WEST PENNINE LOCAL MEDICAL COMMITTEE
Representing and supporting GPs in Glossop, Oldham and Tameside
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BeCCoR Scheme Team
NHS Greater Manchester
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cc: Dr Claire Lake, Deputy Chief Medical Officer, NHS Greater Manchester
Caroline Bradley, Associate Director of Primary Care, NHS Greater Manchester

Date: 20 August 2026

Re: BeCCoR 2026/27 – Reduction to the Oldham Section 3c Neighbourhood Prevention Allocation: Governance and Consultation Queries

Dear BeCCoR Scheme Team,

I write on behalf of West Pennine Local Medical Committee (WPLMC), the statutory representative body for general practice across the West Pennine locality of NHS Greater Manchester.

The August 2026 BeCCoR scheme summary records that the Oldham Section 3c Neighbourhood Prevention Allocation has been reduced from £618,183 to £556,364 — a reduction of £61,819, or approximately 10%. We note that this figure does not appear in the full scheme document approved for Primary Care Commissioning Committee sign-off, and that the reduction therefore appears to have been made through a separate, locality-level process. A reduction of this magnitude is sufficiently material that it warrants explanation, particularly where it appeared after publication of the original figure and where no publicly available governance paper currently explains its basis. We are writing to seek clarification on the basis for, and governance of, this reduction.

Governance and consultation queries

The full scheme document states that use of the Neighbourhood Prevention Allocation is to be overseen "by Place through place based partnership governance," and that "funding decisions will take place at Place and must be in collaboration and agreement with the local GP board (or equivalent mechanism where there is no GP board)." We would therefore welcome clarification regarding:

- The reason for the reduction of £61,819 to the Oldham allocation;
- Whether this reflects a Greater Manchester-wide adjustment applied proportionately across localities, or a decision specific to Oldham;
- The date on which the reduction was approved, and whether it formed part of any published Primary Care Commissioning Committee, Place Partnership, GP Board or BeCCoR governance paper;
- The governance route through which the decision was taken and approved;
- Whether the reduction was placed before, and agreed by, the relevant GP Board, and whether it was reported through BeCCoR governance, Primary Care Commissioning Committee governance, or other formal approval mechanisms;
- Given that the scheme document identifies agreement with the local GP Board as the required route for Section 3c funding decisions, the relevant Oldham GP Board record of this decision — specifically the agenda item, minute, and any supporting paper at which the reduction was considered and agreed, together with the date of that meeting — and copies of any communications between NHS GM and the Oldham GP Board relating to the reduction;

- Whether the reduction reflects any change in the population or list-size denominator used to calculate the allocation (for example following list validation or FP69 activity); and, if so, the original and revised denominators, the methodology and date of recalculation, and the governance approval for that change;
- The destination of the £61,819 removed from the Section 3c allocation — that is, whether it has been retained within the Oldham BeCCoR envelope, moved elsewhere within BeCCoR, or removed from primary care;
- Whether any consultation took place with the statutory representative body regarding this amendment.

We further note that the reduction appears to have been communicated to practices only through its incidental appearance in the updated August 2026 scheme summary, and that the covering communication accompanying that summary drew attention to updated clinical requirements without reference to any change in funding. The reduction was identified by comparison of figures across documents rather than through any direct notification. We would therefore ask whether any direct communication was issued to affected Oldham practices notifying them of the reduction to the Section 3c allocation; and, if so, when it was sent, by whom, and through what route.

The standing of the statutory representative body

For the avoidance of doubt, WPLMC's position is that agreement at GP Board level would not, of itself, constitute consultation with the statutory representative body. The GP Board is an advisory, non-elected collaborative forum, and its overlapping membership with general practice does not discharge the duty to consult the LMC on matters that materially affect practices — including decisions on the quantum and flow of funding through the Section 3c allocation.

We raise this in the context of a wider and continuing concern that Section 3c oversight routes through the Oldham GP Board and place-based governance without a defined LMC touchpoint. A reduction to the allocation, taken through that same route, illustrates precisely why a defined statutory-representative touchpoint is necessary. We would ask that this be remedied.

Impact on planned neighbourhood activity

We further note that the reduction creates uncertainty regarding planned neighbourhood activity. Where practices, PCNs or neighbourhood partners have developed delivery plans, committed staff time, or begun activity on the assumption of the original £618,183 allocation, a mid-year reduction may leave those commitments unfunded. We are not, at this stage, asserting that financial detriment has occurred — we are unable to assess that precisely because the matters above have not yet been explained. We therefore ask NHS GM to confirm whether any anticipated practice funding, planned neighbourhood interventions, or activity that practices have already been asked to commit to are affected by the reduction.

We would be grateful for a response within 14 days. This letter is confined to the Oldham Section 3c allocation and the governance arrangements surrounding that reduction, and should be considered on its own merits. WPLMC reserves the right to raise any wider concerns regarding scheme implementation, funding or performance arrangements separately.

WPLMC remains willing to discuss any of the above and to support constructive resolution.

With best wishes,

Dr Amir Hannan MBE
Chair
West Pennine LMC

Dr Alan Dow
Secretary
West Pennine LMC

Dr Mark Wilshere
Vice Chair & Treasurer
West Pennine LMC

For and on behalf of West Pennine Local Medical Committee