



## LMC Communiqué June 2026

### **BMA Updates**

#### FP69's and List Cleansing

Across England, practices are witnessing an unprecedented acceleration in patient list cleansing. What might appear to be a routine administrative exercise has rapidly become one of the most significant financial and operational challenges facing general practice this year.

The current exercise differs from previous list validation programmes in both scale and speed. Writing to Primary Care Minister Stephen Kinnock this week, we have expressed serious concerns that patients are now being given just three months to respond before removal, rather than the six months traditionally allowed. The result is not only a more abrupt financial shock for practices, but also a heightened risk that vulnerable patients are incorrectly removed from their registered GP.

Those most likely to be affected are often those least able to navigate administrative processes: older people, patients with learning disabilities, those with limited English proficiency, and individuals with unstable housing arrangements. Many may never receive correspondence, may mistake it for a scam, or simply fail to appreciate the consequences of not responding. Meanwhile, practices are having to scrutinise hundreds of proposed deductions, creating a substantial additional administrative burden. Time and resources that should be focused on patient care are instead being diverted into checking lists and attempting to prevent inappropriate removals.

Calderdale LMC would advise all practices to review and complete the recommended actions provided within the BMA guidance available on the following link.

[Read the BMA 'Focus On' guidance about patient list cleansing](#)

#### New Collective Action for Practices – June

[From 1 June, we are urging GP partnerships and practices across England to take part in a further collective action](#), in the face of the Government's continued intransigence. We're thankful to every practice that has taken part in collective action around data sharing agreements during May to stay safe and sustainable in the face of the 2026/27 imposed GP contract.

*During June, we are asking practices to remove or ignore any non-contractual medicines optimisation software and amend your choices of acute prescription, which may fall outside the remit of the ICB formulary. This may include, for example, issuing a branded or liquid formulation that may still be a perfectly acceptable and justifiable choice for the care of the patient in front of you in the consultation.*

Calderdale LMC are aware that a number of practices switched off the medicines optimisation software as part of collective action last year. We are advising that practices should consider the guidance provided by the BMA in their 'Focus On' publication and decide based on clinical considerations and patient care.

[Read the BMA 'Focus On' guidance about switching off medicines optimisation software](#)

## GPC England Vote – Exploring an Alternative Strategy for General Practice

On May 21st, GPC England voted overwhelmingly to ballot GPs in England on a 'Plan B', or an alternative strategy for general practice that would allow GPs greater freedom to provide private services to their patients. This follows the passing of a resolution at UK LMC Conference in Belfast last month which called for the consideration of a means-tested, subscription-based service, or a hybrid model such as that offered currently by dentistry in England. GPCE will be engaging in an extensive consultation of the wider profession on their support for an alternative contracting arrangement for general practice across England over the summer. [Read more](#)

## Neighbourhoods and Integrated Health Organisations

The BMA has published a new briefing on the ongoing developments of neighbourhoods and IHO's in England, which are central to DHSC's proposed 'left shift' of care out of hospitals and into communities. Neighbourhood models and IHOs will have significant implications for all parts of the NHS but especially for general practice, with IHOs in particular posing a critical threat to the partnership model.

[Read the full BMA briefing here](#)

## **Calderdale LMC Update**

### General Practice Provider Collaborative

The General Practice Provider Collaborative (GPPC) is now fully established and has held its first two meetings. During these meetings, members agreed the collaborative's governance arrangements and elected both a Chair and Vice-Chair.

The GPPC has broad representation from across the general practice community in Calderdale. Each of the five localities is represented by both the Primary Care Network (PCN) Clinical Director and a GP representative from member practices. Membership also includes representatives from Pennine GP Alliance (PGPA), Calderdale Local Medical Committee (LMC), and Practice Managers.

At its most recent meeting, members elected a Chair and Vice-Chair following presentations from candidates and a vote by the full membership. The GPPC is pleased to confirm that Dr Asif Yaseen has been elected as Chair, with Dr Fawad Azam elected as Vice-Chair.

It has also been agreed with the Calderdale Provider Collaborative that Dr Yaseen and Dr Azam will occupy the two General Practice full member positions on the collaborative, ensuring a strong primary care voice within system-wide decision-making.

The GPPC will meet monthly, focusing on strategic planning, service development and transformation proposals being considered through the Calderdale Provider Collaborative. Members have also discussed the importance of ensuring General Practice representation across key partnership forums, including the Calderdale Health and Wellbeing Board, the 3CPB and the newly established Population Health Management Working Group.

Administrative support arrangements for the GPPC are currently being finalised. Once in place, a monthly update will be shared with practices and stakeholders, providing a summary of key discussions, decisions and actions arising from each meeting.

The establishment of the GPPC represents an important step in strengthening the voice of General Practice across Calderdale. By providing a strong, coordinated voice for primary care, the collaborative will help shape healthcare services, influence local decision-making, and ensure General Practice remains at the heart of the development and delivery of plans that support patients, practices and communities across Calderdale, including the ambitions set out in the NHS 10-Year Health Plan.