



## LMC Communication

### GPPC Update – August

It would be easy to assume that the month of August would bring an opportunity to take a breath and benefit from a time that traditionally has proved to be less intensive. Unfortunately, this is proving not to be the case. Following all the recent announcements from the Department of Health that notified us of the closure of NHS England, the review and re-structure of ICBs and the subsequent publication of the NHS 10 Year Plan, we face a number of significant changes with an expectation this is done at pace!

Last month, we produced a Communique focused on the 10 Year Plan publication, providing a summary from the LMC based on several national responses provided by the BMA. You will also be aware that following our practices support in principle to the development of proposals for a General Practice Provider Collaborative (GPPC) here in Calderdale, to ensure this work is aligned effectively with the timelines produced by the ICB for the development of a new partnership structure across West Yorkshire, the next three months will require focused work on developing proposals for a GPPC.

Across the country, developments for these collaboratives are taking place at varying rates. There are some places where the implementation of GPPCs has already been established. These include Wakefield, Greater Manchester and Northeast Essex. In other areas, discussions are only just commencing. This has given us the opportunity to liaise with already developed collaboratives to consider their positive elements as well as the potential pitfalls.

Calderdale does have several significant factors that place us in a very positive position when considering the development of a collaborative, these include:

- A geographical place where there are consistent organisational boundaries, significantly including a single LMC, a single practice-owned Federation, a single Local Authority and five localities giving consistency with our PCN localities.
- A positive working relationship between the LMC and PGPA, who themselves are a practice owned Federation providing at scale services for the benefit of our patient population.
- Positive working relationships across the health system between primary-care, secondary care, community provision and the voluntary sector.

In a recent published response to the 10 Year Plan by the BMA, the need for a GPPC and the clear support for its development was clarified with the statement:

*'To ensure the success of neighbourhood health plans and protect practices, General Practice must not only respond to these policy shifts but help lead them. GPs can do this by engaging swiftly, embedding the voice and values of General Practice in the design and implementation of any new models of care, and embodying the highest standards of clinical care, governance and financial stewardship.'*

## What Next for Calderdale?

The development of Partnership Collaborative proposals are now in discussion across the key partners in Calderdale. These are being taken forward through the forming of a Development Group with engagement from the secondary care Trusts, Local Authority, General Practice, voluntary sector and support from the ICB. This work has oversight from the System Leadership Group and Partnership Board in Calderdale. The key planned dates for this process are:

- July to September – Partner discussions to develop proposals with final draft agreement and TORs for agreement with key organisations.
- By December – Implement a Calderdale Provider Partnership in shadow form with clear objectives.
- January to March 2026 – Development of proposed delegated responsibilities, financial agreements, contract arrangements and infrastructure resource to the partnership.
- April 2026 – Go live with the new structures at Calderdale and at Calderdale, Kirklees and Wakefield level.

**To ensure that the full General Practice family has effective engagement and influence on these new developments, GPPC should be established by December at the latest.**

Calderdale LMC has made the clear commitment to work closely with our partner organisations within General Practice. This critically includes PGPA, our Primary Care Networks and most importantly all our individual practices across Calderdale.

As stated in a communication this month from PGPA to their member practices, the development of GPPC requires the direct involvement of our practices alongside the LMC and PGPA.

This work will require the setting up of a small, time limited Task and Finish Group that will take responsibility for developing proposed Terms of Reference and governance arrangements for the GPPC. These proposals will then be presented for full discussion and agreement from all our practices to ensure the GPPC is established and functioning by December.

**The specific ask is for interested GPs to contact us directly.**

The Task and Finish Group should include LMC Executive reps, PGPA Board and PCN Leadership reps. Essentially, there must also be GP reps who are not part of the above groups. September will be a key month for the development of proposals so that an evening event can take place in October that brings all our practices together for final discussion and agreement.

It is anticipated that up to four T&F meetings will be required to establish the final proposals. These meetings can take place at lunchtimes using MS Teams with tasks completed by the support team between meetings.

**The views and engagement of our GPs is critical to ensure we can develop the most effective collaboration that will have its rightful influence within the new Provider Partnership Collaborative in Calderdale. Contact us directly if you would like further information.**

## Recommended BMA Reference Documents

[Reforms to the NHS - Summer 2025 - NHS reforms - BMA](#)

[BMA focus-on-ethical Collaborations.pdf](#)

[BMA focus-neighbourhood Health.pdf](#)