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| Cheshire Local Medical Committee Limited Minute No. 169 | |  | | --- | | May 21, 2025 | | 1:30pm – 5:00pm | | VENUE: Nunsmere Hall, Oakmere, Northwich | |

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| Chair | Dr David Ward |
| In Attendance: Dr D Ward, Dr S Tam, Dr D Harle, Dr G Kent, Dr N Bishop, Dr S Powell, Dr D Chappell, Dr P Speake, Dr A Fletcher, Dr C Baker, Dr T Rigby, Dr J Norris, Dr A Fulton, Dr A London, Dr L Appleton,Dr N Paul, Dr P Bowen, Dr L Neale, Dr V Vernon, Mr R. McLeod, Mr. W Greenwood CEO, Mrs. J Hughes Business Operations Manager. | |
| Virtual (MS Teams): **Observers/ Guest Speakers:** | Dr Snowden, Dr Brindle, Dr Bharadwaj, Dr Camphor    Dr Louise Harrison GPST3 (Oaklands Surgery, Middlewich)  Andy Pow (Pow Thomas Partnership LLP) Specialist Medical Accountants (guest  speaker) |
| Apologies: Dr D Ward, | Dr S Morris, Dr D Jones, Mrs S Pownall |

## Draft Minutes

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

* 1. The Chair welcomed those attending in person and via MS Teams.

**6.1 Agenda item brought forward to the start of the meeting.**

The Chair introduced Mr Andy Pow of Pow Thomas Partnership LLP (Specialist Medical Accountants). Mr Pow was invited to give his professional overview of the 2025/26 GMS contract agreement and his personal reflections. Members were invited for questions or comments. (Item 6.1 provides the update).

**Members received the presentation and update.**

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| **AGENDA ITEM 2** | **DECLARATIONS OF INTERESTS** | **Presenter:** | **CHAIR** |

**2.1** There were no updates to the declarations of interest.

**2.2** The Chair reported the updating of Register of Declaration of Interest forms is in progress and reminded colleagues to complete the proforma circulated by Julie Hughes or contact Julie for a copy. He asked for all replies to Julie by 1 June 2025.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **2.2** | **Completed Declaration of Interest Proforma’s to be sent to Business Operations Manager by 1st June 2025.** | **Members** | **1.6.25** |

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| **AGENDA ITEM 3** | **APOLOGIES FOR ABSENCE** | **Presenter:** | **CHAIR** |

**3.1** Apologies received from Dr S Morris, Dr D Jones, Mrs S Pownall.

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| **AGENDA ITEM 4** | **TO RECEIVE AND CONFIRM THE MINUTES OF THE MEETING HELD ON 26 MARCH 2025** | **Presenter:** | **CHAIR** |

**4.1** Members were presented with the minutes of the last meeting held on Wednesday 26 March 2025 CLMC No. 168 (version 3) and the Chair asked if they were a correct record of the proceedings and sought approval to receive them.

**Members formally received the minutes of the meeting held on Wednesday 26 March 2025. The minutes were agreed and signed electronically.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **4.1** | **The minutes (CLMC No. 168) signed electronically.** | **Business Operations Manager** | **27.3.25** |

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| **AGENDA ITEM 5** | **MATTERS ARISING FROM THE PREVIOUS MINUTES** | **Presenter:** | **MEDICAL DIRECTOR** |

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

* Smoking Cessation. Within Cheshire and Merseyside, we were the only LMC pushing back/ saying no to prescribing. Discussed with Local Authority and ICB. ICB have an opposing view on the 004-indicator requirement in QOF. BMA advice received which supports LMC view. Discussion also had with the smoking cessation service in Buckinghamshire where ICB fund the GPs to prescribe. Medical Director to write to ICB quoting the BMA advice and evidence gained from Buckinghamshire. ICB might push back that they may wish to audit GP records.

The Medical Director asked members for their view on the next steps. On being put to a vote a

significant majority of LMC representatives were in favor of pushing back on this (vote 14 – 4).

* Medical Examiner Service. NHSE Northwest has organised an MS Teams session for 24 June at 5:00 pm. The session would be recorded. Details were shared with all practices. The LMC Exec Team would arrange to meet the local ME service leads following this session. Colleagues were invited to share any ongoing concerns with the LMC Medical Director.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **5.1** | **Medical Director to write to ICB**  **ME Service/Coroner. Members are encouraged to keep feeding examples back to the Medical Director.**  **Business Operations Manager to write to the local Medical Examiners with an invitation to a future LMC Exec Team meeting.** | **Medical Director**  **Members**  **Business Operations Manager** | **June 2025**  **Ongoing**  **June 2025** |

* Weight loss injections. The Medical Director confirmed that a motion at the UK LMC Conference in May in which GPs were advised to use caution in getting involved in the administration of these drugs. The ICB was currently awaiting approval of these drugs. There was no clear view yet if the drugs might be commissioned to be provided at practice/ PCN or GP Federation level. There was a discussion about the ability or otherwise to administer the drugs privately (noting the restrictions on treating NHS registered patients in this way).

Members felt it important to keep any funding available within primary care. The safety aspects were of prime importance and more guidance was needed from the BMA. This issue might benefit from discussion at the Association of Cheshire and Merseyside LMCs. Dr Bowen noted that this was the sort of emerging issue which we needed to ensure a good dialogue with the ICB in order to retain any possible funding within general practice.

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

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| **AGENDA ITEM 6** | **HOT TOPICS** | **Presenter:** | **CHAIR/CHIEF EXECUTIVE/ MEDICAL DIRECTOR** |

**6.1. Presentation by Andy Pow, Specialist Medical Accountant, on the Financial Aspects of the 1 April GMS contract**

The Chair introduced Mr. Andy Pow (Pow Thomas Partnership LLP) and former Director at Forvis Mazars. Mr. Pow was invited to give his views on the recent national contract settlement.

Mr. Pow provided a slide show covering many aspects of the contract settlement including –

1. Cost issues practices / PCNs will face in 2025/26
2. GMS and PMS changes to funding 2025/26
3. PCN changes and why that matters at practice level
4. Profitable general practice – some tips and recommendations.

He also provided his reflections and views on

Employers National Insurance rise to 15% and threshold reduction from £9100 to £5000

1. National minimum wage increase to £12.21 – 6.7% , higher rise for under 21-year-olds
2. Contact uplift assumes a 2.8% pay uplift
3. General inflation 3.5% and forecasted to rise
4. Other employers have the same issue so expect costs to rise
5. Bank of England base rate reducing – now 4.25% , down 1% from its peak. Good for property owners, not so good for savers and mentioned the need to partners to actively manage savings

And gave an overview of how practices might gain/ loose in terms of their net profitability.

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| **Winners** | **Losers** |
| High patient weighting | Low patient weighting |
| High partner to staff ratio | Low partner to staff ratio |
| Funding mainly from core GMS contract | Funding from a wide range of income sources where income not uplifted |
| PCNs which haven’t utilised full ARRS | PCNs maxed or overspent on ARRS |
| Lots of higher paid full-time staff | Lots of low paid part time staff |

He agreed to share his slides with the members present.

The Chair invited questions and thanked Mr. Pow for his insightful comments and observations.

**Members received the presentation.**

**6.2 Pushback on Unfunded and Un-Commissioned Workload**

The Chair introduced the item and began by thanking all the elected members for their support in engaging with all local practices and providing feedback which had been consolidated into a table by the Medical Director and CEO. This had been circulated prior to the meeting.

Mr. Greenwood set out the context for the debate on this item which started with the October 2024 survey of all practices. This had provided a listing of all unfunded work currently being asked of local practices by other system parties. Further work was done on this in February/ March by 4 LMC subgroups. As a result, in April, elected members had been asked to engage with all their local practices to confirm a remit for the LMC to engage with system partners to serve notice that practices would be advised to push back on identified unfunded work and where necessary engage in negotiation for a fee for service or funded LES for specific work. The LMC wrote to the ICB, Local Authorities and the 4 main NHS Trusts in Cheshire on 16 April 2025 to provide early notice of the intended actions. The date of 1 August had been notified for identified work to be rejected (subject to each practice deciding if it was intended to do so or not).

In discussion it was formally agreed that outside the national contract to keep the pressure on with local action and follow BMA safe working regarding capacity.

Dr Harle led members in discussion about the work identified in the circulated table of unfunded activities. The East Cheshire Caring Together contract was discussed as part of the debate. Members felt that this was now in urgent need of a complete rewrite and agreement should commissioners want these services. The potential impact of the serious cuts in ICB management costs were noted and it was felt this was a serious impediment to local negotiations.

Dr Powell noted that many local LES and other services had not had a proper uplift in contract value in almost 10 years. There was also a discussion on Advice and Guidance. It was felt this merited more discussion with the ICB (Place Teams) and that there needed to be a reset of the local approach to commissioning from general practice. The anticipated NHS 10-year plan due in June might form a platform to restart local discussions. The financial position of the ICB would be a barrier but much of the deficit was from the acute sector and if general practice was to thrive the ICB needed to protect general practice/ primary care funding and get the acute sector to manage its financial performance better. Mr. Greenwood noted that the new hospital development at Leighton was a case in point as the approval of funding for that work would likely have a requirement to produce a new operating model with a shift in services to the community.

There was a break in discussion to allow for Andy Pow to present thoughts on the 1 April GMS contract following which discussion on unfunded work continued.

There was discussion on Incliseran prescribing, Cinapsis, spirometry, MGUS monitoring, testosterone prescribing and transgender prescribing. Many practices said they would continue prescribing etc., for existing patients but reject requests in relation to new patients.

Inappropriate hospital work requests would be rejected, and details would be progressed by referral into the ICB interface groups. This was seen as an opportunity to renegotiate or establish modern patient pathways. It was agreed that the Medical Director and CEO would revise the table with the outcomes of the debate and feedback and review the wording of the communications to system partners.

On being considered by the members of the Committee the proposed actions and pushbacks were agreed subject to minor amendment (to be actioned by the Medical Director/CEO). A notice date of 1 August had previously been communicated to system partners and practices, but this might be put back to 1 September if more appropriate.

The Chair summarised the discussions and again thanked members for their contributions and support.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.2** | **Medical Director and CEO to**  **a) revise details in the table, draft and issue communication to the ICB.**  **b) revise details in the table, draft and issue communication to the 4 main NHS Trusts in Cheshire and other system partners.**  **c) revise details in the table, draft and issue communication to all GP practices and PCNs in Cheshire.**  **d) provide appropriate template letters and other materials as needed via the LMC website for practices to use.** | **Medical Director/ CEO** | **June 2025** |

**6.3 Online Access Requirements in Relation to the GMS Contract and DES**

The Medical Director introduced this item and noted different interpretation by Place colleagues in East and West Cheshire. Issues in West Cheshire had been raised with the LMC who had challenged the views of the ICB Place team. As a result, these had largely been withdrawn and revised guidance issued. Parts of the issues raised were still a live issue. A key discussion point of difference was availability on the day v unlimited capacity arguments.

BMA guidance had been received and circulated but some of this was seen as disappointing as further clarification was still needed. GPs were concerned about possible patient safety issues. The Medical Director advised practices to prepare as best as they could for 1 October requirements whilst further BMA clarification was awaited. It was reported that payments for the period to 1 October had been confirmed so that should not be an issue. Post October was seen as still a live issue which would be kept under review.

**Members received the update.**

**6.4 Feedback from the Association of Cheshire and Merseyside LMC Meetings**

The Chair and Medical Director noted that the unfunded work survey and proposed Cheshire LMC advice revealed that there were a number of areas with no common view between the LMCs. This often revolved round historic commissioning decisions in each of the five areas.

Further discussion around these issues would be ongoing and reviewed in the light of any proposal by the ICB to ‘harmonize’ arrangements.

**Members received the update.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.2**  **6.3** | **Business Operations Manager to share Andy Pow slides with Members**  **Medical Director/ CEO to keep Online Access requirements under review and follow up as required.** | **Business Operations Manager**  **Medical Director/ CEO** | **May 2025**  **October 2025** |

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| **AGENDA ITEM 7** | **CHESHIRE & MERSEYSIDE ICS GENERAL PRACTICE NETWORK** | **Presenter:** | **Dr BOWEN & DR FLETCHER** |

**7.1** No formal meeting had taken place. Dr Bowen and Dr Fletcher updated members on the groups which had emerged including the GP Practice Network which meets every 3 months, and the Primary Care Forum (4 contractor professions). Reference was also made to recent communications from a group calling itself The Cheshire and Merseyside GP Collaborative.

Mr. Greenwood confirmed that this group had not made itself known to any of the 5 local LMCs (Cheshire LMC had received a formal letter from the group to the ICB not directly but from a third party). The Association of Cheshire and Merseyside LMCs had written to the group seeking clarification of its aims, remit and governance arrangements. From an initial investigation this group had ’self-formed as a WhatsApp group – mainly for PCNs but had not progressed any sort of structured governance or received a formal remit to act for GP practices. Concerns were voiced by LMC members that the general written communication was not well structured and did not reflect well on general practice and its ability to work in unison.

**Members received Dr Bowen and Dr Fletcher’s update and noted the general view of Cheshire LMC members.**

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| **AGENDA ITEM 8** | **GPC UPDATE** | **Presenter:** | **GPC REPRESENTATIVE** |

**8.1** Dr Camphor had left the meeting at this point.

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| **AGENDA ITEM 9** | **SESSIONAL GP MATTERS** | **Presenter:** | **DR TAM** |

**9.1** Dr. Tam again thanked Dr Vernon for her report and said that many of the reported issues reflected the experience of local sessional GPs around unemployment and concerns about their futures. She had been invited to speak to the East Cheshire young GP group and updated the Committee on the LMCs programme for sessional GPs.

Dr Tam briefly referred to the work of the LMC Education Group which had helped develop the above programme and to the recent LMC survey of sessional colleagues. She was reflecting on the need for a further survey in due course.

**Members received Dr Tam’s report and update.**

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| **AGENDA ITEM 10 GP REGISTAR MATTERS** | **REGISTRARS MATTERS** | **Presenter:** | **Dr VERNON** |

**10.1** Dr Vernon presented a report on her attendance at the UK LMC Conference in Glasgow and drew out the key points which she had identified during her attendance. She commented on the voting and debate. Members had received a copy of her report and congratulated her on its content.

She also commented on the concerns of GP Registrars as they completed their traineeship and progressed as doctors. She reported on the speech by the Chair of GPC England on this topic and also on the address by the Chair of the GP Registrar Committee at the Conference. The current national unemployment concerns were reflected locally. It was noted that many IMG doctors would likely leave the UK to practice abroad.

The recent BMA publication, “The Value of General Practitioners’ was noted and commended to members to read.

Dr Harrison was invited to speak to the Committee on this topic, and she confirmed much of what Dr Vernon had reported.

**Members thanked Dr Vernon for her report and update.**

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| **AGENDA ITEM 11** | **COMMITTEE MATTERS** | **Presenter:** | **CEO** |

**11.1 LMC Representative Elections**

In the ‘absence’ of Mrs. Hughes (LMC Returning Officer) who was not in the room for the item, Mr. Greenwood read out her statement as the Returning Officer for the elections. Of the 9 constituencies due for election 8 had returned a single valid nominee – who were duly elected under the LMCs Constitution and Articles of Association. In the 9th constituency 2 valid nominations (Dr Amar Ahmed and Dr Peter Speake) were received and a formal election was declared. The candidates both submitted statements to support their nominations. Following a formal vote as set out in the agreed procedures, Dr Peter Speak received the most validated votes and was duly announced as the successful candidate.

The 2 candidates had been informed of the outcome of the election. Following the Committee meeting all practices involved in the 9 constituencies would be told of the outcome formally by The Returning Officer and all Cheshire practices would receive a copy of the LMC (external) Members Directory.

Dr Speake was invited to speak to the Committee. He thanked the voters for their support and paid special thanks to Dr Ahmed for his personal time and interest in standing for election in what he knew was a very busy time personally for Dr Ahmed. The Chair added that Dr Ahmed was held in high esteem locally by GP colleagues and had on several occasions supported the work of the LMC even though not a formal member.

Members have received an updated list of current LMC officers and members.

**Members received the report of the Returning Officer and congratulated Dr Speake on his re-election.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **11.1** | **Business Operations Manager to**  **a) confirm outcome of election with candidates. DONE**  **b) confirm outcome with relevant practices.**  **c) issue current LMC membership (internal) directory to all elected members**  **d) update LMC distribution lists. DONE**  **e) with CEO inform other parties.** | **Business Operations Manager** | **May 2025** |

**11.2 LMC Website**

The Chief Executive gave a brief update on the further development of the LMC website including the next steps in adding an events module to allow direct booking to LMC future events.

**11.3 Update to the LMC Constitution and Articles of Association**

The Chief Executive introduced this item which included formal updating of wording in the LMCs founding documents. Members had received the updates previously with changes marked in red. The LMC Executive Team previously reviewed the revised documents and proposed that the changes be formally agreed.

On being put to a show of hands of members present the proposed amendments to the 2 documents were unanimously agreed and approved.

The Chief Executive also referenced changes to all the LMCs internal documents which had been agreed by the LMC Executive Team as part of a review cycle. Mr. Greenwood drew attention to the LMCs Business Continuity Plan and the LMC Risk Register which had now been fully updated.

**11.4 LMC Annual Work Plan 2025/26**

The Chief Executive introduced the annual work plan which had previously been shared with members. Members had seen an earlier draft version. Mr. Greenwood highlighted the key aspects of the plan and noted that it might be reviewed further following the Executive Teams Fit for the Future discussions in September. Progress reports would be provided in year as previously done.

**The Members received the Plan and unanimously approved the detailed proposals.**

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| **AGENDA ITEM 12** | **FINANCIAL MATTERS** | **Presenter:** | **FINANCE DIRECTOR** |

**12.1 Financial Report**

The Finance Director presented the Committee’s financial performance for the period 1st April 2025 to 30th April 2025 (Month1) and reported the balance of accounts for Handelsbanken current account to £56,758.36, and the deposit account had a reserve of £43,018.70. The NatWest Business Account balance was £10,120.00.

The Finance Director reported the LMC’s cash at bank and reserves positions continued to remain healthy and were kept under regular review. Reserves have been used to support local ‘collective action’ work, develop a new LMC web site and provide further GP training programmes as previously agreed by the Committee. The Committee was asked to receive the reported financial position 30th April 2025.

Dr Kent reported that **t**he accounts have been closed and submitted to Afford Bond. Discussions with the accountants would take place during June and July to agree the details before the annual Directors meeting in September. He noted from previous discussions the bookkeeping and ledger functions for the LMC have been transferred to Afford Bond. Afford Bond also manage our payroll function.

He noted that the LMC Officers were currently reviewing the final outturn position at the end of the financial year 2024/25 and he was satisfied with the position both in terms of cash on account and general performance against the approved budget. A £60,000 deficit was predicted but this was done to deliberately run down one of the previous level of reserves. There was a date in the diary to meet the accountants to go through the accounts in detail. Details will be reported further at a future meeting.

Dr Kent went on to say, whilst historic expenditure levels continue to be monitored closely it is anticipated that past levels of expenditure will be broadly contained in 2025/26. He was however proposing a general uplift of 2.8% on staff, officer and member reimbursement. This was in line with DDRB recommendations. Separately, the LMC Directors were initiating a review of changes in workload for the Medical Director. The Executive Team may broaden this review to other roles at a future date. Any recommendations on changes would be brought back to the full Committee for agreement.

**Members formally received the report from the Finance Director and financial position** **to 30th April 2025 (Month 1).**

**12.2 Cameron Fund**

Dr Kent introduced a paper on the proposal to make an annual donation to the Cameron Fund. Dr Rob Barnett attended the LMC meeting in January 2025 to provide details on the operation and use of the fund. The Executive Team proposed an annual donation of £1,000.

**Members received the report and proposals and agreed an annual donation of £1,000 to the Cameron Fund.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **12.1**  **12.2** | **CEO and Business Operations Manager to action the agreed uplifts to salaries and Member reimbursements advising payroll provider and individuals. Update LMC corporate files.**  **Business Operations Manager to initiate annual payments of £1,000 to Cameron Fund.** | **Business Operations Manager/CEO**  **Business Operations Manager** | **June 2025**  **June 2025** |

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| **AGENDA ITEM 13** | **CORRESPONDENCE** | **Presenter:** | **CHAIR** |

13.1. The correspondence from the Cheshire and Merseyside GP Collaboration, which had been shared with LMC Members had been dealt with under an earlier agenda item.

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| **AGENDA ITEM 14** | **ANY OTHER BUSINESS** | **Presenter:** | **CHAIR** |

14.1 Dr Kent raised the issue of AI in general practice. Dr Paul provided further insight into the subject. Members felt a general apprehension based on their knowledge of the subject. It was agreed that Dr Paul would share some guidance produced by Howbeck Healthcare and introduce a discussion at the next LMC meeting.

14.2 Medicines Management Team. Dr Bishop and Dr Fulton commented on recent discussions with the MMT. It was agreed to discuss this issue further at the next LMC meeting.

14.3 Northwich LMC Constituency. The Chief Executive informed the Committee that discussions were being held with the practices in the Northwich constituency about a possible replacement for Dr Fiona Kilby who had now retired from the LMC.

**Members noted the suggestions and feedback on LMC membership respectively.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **14.1/2/3** | **Bring forward requested agenda items to June meeting.** | **Business Operations Manager** | **June 2025** |

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| **AGENDA ITEM 15** | **DATE, TIME, AND PLACE OF NEXT MEETING** | **Presenter:** | **CHAIR** |

#### 15. 1 The next meeting of the Committee would be held on Wednesday 25th June 2025.

#### Venue: Nunsmere Hall Hotel.

#### Lunch would commence at 1:00pm. The LMC County Board Meeting to follow at 1:30pm.

#### (WG/JH) v2

**Signed Dr David Ward \_David Ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Chair)**

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

**(Chief Executive and Company Secretary)**