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|  Cheshire Local Medical Committee Limited Minute No. 167 |

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| January 22, 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 F Kilby, Dr D Chappell, Dr P Speake, Dr A Fletcher, Dr S Morris, Dr C Baker, Dr T Rigby, Dr J Norris, Dr A Fulton, Dr S Bharadwaj, Dr A London, Mrs. S Pownall, Mr. R McCloud, Dr I Camphor, Mr. W Greenwood CEO, Mrs. J Hughes Business Operations Manager. |
| Virtual (MS Teams):**Observers/ Guest Speakers:** | Dr D Snowden, Dr Y Brindle, Dr N Bishop, Dr S Powell, Dr P Bowen, and Dr L Appleton Dr R Barnett (Liverpool LMC and Cameron Fund Vice Chair) |
| Apologies:Dr D Ward,  | Dr D Jones and Dr N Paul |

## Draft Minutes

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

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

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

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

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

**3.1** Apologies were received from Dr D Jones and Dr N Paul.

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| **AGENDA ITEM 4** | **TO RECEIVE AND CONFIRM THE MINUTES OF THE MEETING HELD ON 6 November 2024**  | **Presenter:** | **CHAIR** |

**4.1** Members were presented with the minutes of the last meeting held on Wednesday 6 November 2024 CLMC No. 166 (version 2) 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 6th November 2024. The minutes were agreed and signed electronically.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **4.1** | **The minutes (CLMC No. 166) signed electronically.** | **Business Operations Manager** | **31/01/2025** |

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

**5.1 The Medical Director and Chair provided updates and comments on the previous minutes of the meeting.**

NHS 111 This item was picked up in the collective action/ unfunded care discussion. Dr Harle reported on schemes elsewhere in England and that he had continued discussions with the local commissioners and service providers. There was resistance to changing their current position, but he was following this up and that LMC advice to practices was

• Practices can inform NHS111 that due to reaching a safe working capacity they are at amber or red status and closed for referrals for 48 hours.

• Practices must inform the ICS Place Team and local hospitals.

• Practices must put in place a mitigation plan to reopen.

NHS 111 had said it could not record amber on its system, but we had evidence that this was not true and had forwarded a reply to them. The LMC had received a suggested alternative involving the use of the temporary resident arrangements and diversion to another local practice. The LMC had responded that this was not acceptable and that the regulations around temporary residents did not match this approach.

GP Private Clinics the Chair reported on a meeting with representatives from Thriving GP Clinics. The discussions clarified the offer by the company and its interface with NHS GP practices. Several concerns were clarified but the LMC were not satisfied about the business model which included a ‘buddy scheme for some practices. The issue of potential direction of NHS patients to re-register with a ‘buddy Practice’ was not acceptable and the LMC would keep this under review.

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **5.1** | **Arrange meetings with the LMC representatives to discuss unfunded work further.** | **Medical Director** | **31/01/2025** |

Members were asked to report any issues to the LMC Medical Director or CEO.

**Members noted and received the updates.**

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

**6.1 The Cameron Fund**

The Chair introduced Dr Rob Barnett who would present information on the Cameron Fund.

The GP’s own Charity - the only medical benevolent fund that solely supports general practitioners and

their dependents. It was a charity for GPs run by GPs and supported GPs and their families in times of

 financial hardship. It helps those who are already suffering from financial hardship and those who are

 facing it.

The fund provided a mix of loans and grants to cover circumstances such as -

Short or long-term physical illness

Mental ill health, including addiction

Bereavement, relationship breakdown or divorce

Suspension, undertakings or other professional issues

Work-related problems, bullying, stress & burnout

Eviction, repossession & homelessness

He provided further details and contact options via a short slide presentation. He finished by asking the LMC to consider the Fund should it wish to make future charitable donations.

**Members thanked Dr Barnett and received the details.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.1** | **B/f for March LMC agenda under Finance Section. Consideration of annual donation to the Cameron Fund.**  | **Business Operations Manager** | **28/2/2025** |

**6.2 Unfunded Work, Local Enhanced Services and Collective Action**

The Chair introduced these topics for debate and reflected on the possible nature of further local action. This was also currently being discussed within GPCE at the special conference to be held on 19 March.

Dr Barnett (Liverpool LMC) and Dr Camphor (Mid Mersey LMC and GPCE member) were in attendance for this item. Dr Camphor gave an update from GPCE. Negotiations on the 2025 contract were expected to focus on an offer from Wes Streeting on 26 February. Whilst no detail was available it was likely that the offer would not meet GPCE demands for a fairer share of the health budget to reflect previous years of underfunding, current workload pressures or the increases to employers NI contributions and the minimum wage. He also touched on the proposed £20 Advice and Guidance fee and Vaccination and Immunization fee levels.

Dr Barnett expressed concern that general practice was at a crossroads. The current collective guidance was not impacting Government but was a first stage in the profession expressing its anger at a lack of real terms investment in general practice over the last decade. He was also concerned at the North/ South divide in general practice organization and delivery. Too much Government policy was influenced by what happened in the South of England and London. He noted that the £20 for Advice and Guidance was being taken from hospitals. It was not new funding and would come with strings attached.

He noted the 0.9% uplift in Cheshire and Merseyside ICS area; a possible 7.4% uplift in Government announced plans but added that it would require a 54% uplift to return to 2004 real term levels of investment.

Dr Harle presented a slide showing the main unfunded work topics by each former CCG area. Members had received a full table of replies on this subject. The table was not yet complete but would be updated and circulated for the next meeting.

Members discussed at length the potential for action including withdrawing from all unfunded work and some LES where the NHS commissioners had failed to uplift fees for several years. There was also a debate on shifting collective action to have more of an impact on Dept. of Health and Social Care and Government plans.

Dr Bowen felt that we needed GPCE to issue a clear statement of -

* What is the problem for general practice (funding/ retention/ workload)? Or go a stage further and describe what good GP services look like.
* What would ‘success’ look like in the negotiations with NHSE/Dept. of Health and Social Care?
* Give more clarity on national GP action. There was a need to hurt Government rather than ICSs.

Both Dr Bowen and the Chair felt there was a danger of sleepwalking into the end of general practice and the partnership model. The Chair added that the profession needed to protect the longevity of general practice and the partnership model. GPs received the equivalent of £40 pa per patient for all care.

Dr Fulton asked a question about clinical responsibility when GPs had made a referral, but hospital acceptance and treatment were delayed.

 In response to NHS 111 issues discussed at the last meeting, Dr Harle reported on schemes elsewhere in England and that he had continued discussions with the local commissioners and service providers. There was resistance to changing their current position, but he was following this up and that LMC advice to practices was

* Practices can inform NHS111 that due to reaching safe working capacity they are at amber status and closed for referrals for 48 hours.
* Practices must inform the ICS Place Team and local hospitals.
* Practices must put in place a mitigation plan to reopen.
* NHS 111 had said it could not record amber on its system, but we had evidence that this was not true and had forwarded a reply to them. The LMC had received a suggested alternative involving the use of the temporary resident arrangements and diversion to another local practice. The LMC had responded that this was not acceptable and that the regulations around temporary residents did not match this approach.

Members asked if there was any update on Oliver MacGowen training. This was a topic being discussed nationally and locally. It was agreed that the Medical Director would provide further updates and advice when received.

Dr Camphor suggested a petition should be sent to parliament signed by all GPs. Members agreed that the LMC should send a letter to the ICS identifying three unfunded work streams that it would be advising all GPs to stop from an agreed date.

**Members agreed on several actions.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.2** | **LMC to write to GPCE re. Points for clarification on collective action.****LMC to notify ICS and local Trusts of three areas of unfunded work it would advise GPs to stop from an agreed date (1April)****Business Service and Operations Manager to update and circulate list of unfunded work to all LMC members****LMC exec Team to meet with Cheshire and Merseyside LMCs and agree possible joint action.** | **CEO****CEO** **Mrs. Hughes****Exec Team** | **31/01/25****28/02/25****28/02/25****28/02/25** |

**6.3 Special LMC Conference 19 March 2025**

The Chair and Medical Director put forward three draft motions for the Committee to review and endorse for submission to the Conference Agenda Committee. Following discussion the three draft motions were agreed.

Delegates to attend the conference on 19 March were Drs Ward, Harle, Powell, Kent and Bharadwaj.

Noted nominations for delegates to the May LMC conference in Glasgow had also been invited.

**Members agreed with the motions for submission and invited delegates to attend.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.3** | **Submit three motions to Agenda Committee for Special LMC Conference.** | **Mrs. Hughes** | **27/1/25** |

**6.4 Association of Cheshire and Merseyside LMCs**

The Chair noted that a further meeting was scheduled for 23 January. Cheshire and Merseyside LMCs were sharing details on unfunded care and LESs. Discussion would focus on much of the same unfunded work agenda and lack of LES uplifts over many years with a view to reaching agreement on some joint actions and advice to all practices.

**Members noted the update.**

**6.5 ICS Prescribing Incentive Scheme**

Dr Fulton had circulated a detailed paper about her work in negotiating with ICS colleagues. She had pushed the changes and asks of the LMC with the ICS and had achieved a good degree of success.

It was agreed that the scheme and all the workbooks will be available on 1 April. Overall, the cost envelope was still £4pwp. Dr Fulton suggested that if the ICS are not able to increase the cost, then the workload could be reduced. Anything the ICS are ‘thinking about adding later in the year’ if it is not ready for April will not be added and will instead be in the 2026/27 scheme.

Payment is still £1 per aspect of scheme (see circulated paper) however discussions were had about possibility of releasing £1 to practices each quarter if they were showing progression through the scheme. Payment for last quarter may be in June 26 due to completion of the final reports which are delayed.

In terms of time needed to complete the scheme there will be more Medicines Optimising staff to run searches and do patient swops- the ICS was currently recruiting to these posts.

If quantitative measures are used to check on figures - then clear cost associated with different figures will be outlined as we go into the scheme this year. If it were an ask to review or switch 50-90% of patients then doing 50% would not get money, doing 90% would get 100% of money, and increments in-between.

Dr Fulton noted that under collective action withdrawal from prescribing software will mean financial implications for practices, but the Script switch software is being improved so should not have as many issues as this year. Any medication switches will be checked to ensure enough supply is available. As an example, the ICS team were not aware of the issues Winsford were having with some of the Trurapi portfolio for example.

**Members noted and received the update. The members expressed their thanks for work Dr Fulton had done successfully negotiating the proposed changes.**

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| **Reference** | **Action** | **Owner** | **Deadline** |
| **6.5** | **Prescribing Scheme. Dr Graham Duce is to be invited to the March LMC meeting for further discussion. Dr Fulton to make initial contact and Mrs. Hughes to follow up.**  | **Dr Fulton/ Mrs. Hughes** | **31/1/25** |
| **AGENDA ITEM 7.1** | **Cheshire and Merseyside ICS General Practice Forum Feedback** | **Presenter:** | **CHAIR** |

Dr Fletcher provided feedback from the most recent meeting and discussion at the ICS General Practice Forum. She noted discussion on how the agenda was developing e.g., more discussion on ICS finances and proposals to also establish a wider ‘Primary Care Forum’ with the other professional groups. LMC members were keen that the LMC should see and understand the proposed remit of another ICS group. The Chief executive asked the two GP representatives on the current forum to make it clear to the ICS that the LMC remained a local structure representing GP views and recognized in statute.

**Members noted and received the update.**

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

**8.1** Dr Camphor had given an update as part of an earlier agenda item.

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| **AGENDA ITEM 9** | **SESSIONAL GP MATTERS** | **Presenter:** | **VICE CHAIR** |

9.1 Dr Tam referenced the recent Sessional GP survey and some of the follow-up action on the results. She highlighted the potential number of GP registrars and sessional GPs who either had no work or found employment difficult to obtain. She also noted upcoming support and events-

* CLMC pensions session 6 February
* CLMC online seminar with BMA and NASGPs 27 February
* BM virtual rally

She noted that the West Cheshire sessional GP group had now ceased to operate but that the two Cheshire First 5 Groups were still thriving.

**Members received and noted the update.**

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| **AGENDA ITEM 10** | **GP REGISTAR MATTERS** | **Presenter:** | **CHAIR** |

11.1Dr Vernon noted some of the earlier agenda item discussions which impacted trainees. Availability of posts was an issue which was causing issues for those looking for employment at the end of their traineeship period.

**Members received the update.**

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

**11.1 LMC Representative Member Elections March 2025**

Mr. Greenwood referenced the document circulated to members outlining the formal process and timetable for the upcoming elections. The proposals had been agreed to by the LMC Executive Team and are presented here for information. Retiring members had been notified of the need for a fresh nomination if they were willing to stand again for election. He noted that Dr Fiona Kilby, one of our longest serving members would be standing down as she intended to retire from general practice during the Summer. Formal notification to practices would be issued in the following week.

**Members received and noted the planned arrangements.**

**11.2** **New LMC Web Site**

Mr. Greenwood reported that the new web site had gone live in November 2024. Several favorable comments had been received from members. It was noted that further additions to the functionality of the web site would be added in the coming months (the next addition direct course booking module).

**Members received the report and thanked Mrs. Hughes for her work in delivering the new web site.**

**11.3 LMC Update Report on LMC Annual Work Plan 2025/26**

The Chief Executive presented the draft work plan for the coming year. It was noted that further revision would be required following the publication of the NHS 10 Year Plan and the 2025/26 GMS contract offer. Updates to progress would follow during 2025. A further CLMC Fit for the Future event would take place in September for the LMC Executive Team. There were no questions.

**Members received and approved the Annual Work Plan.**

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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 2024 to 31st December 2024 (Month 9) and reported the balance of accounts for Handelsbanken current account to £71,858.71, and the deposit account had a reserve of £63,018.70. The NatWest Business Account balance was £20,120.00.

The Finance Director reported the LMC’s cash at bank and reserves positions continued to remain healthy and were kept under regular review. The Committee was asked to receive the reported financial position to 31 December 2024.

**Members formally received the report from the Finance Director and financial position** **to 31st December 2024 (Month 9).**

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

13.1. There was no correspondence to report.

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

**14.1 Schedule of LMC Dates 2025**

Members received notification of the rearranged date for the March County meeting (26th March).

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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 26 March 2025.

#### Venue: Nunsmere Hall Hotel.

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

#### (JH/WG(v2)

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

**(Chair)**

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

**(Chief Executive and Company Secretary)**