriate due diligence would be applied to determine if local NHS Trusts were suitable, given their own significant financial deficits, and the impact of this on the wider system, including long standing unfunded left shift of work to general practice as noted in item 8.1

Members asked several related questions.

**The Members noted the report and thanked Mr. Greenwood for his input and briefing documents.**

**8.3 Development of Integrated Neighborhood Teams**

The Chair suggested that the Chief Executive had covered this item in detail within earlier items. No further comments were received from the members.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **8.3** | **LMC members to keep abreast of local discussions in their areas and feedback to the LMC as needed.** | **ALL Members** | **As required** |

**Members received the update.**

**8.4 Cheshire East Digital Care System (DCS)**

The Medical Director reported the main issue related to A&E and outpatient discharge letters or in-patient discharge letters that were 12 pages long, often with incomplete, incorrect or no helpful clinical information. All these issues had been highlighted before going live but the Trust still chose to proceed. Place Director Paul Bishop was aware of this and working with the Trust to make improvements. Working groups had been set up with the Trust, Place and GPs to identify and remedy the issues.

LMC Medical Director Dr Daniel Harle and Dr Nichola Bishop, LMC Associate Medical Director East Cheshire were involved in supporting this, along with some Cheshire East PCN Clinical Leads

**Members received the update.**

**8.5 COCH – discharge letters / ICE ongoing issues**

Dr Powell reported no progress had been made regarding this issue. On a daily basis, GPs were still having to contact the A&E department and other specialties for patient discharge information. He said the Medical Director at the Countess of Chester was aware of the issue. Dr Harle requested members to share case examples from their practices, to evidence this serious problem. There followed a discussion, with several members providing examples of negative experiences in their practices.

Options agreed 1. Write formally to CW Place about the concerns. 2. Escalate concerns to Health Watch.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **8.5** | **Action: MD/CEO to write to COCH and discuss approach to informing Health Watch of concerns.** | **Medical Director/CEO** | **September** |

**Members received the update.**

**8.6 Cheshire and Merseyside ICB LES Review**

The Medical Director reported this process had started and the steering group included 3 GP Clinical Directors from Cheshire (Drs Paul Bishop, Sinead Clark and Jonathan Griffiths), two GP Clinical Leads from Sefton and several ICB managers. The remit was to review all the enhanced local services in Cheshire and Mersey for appropriateness. Rob Barnett, from the Association of LMCs and Liverpool LMC secretary, was attending the meetings which were held every 2 weeks. There had been reassurance that when LES’s pertaining to Cheshire Places were reviewed, Cheshire LMC would be involved. The LMC was continuing to made the case for a Cheshire LMC seat in the steering group, but the ICB had so far refused this request. The LMC would continue to challenge this and seek to protect the income of Cheshire practices in this forum. A tentative completion date of April 2026 had been proposed, but the LMC felt this was unlikely to happen due to the amount of work required. The group was starting with some of the smaller LES’s first.

**Members received the update.**

**8.7 ADHD**

The Medical Director said this was an example of a service where there is a lack of clarity on funding. he said there was some allocated funding for GPs, paid at the Clinical Lead rate and for a neurodiversity practitioner. This was the only funding that he had seen attached to this LES. He had asked about funding for estates for administrative support the LES, but had not had received any detail yet. The Medical Director asked members if their PCNs were showing interest in this service. He felt Cheshire LMC should provide guidance for constituents, and asked members to share their concerns. A discussion followed.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **8.7** | **Action: 1. to share steps that practices/PCNs should consider when costing a service i.e. LES calculator.**  **2. Continue to raise concerns about the lack of appropriate funding for the ADHD service with the Cheshire Place Directors.** | **Medical Director** | **September** |

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| **AGENDA ITEM 9** | **CHESHIRE & MERSEYSIDE ICS GENERAL PRACTICE FORUM FEEDBACK** | **Presenter:** | **Dr BOWEN & Dr FLETCHER** |

**9.1** Dr Fletcher reported the Cheshire & Merseyside ICS General Practice forum met last Thursday and Dr Griffiths gave an update on the LES work. He said money would not be taken away from the services, but some areas of unfunded clinical care could become funded. She further reported John Llewllen, the IT ICB Lead, had compulsory ICB financial targets and therefore the IT budget had been cut. He was requesting guidance on a reasonable and agreed approach. Capping SMS messaging was discussed as it was a high cost area. She highlighted further ICB challenges such as lack of funds to pay for redundancies. There was a query that if some practices were not meeting their capped limit, could that funding be distributed to other practices to use to increase their cap. Dr Fletcher urged practices to maximise their cap as these figures were being scrutinised. She said Fiona Lemmons Medical Director would be presenting at the Prescribing meeting on Thursday and Dr Fletcher would share this update with members when details emerged. Dr Harle reported there had not been many responses from colleagues and he encouraged members to ask their PCN practices to share feedback with him for raising at the next meeting in a couple of weeks.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **9.1** | **Members to encourage practices to share any feedback with Dr Harle.** | **ALL Members** | **September 24th** |

**Members received Dr Fletcher’s update.**

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| **AGENDA ITEM 10** | **GPC UPDATE** | **Presenter:** | **GPC REPRESENTATIVE** |

**8.1** Taken under item 3 earlier.

**Members received the update from the GPC Representative.**

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| **AGENDA ITEM 11** | **SESSIONAL GP MATTERS** | **Presenter:** | **DR TAM** |

**11.1** Dr. Tam gave a brief update and reported there was a new Regional Sessional GP Representative Dr Mark Coley, who was also one of the BMA Joint Committee IT Leads. Dr Tam reported she continued to receive requests of support from salaried GPs regarding contact issues. She had recently audited this work and found the majority of sessional GPs were not BMA members, mainly for financial reasons. She reported the Sessional GP Programme ‘Pitch Perfect’ was due to be launched in October and would consist of 4 evening sessions via MS Teams.

Dr Tam and Mr Greenwood had recently issued a Q&A comms with early thoughts about how the NHS 10-year plan might impact sessional GPs.

**Members received the update from Dr Tam.**

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| **AGENDA ITEM 12 GP REGISTAR MATTERS** | **REGISTRARS MATTERS** | **Presenter:** | **Dr VERNON** |

**12.1** Dr Vernon gave thanks to her fellow colleagues on the Committee for her time as LMC GP Registrar representative. This was her last meeting as she was due to CCT in a couple weeks. She handed over to Dr Zeenat Mirza GP Registrar who would take over the role officially in October 2025. On behalf of the Committee Mr. Greenwood placed on record his special thanks to Dr Vernon for her energetic support to colleagues and involvement in the LMCs work. The Chair welcomed Dr Mirza to the Committee.

**Members received the GP Registrar update.**

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| **AGENDA ITEM 13** | **COMMITTEE MATTERS** | **Presenter:** | **CEO** |

**13.1** Annual Report and Annual Accounts. William Greenwood reported that the Directors and LMC Members had received a full copy of the annual accounts from the LMC Accountants Afford Bond and a summary of the annual accounts would be circulated to all practices along with a copy of the Annual Report. The annual accounts would formally be presented at the AGM meeting on 12th November.

**Members received the signed Annual Accounts, Annual Report and noted the AGM arrangements.**

**13.2** **England LMC Conference**

**13.2.1** Mr. Greenwood provided a brief background on the forthcoming one-day conference which on Friday 7th November 2025 at the Royal Northern College of Music, Manchester. The Business Operations Manager confirmed the attending representatives would be Dr Ward, Dr Harle, Dr Tam, Dr Powell and Dr Fulton and that she would register their details with the BMA. Mr. Greenwood would attend as an observer. The Medical Director said he would share some dates for a representatives’ pre-meet via MS Teams to discuss the motions in advance.

**13.3 Cheshire LMC Fit for the Future Meeting**

Mr. Greenwood reported that every 2-3 years the LMC ran a Cheshire LMC ‘Fit for the Future’ session for the Executive Team (4 Directors, 2 Associate Directors, CEO and Business Operations Manager). The aim of the meeting would be to discuss current NHS landscape and the wider impact on general practice, identify the support constituents were likely to need and formulate a strategy to shape the LMC’s annual work plan for the next 12 months. It would also review succession planning for the Executive Team. He said members would receive a report on this at the November LMC meeting. The Finance Director asked members for suggestions on how to improve the Committee agenda and any other comments they wished to share.

**Members received the Annual Report and approved of the signed Annual Accounts.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **13.2.1**  **13.2.2** | **Business Operations Manager to plan for the AGM and circulation of the Annual Report and Summary of Accounts to all practices after the 12th November.**  **The Medical Director to share dates with LMC reps for a pre-meet to discuss the motions in advance.** | **Business Ops Manager**  **Medical Director** | **After 12/11**  **September** |

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| **AGENDA ITEM 14** | **FINANCIAL MATTERS** | **Presenter:** | **FINANCE DIRECTOR** |

**14.1 Financial Report**

The Finance Director presented the Committee’s financial performance for the period 1st April 2025 to 31August 2025 (Month 5) and reported the balance of accounts for Handelsbanken current account to £26,246.63 and the deposit account had a reserve of £33,018.70. The NatWest Business Account balance was £10,120.00. He reported that the LMC was currently running to budget and that the next monthly income payment was due within the next two weeks.

Mr. Greenwood reported that LMC had deliberately chosen to run at a deficit last year, following a meeting in the previous tax year, when the Committee voted to run down reserves which were at a reasonably high level. Therefore, this decision to reduce the deposits on balance went as planned.

**Members formally received the report from the Finance Director and financial position on 31 August (Month 5)**

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| **AGENDA ITEM 15** | **CORRESPONDENCE** | **Presenter:** | **CHAIR** |

There was no further correspondence.

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| **AGENDA ITEM 16** | **ANY OTHER BUSINESS** | **Presenter:** | **CHAIR** |

**16.1 Covid Medicine Delivery**

The Medical Director reported that the ICB was seeking to commission Covid Medicines Delivery Service and asked for a sense check from Cheshire LMC members if they thought practices would take this on. There followed a brief discussion, and it was considered there would be little or no interest from local practices. The Medical Director shared that this view was in line with other LMCs in Cheshire and Merseyside. The Committee was unanimous that local GPs would not want to take this service on.

**16.2 Dopplers in General Practice**

Dr Powell reported he had received an email from Laura Jones regarding the provision of dopplers in general practice, seeking to establish the provision of dopplers should be regarded as being part of general medical services. Place were planning to approach practices that had doppler equipment to gather information and try to evidence their claim. Dr Powell stated in his view this was clearly not part of GMS work. The Medical Director would review the specification detail and discuss with Dr Powell to deliver an LMC view.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **16.2** | **Medical Director to look at the wording and discuss a reply with Dr Powell** | **Medical Director** | **September** |

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| **AGENDA ITEM 17** | **DATE, TIME, AND PLACE OF NEXT MEETING** | **Presenter:** | **CHAIR** |

#### 17. 1 The next meeting of the Committee would be held on Wednesday 12th November 2025.

#### Venue: Nunsmere Hall Hotel.

1:00pm – 1:30pm Lunch

AGM: 1:30pn – 2:00pm

Business Agenda: 2:00pm – 4:30pm

**Signed Dr Shana Tam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Vice Chair)**

**Signed William Greenwood \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Chief Executive and Company Secretary)**

JH (V4)