



March 2025 Newsletter

What Does the Future Hold for GP Collective Action?

Two weeks ago, the GPCE agreed in principle to accept the government’s contract offer—provided there is a firm commitment from the Secretary of State that a new GP contract will be funded within this parliamentary term. This decision follows three years of contract imposition, a dispute with NHS England over the 2024/25 contract, and months of collective action taken by thousands of GPs across the country.

I want to thank you for your role in this. Every action, no matter how small, has contributed to our shared future.

A Stepping Stone Year

The 2025/26 contract has been accepted as a transitional year, recognising that solving the current crisis in general practice won’t happen overnight—especially with a government facing financial constraints. The much-discussed “left shift” in healthcare, seen as crucial to recovery, will also take time to implement.

While the GMS contract remains a solid foundation, it undoubtedly needs updating. General practice today is almost unrecognisable from 2004, when the last major contract update occurred. However, its core principles remain essential, and we must protect them in any future negotiations:

- A well-resourced, properly staffed, list-based model
- Comprehensive, cradle-to-grave care
- Timely access and continuity of care when it matters most

That said, some things must change. Much like my old but beloved car, we can keep investing in the current system, but without modernisation, we won’t achieve a model that is robust, safe, and fit for the future. The time has come to secure investment for an updated, limited-liability, independent contractor model that guarantees a healthier future for general practice.



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Where Does This Leave Collective Action?

With an agreement in principle on the national contract, what happens next for collective action? The BMA has recently clarified its position: While the GPCE is no longer in dispute with the government, many of the collective actions taken were not just protest measures—they were about making general practice safer and more sustainable. These actions should not stop.

For example, the safe working guidance has been BMA policy since 2016, and this remains unchanged. Many collective actions were local-level initiatives, with GPs reviewing their contractual obligations and identifying unfunded work. This has led to real progress, including practices giving notice on their LES contracts, forcing LMCs and ICBs to address gaps in funding and commissioning.

Local Progress in Cambridgeshire & Peterborough

Your LMC committee met last Thursday to discuss local action and outcomes.

There is no doubt that your collective withdrawal from PSA monitoring has had an impact. It directly led to the introduction of the new PSA LES, with our ICB acknowledging the commissioning gap and properly contracting for this work. The LES wording is clear in defining why this work sits outside GMS, ensuring appropriate recognition and funding.

The committee also reviewed progress on other locally commissioned services, and was encouraged to see that the ICB has listened to LMC feedback. Changes are being made, including a shift towards tariff-based funding, which better reflects the true costs of providing these services.

This is just the beginning. Your LMC sees these changes as the first steps in a longer process, where the ICB, LMC, and general practice must continue working together to ensure that commissioned services are properly funded. We know that general practice remains the most cost-effective part of the NHS—but we cannot continue to deliver services at a financial loss. Our future depends on adequate resources to ensure:

- Safe, sustainable services
- Convenience for patients
- The continuity of care that defines general practice.

So has the system finally recognised the importance of general practice? That remains to be seen. However, the ICB's response suggests a shift in attitude—and your collective voice has been instrumental in making this happen.

Collective action must not be abandoned—it must become the norm. We must continue working together to redefine our responsibilities, secure fair funding, and say “no” to unfunded work that threatens the sustainability of our profession.

We would do well to adopt our ICB's own principle: **“All together for healthier futures.”**

By standing together, we can secure a healthier future for general practice and, most importantly, for our patients.

Cambs LMC Committee Election 2025

Stand. Vote.
Engage. Change.

Voting OPEN!

We are delighted that 16 local GP colleagues have nominated themselves to stand for election to Cambs LMC for the 12 available seats.

All registered constituent GPs in Cambridgeshire & Peterborough can now vote for their preferred candidates.

Voting closes at midday on **Tuesday 25 March 2025**

View your nominees profiles [here](#).

[Vote Now!](#)



Dr Tamara Keith
GP Partner



Dr Hayley Haworth
Salaried GP



Dr James Morrow
GP Partner



Dr Emily Manning
GP Partner



Dr Paula Newton
Locum GP



Dr Duncan Outram
GP Partner



Dr Alisdair Macnair
Salaried/Locum GP



Dr Izebeya Otobo
GP Partner



Dr Daniel Nlewedim
GP Partner



Dr Ben Miller
GP Partner



Dr Marie Waters
GP Partner



Dr Francesca Frame
GP Partner



Dr Pheng Toh
GP Partner



Dr Jill Hamilton
GP Partner



Dr Esther Green
GP Partner



Dr Jessica Randall-Carrick
Salaried GP

Right to Choose requests from Schools

We are aware that a number of schools may be directing parents of children needing assessments for autism/ADHD to them for Right To Choose referrals, rather than referring them to local services themselves.

We have written to the Education team there to advise them that doing so raises some issues for practices. It creates an extra process step for families, and makes a demand on limited GP capacity. We have also advised them that whilst a RtC provider might offer speedier diagnosis, GPs may well not be able to take on any subsequent prescribing requests as many do not meet our recommended standards for shared care agreements. As such, the benefits of the quicker diagnosis do not include more rapid access to medication.

We continue to reflect both locally, and nationally, that the commissioning arrangements for the assessment of these very important conditions is lacking and that this creates very significant difficulties for patients, their families, and their GPs.

Please see attached links to our generic [NHS Right to Choose guidance page](#) and [template letter](#) that practices could use to reply to such requests from Schools which we hope you find helpful.

NHS England - to be abolished

You will have no doubt seen in the news this week that the government has decided to abolish NHS England, cutting staff numbers by half and consolidating functions under the Department of Health and Social Care. This was closely followed by the update that ICBs across the country would also be required to substantially reduce running costs, in the region of 50%, and within this financial year.

This may, in the longer term, mean that there is less bureaucracy and more funding that will make its way to the front line of service delivery, but in the shorter term there will be a period of transition and likely disruption as the reorganisations take place and local system-based colleagues are inevitably affected. Further details will be shared as implications become clearer and practices are reminded to review ICB updates for more information.

New RCGP Safeguarding Standards

Last October, the RCGP released their new [Safeguarding Standards](#) for general practice. This represents a significant change from the previous Intercollegiate documents that we have been using, and helpfully is a single document that covers safeguarding from cradle-to-grave.

Safeguarding is a key part of our work in our practices, and we recommend that everyone is familiar with the guidance. However, we also would like to highlight some key changes here at the LMC.

- The standards apply to everyone who works in general practice, appropriate levels are outlined within it, but the entire team should be familiar with their part, regardless of role.
- They are no longer based around hours of accumulated learning. Instead, safeguarding is framed as something that should be subject to career-long professional development, based on adult learning principles. There's an expectation that your appraiser will ask you how you do this, but you no longer must tick off the right number of hours of courses!
- We all need to understand principles of adult and child safeguarding, regardless of our clinical role.
- There is a very welcome statement about the current challenges in general practice, and the fact that we can only operate within the parameters our resources allow.
- There is an equally welcome reflection of the emotional toll of this work on us, and our teams
- It's based on five key themes:
 - Professional safeguarding responsibilities
 - Identification of abuse and neglect
 - Responding to abuse and neglect
 - Documenting concerns
 - Information sharing and multiagency work
- The attainments for these are comprehensive; perhaps even aspirational. But they reflect a constant process of learning, not an exhaustive list to "complete."
- There are specific competencies for practice managers and safeguarding leads.

We'd also take the opportunity to remind practices that here in Cambs, there is a LES for Safeguarding which provides practices with resourcing for this critical work. Whilst identifying and reporting safeguarding concerns is very much core general practice, there is a well-recognised need for the wider work around report writing and collaboration with other agencies to be funded, and the arrangements here in Cambs should be familiar to all practices. We are always happy at the LMC to be contacted around any issues over the application of the LES.

The guidance talks about Safeguarding as a "golden thread" that should run through all of our work in general practice; GPs are certainly highly important safeguarding professionals and we are only too aware at the LMC how challenging, time-consuming, and provoking this work can be.

We are always available to any practice or individual who needs our support.

▶▶ GP Contract for 2025-26 accepted in principle

GPC England have [voted to agree in principle the proposed amendments to the 2025/26 GMS contract for GP practices](#), contingent upon written assurance to the profession from the Secretary of State Wes Streeting around a new substantive GP practice contract being negotiated in this parliamentary cycle.

BMA has [written to the Secretary of State for Health and Social Care](#) seeking confirmation of the Government's intention to negotiate a new substantive NHS General Medical Services contract within this parliament. GPC England will work with Government over the coming weeks to provide the necessary assurances and guidance to the profession.

The 2025-26 contract includes new investment of £969m on top of the £433m invested in the autumn of last year, totalling over £1.4bn investment since July 2024.

GPCE continues to recommend [practices work safely](#) and advises that where commissioning gaps exist, or where commissioned pathways are failing practices and patients, these need to be negotiated locally. Practices should be appropriately resourced for the work they undertake in providing vital care for patients.

The national dispute with the Government may be over, but the local focus and disputes at a system level continue, where our decade-long [safe working guidance](#) policy still remains, and where patients must be protected from gaps in local commissioning. Practices who are undertaking such work should either be appropriately resourced to ensure sustainable patient care, or consider serving notice on them to ICBs. LMCs are central to this process of achieving a fair collective bargaining position for practices supported by national BMA advice and resources. BMA will be seeking DHSC support for this new phase, to help change ICB narratives towards general practice, supporting alignment with the Government's stated objectives towards continuity of care and the shifting of resources from hospital out into the community.

BMA will be producing new updated guidance accordingly in the coming weeks with FAQs and webinars. The NHS sees 1.7million patients every day - [1.5 million of them in our GP surgeries](#). If the Government wants to transform the NHS, it must work with the BMA to deliver a new practice contract with new funding agreed by the Treasury.

Read more about the changes: www.bma.org.uk/GPcontract

Watch the [video](#) recorded last week after GPC England met, explaining the contract deal.

▶▶ Special England LMC Conference

A Special England LMC Conference will be held on Wednesday 19 March 2025, at [Friends House, London](#). This was requested in November by the Conference of England LMCs to further assess the critical state of general practice in light of any potential government contractual offer, and what options may be open to the profession to maximise leverage.

The focus will be to discuss and determine what escalatory steps will be needed to ensure the survival of what still remains of English general practice.

If you have any questions, please email info.lmconference@bma.org.uk.

▶▶ 2024-25 declaration of completion for 'simpler online requests'

GPC England has previously advised practices and primary care networks (PCNs) to defer signing up to 2024/25 PCN DES CAIP "simpler online requests" which may request the enable patient access to e-consultations every working day from 8am to 6.30pm (as part of the PCN voluntary contract incentives).

Whilst GPC England recognises the aspiration in relation to the on-line consultation platform and its role as one part of patients' opportunity to contact practices, we do not agree this element of the CAIP proposal was properly communicated during the 24/25 Contract consultation and remain very concerned about the potential implications of this issue for practices.

However, now that agreement has been reached for the 2025/26 contract BMA advises practices with outstanding claims for this part of the CAIP to submit their claims well in advance of Friday 28 March 2025, but citing the caveats of the above information from the BMA and GPC England. BMA will be publishing further guidance shortly.

▶▶ Parliamentary update

The BMA has continued to brief parliamentarians as the National Insurance Contributions (NIC) Bill has been making its way through parliament. During the report stage of the Bill in the House of Lords the Government was defeated on a number of key points including a Liberal Democrat amendment to exempt the health sector from NICs increases. This means that as the Bill currently stands, health sector organisations including practices will be exempt from the employer's NICs hikes under the legislation. However, as the Bill is due to return shortly to the House of Commons it is likely that the Government will seek to overturn these changes. The BMA will continue to lobby on the Bill and keep members updated.

▶▶ BMA member relations regional map

The BMA has published [a map](#) showing the BMA's Member Relations regional structure, identifying each Head of Region, the area they cover and their contact details. This has been created to support LMCs in building relationships with their relevant Local Negotiating Committees (LNCs). If practices or LMCs would like any contact details relating to the Trusts in your area, please email the relevant Head of Region and they will be able to assist you. The map can also be accessed on the [BMA LMC page](#).

▶▶ GP Pressures: latest [workforce data](#)

GP practices across the country are experiencing significant and growing strain with declining GP numbers, rising demand, struggles in recruiting and retaining staff, with knock-on effects for patients. The latest [workforce data](#) shows that there is still the equivalent of 1,129 fewer fully qualified full-time GPs than in September 2015. During this time, there has been a rise in the number of patients, with January 2025 seeing yet another record-breaking number. GPs are now responsible for about 17% more patients than in 2015, demonstrating significant workload pressures. Learn more about the [pressures on general practice by visiting our website](#)

▶ GP unemployment crisis

The BMA's UK sessional GPs committee has [surveyed salaried and locum members to help highlight the absurd situation of the growing unemployment/underemployment crisis among GPs](#). The survey showed that 1 in 5 GPs in England plan to change their career because they can't find work. At a time when patients are struggling to access appointments, it is unacceptable that so many skilled GPs are unable to find work. The BMA is also asking all GPs to write to their MP and urge them to support changes that will allow more GPs to work in the NHS. [Write to your MP now by using our tool](#).

[Read more about the survey and the 'write to your MP tool'](#)

▶ Guidance on salaried GP maternity leave changes for employers and employees

BMA recently announced a change in maternity leave for salaried GPs which extends the number of weeks for which half maternity pay can be received from 14 to 18 weeks, aligning this with the period of time parental reimbursement can be claimed under the Statement of Financial Entitlements [SFE] for GP locum cover during this period of absence. It also aligns the total period of maternity absence [8 weeks full pay, and now 18 weeks half pay] with that available to equivalent hospital-based doctors. More information can be found on the BMA [website](#).

▶ GPC England regional elections - nominations now open

[GPs Committee England](#) is now seeking nominations for voting members of the committee for the 2024-2027 sessions, as regional representatives for the following constituencies:

- Cambridgeshire and Bedfordshire
- Hertfordshire
- North and South Essex
- Barking & Havering, Redbridge & Waltham Forest and City & Hackney
- Cumbria and Lancashire
- Wigan & Bolton, Bury & Rochdale and West Pennine
- South & West Devon and Kernow
- Hampshire and Isle of Wight
- Kent
- Surrey and Croydon
- East Yorkshire, North Lincolnshire and Lincolnshire
- Calderdale, Kirklees, Leeds and Wakefield

You can nominate yourself [here](#). Nominations close on 21 March 2025 at 12pm.

If you have any questions or require assistance, please contact elections@bma.org.uk.

For more information about BMA elections please go to <https://www.bma.org.uk/elections>.

▶ NHS England

It has been announced that Amanda Pritchard will stand down as Chief Executive of NHS England at the end of this financial year. Sir James Mackey will take over as Transition CEO of NHS England, for the next month before taking up post formally on the first of April. In addition to this Dr Penny Dash was confirmed as the new Chair of NHS England, taking over from Richard Meddings, who will also step down in April.

Sign up to receive our updates

Anyone can request to receive our newsletters and updates.

C&P Locum GPs can request to join our locum mailing list.

C&P GPs and Practice Managers can request to join the LMC Link mailing list.

Email us to enquire: office@cambslmc.org

Support and signposting

Cambs LMC is always here to represent, support and advise GPs and their practice teams in a safe, confidential space if you are struggling or in distress. We actively encourage you to reach out to us. Visit our [website](https://cambslmc.org) for more information or snap the QR code:



GPAS

Audit and submit your alert state before 17:00pm on Thursdays each week: <https://cambslmc.org/gpas/>

Vacancies in General Practice

We advertise any roles in General Practice on our website: <https://cambslmc.org/jobs/>. This remains a free service to our constituent practices in Cambridgeshire & Peterborough. To advertise a vacancy in your practice, please email us the details, including the closing date and any supporting documents in to office@cambslmc.org.

Practices seeking GP Locums - We continue to forward any GP Locum availability you might have to our locum mailing list. When sending requests to office@cambslmc.org to forward on, please remember to include a short synopsis of your practice in your requests i.e. where you are, what clinical system you use and relevant contact information.

Remote GP Locum sessions - If you have roles which could be undertaken remotely – why not advertise these too? Attract GPs from across the country, and rather than working for other companies, they could work for you, and get NHS pension contributions and instant messaging with senior GPs to support.

BMA Wellbeing

View BMA wellbeing support services page here:



<https://www.bma.org.uk/advice-and-support/your-wellbeing>

A range of wellbeing and support services are available to doctors, including 24/7 confidential counselling and peer support services, NHS practitioner health service and non-medical support services such as Samaritans. Doctors in Distress also provides mental health support for health workers in the UK, providing confidential peer support.

See their **poster** with 10 tips to help maintain and support the wellbeing of you and your colleagues.

BMA Guidance Links

Practical guidance for GP practices

Safe working in General Practice

Latest GP Bulletin (England)

Latest Sessional GPs update

Latest on X/Twitter: @BMA_GP and @TheBMA

PCSE Guidance Links

Guidance Pages

Monthly Updates

Youtube

CQC Guidance Links

Guidance for GPs

Youtube

GP Mythbusters

LMC Office Staff:

Dr Katie Bramall-Stainer – Chief Executive
Alice Benton – Interim Chief Operating Officer
Dr James Booth – Medical Director
Emma Drew – Executive Officer
Suzy Stoodley – Executive Officer
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