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## **GPPC Drop-In Event – Tuesday 13 January**

### **Summary Notes**

Our thanks to all those who attended the event and for the contributions made. This communication provides a summary of the discussions held and the information shared by the working group.

#### **Introduction and Meeting Purpose**

The meeting began with Geetha Chandrasekaran outlining the informal nature of the session, emphasizing the need for a collective and influential voice for general practice amid changing NHS structures. The GPPC aims to protect independent GP practices and ensure they have a seat at decision-making tables to prevent loss of services or resources to other providers. The session was designed to brief attendees on the background and rationale of the GPPC and to collect questions for further discussion, with a follow-up face-to-face meeting planned for 12 February 2026.

#### **NHS Context and Local Changes**

Marcus Beacham provided context on the NHS 10-year plan, highlighting the government's commitment to delivering services at locality and place levels, with Calderdale representing the place level. The plan introduces new contract mechanisms for service delivery at network and multi-neighbourhood levels but does not explicitly guarantee the independent contractor model for general practice long-term. Locally, significant changes include a reduction in Integrated Care Board (ICB) staffing and the transition from the Calderdale Cares Partnership Board to the Calderdale Provider Collaborative (CPC), which will hold budgets and commissioning responsibilities from April 2027. The CPC will consist of five voting partners: the acute trust (CHFT), the mental health trust (SWIFT), the local authority, a voluntary sector collaborative, and a general practice collaborative. This new structure emphasizes the importance of general practice having a unified and influential presence to protect services and resources.

An example was given regarding phlebotomy services, where unilateral decisions by an acute trust had previously caused issues. The new collaborative model aims to prevent such occurrences by ensuring collective responsibility and decision-making, underscoring the need for general practice representation at the CPC table.

#### **Governance and Representation of the GPPC**

Questions were raised about who would represent general practice on the CPC board and how the GPPC would coordinate with existing bodies such as the Local Medical Committee (LMC) and Pennine GP Alliance (PGPA). It was clarified that no decisions have yet been made about representation or voting mechanisms. The GPPC is intended to be a coordinated forum where practices, PCNs, federations, and the LMC work together strategically while maintaining their sovereignty. The LMC retains statutory functions related to contracts, and the GPPC will need to ensure consistent and effective representation of general practice interests.

Sajid Khan emphasized that the GPPC would serve as a forum for general practice, federations, PCNs, and the LMC to agree on positions and influence system-level decisions collectively. This strategic collaboration is not intended to replace existing organizations but to unify their voices for greater impact.



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### **Inclusion of Other Primary Care Providers**

Questions about the inclusion of other primary care providers such as pharmacists, optometrists, and dentists were addressed. While efforts have been made to engage these groups, the initial focus of the GPPC is on general practice due to its dominant role in primary care activity. Inclusion of other providers is envisioned for the future as the collaborative model evolves.

### **Funding and Communication**

Funding concerns were raised regarding the operation of the GPPC and the CPC. It was assured that clinical leadership and system leadership roles at the CPC level would be funded by the ICB and would not impose additional financial burdens on practices. However, discussions about funding the GPPC itself are ongoing, with the aim to avoid extra costs for practices. The importance of effective communication channels was highlighted to ensure all practices are informed and engaged, with suggestions for various communication methods to reach diverse members.

### **Decision-Making and Engagement**

The GPPC will consult widely with member practices on key strategic decisions before representing general practice at the CPC. While the GPPC board will not include every practice, it will ensure broad consultation and engagement to reflect the views of all practices. A memorandum of understanding (MOU) will be developed to formalize the relationship between the GPPC and member practices, ensuring transparency and accountability. It was acknowledged that unanimous agreement on all issues is unlikely, but the goal is to balance inclusivity with effective decision-making.

### **Timeline and Next Steps**

The face-to-face meeting on 12 February 2026 is planned as a key event where the GPPC's board structure, decision-making processes, and terms of reference will be finalized. Following this, elections or nominations for board members will take place, aiming to have the GPPC fully operational by 1 April 2026 to represent general practice on the CPC. The meeting will be independently facilitated to ensure neutrality, and all relevant documents will be circulated in advance to allow practices to prepare.

### **Closing Remarks**

The meeting concluded with acknowledgments of the importance of maintaining strong relationships within the system, adapting to changes in ICB structures, and ensuring that all voices within general practice are heard, including sessional GPs. Attendees were encouraged to continue providing feedback and participating in future forums to shape the GPPC effectively.

### **Face to Face Event – Thursday 12<sup>th</sup> February Booking Information**

The following link takes you directly to the booking form for the above event. We are asking for **all practices** to be represented by a senior partner, as a decision maker plus management leads. Further information, including Agenda and format, will be sent to all practices in the next couple of weeks.

[GPPC F2F Event Booking](#)