



We were delighted that so many of you took time out of your Tuesday evening to join us online for our Open Meeting on 29 April. It was a valuable opportunity to hear directly from Dr Katie Bramall about the national contract changes, while Alice Benton and Dr James Booth provided useful local updates. These included feedback and discussion on the 2025/26 local commissioning agreement, as well as information about ongoing work at the interface between general practice and the wider services you work with every day.

Your feedback during the meeting was incredibly helpful—especially around the challenges of delivering locally commissioned services and the persistent service gaps you continue to face. As discussed, the shift back to predominantly activity-based payments in this year's framework will give us crucial insights into how this additional workload is affecting general practice. We're committed to working closely with the Primary Care Team at the ICB to explore ways of modernising and improving these services.

We're already taking forward the areas you identified as currently unfunded or uncommissioned, and we'll be in touch over the coming weeks with next steps on taking forward the highest-priority issues.

This week, we met with the ICB to review sign-up to locally commissioned services and to discuss what alternative provision for services will look like where practices have chosen not to participate. In most cases, service coverage remains in place.

However, there are some areas where alternative arrangements are needed, and the ICB's Primary Care Team will be contacting the relevant practices directly.

Where services are being withdrawn, please provide sufficient notice so that alternative providers or pathways can be identified. We're aware that delays can happen—especially when the next steps are unclear—so do keep the LMC informed. We're here to support you and help avoid unnecessary disruption.

We also know that many practices are finding innovative ways to deliver and report on local services—whether through new equipment that saves time, or templates and software that support coding and data searches. We're eager to share these solutions across our constituent practices. If you've found an effective tool or workflow, please share it at the Practice Managers' meetings or email us directly at [office@cambslmc.org](mailto:office@cambslmc.org). Likewise, if you're facing challenges that others might have already tackled, let us know—we'll do our best to connect you with practices that can help.

While the activity-based model will provide valuable data to strengthen services in the long term, we recognise the additional administrative burden it places on practices. We're committed to helping you manage that as best we can.

We also expect further information shortly on the local rollout of the Advice and Guidance DES. We've already shared your feedback with the ICB, and they'll be issuing communications in the coming days.

There is no LMC Committee meeting in May, but we'll keep you updated through shorter communications ahead of our next full newsletter in early June.

The pace of change around ICB running costs rationalisation remains high, and we want to make sure you're kept informed as developments unfold.



## Mental Health Services Survey

We are aware that many colleagues have experienced difficulty in accessing mental health services for their patients, or in communication about ongoing care for patients under them.

We are also conscious of the great strains on both general practice and mental health services in caring for this vulnerable cohort of patients.

With that in mind, we want to support practices and lead on discussions about commissioning services that fit local need.

To help with this, we have developed a short survey that is designed to capture both the scale of the challenge and examples of good practice; we would be grateful for you taking a moment to share your experiences.



[Take the short survey here](#)



## Cambs LMC Annual General Meeting 2025/26

The Cambs LMC Annual General Meeting was held on Thursday 24 April, ahead of the scheduled Committee meeting. During the AGM, the Board presented a recommendation to increase the LMC levy by £0.04p per registered patient for 2025/26 financial year.

Following careful discussion, this proposal was approved by company members.

This modest increase reflects our commitment to ensuring the continued delivery of high-quality, effective support for our constituents, particularly in the current challenging climate.

We fully understand the responsibility attached to the levy and remain dedicated to managing these resources with care and accountability.

If you have any questions regarding the levy, please contact the LMC office in the first instance at [office@cambslmc.org](mailto:office@cambslmc.org).

## Contact us:

email: [office@cambslmc.org](mailto:office@cambslmc.org)  
website: [www.cambslmc.org](http://www.cambslmc.org)



### ►► The value of a GP report

As patient need continues to rise, general practice is buckling under immense pressure. GPs are leaving the profession or reducing their NHS commitments at an alarming rate, driven by burnout, unmanageable and often unsafe workloads, and the pull of more attractive careers abroad. And yet, despite this, many fully trained GPs remain unemployed or underemployed while communities struggle to access care. This is a tragedy both for those GPs, and for patients who could benefit were those GPs able to work.

In response, at the UK LMC conference last week, GPC UK launched the [value of a GP report](#) that brings together a robust body of evidence to highlight the irreplaceable role of general practice in the UK. The report demonstrates the far-reaching impact of GPs, not only on the health and experience of individual patients but on the overall efficiency, sustainability, and economic value of the NHS itself.

General practice is at a pivotal moment. Without bold and immediate action to support and retain GPs, we risk the collapse of a service that underpins the entire NHS.

Watch the [speech by Dr Katie Bramall at the UK LMC conference](#) about the report.

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### ►► LMC UK conference – 'the GP unemployment paradox'

The [LMC UK conference](#) was held last week at the SEC in Glasgow, Scotland.

The conference, which had a theme of the 'GP unemployment paradox', included a debate on the unemployment crisis, and BMA sessional GPs committee chair Dr Mark Steggles shared ['heartbreaking' stories from GPs who are struggling to find any or enough work in the NHS](#), as the unemployment crisis in general practice deepens.

A speech by the BMA's GP registrars committee co-chairs Dr Victoria McKay and Dr Cheska Ball called for ['ring-fenced funding direct to practices to employ newly qualified GPs'](#).

At the conference, representatives also [gathered outside the conference venue to call for urgent action to end the GP unemployment crisis](#). The conference resolutions will be available on the BMA website shortly.

The [agenda](#) and [further information are available >](#)

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### ►► GP contract guidance and webinars

With the acceptance of the 2025/26 GP contract, national dispute with Government is over. However, the importance of local negotiation, practice and LMC collaboration and engagement with ICBs to resolve ongoing commissioning gaps continues. [Read the latest updates >](#)

Please also continue to refer to [safe working guidance](#), which includes template letters which help practices manage workload and limit capacity to deliver safe, high-quality care.

Last month the GPC England officer team delivered a series of webinars outlining the changes and funding to the 2025/26 GP contract. Thousands of you joined us for presentations and question and answer sessions.

If you missed out, you can still catch up by [watching the webinar recording >](#)

If you attended the webinar, please [fill in the short feedback form \(closing 27 May\) >](#)

[Read guidance on the 2025/26 contract changes >](#)

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### ► Funding for GP surgery refurbishments

In response to the [Government's announcement](#) of new funding for GP surgery refurbishments, GPC England chair Dr Katie Bramall said:

'All new funding is welcome in the current parlous situation many GPs find themselves in, but the scale of the task facing the Government is far greater than these sums would suggest. To put it in context, £102m would barely pay for a handful of individual new surgeries, let alone do much to restore the more than 1000 it is aimed at.

'Many of these surgeries are a constant headache for the GPs who work in them. GPs want to be focused on patient care and delivering a good service – not anxious about the decision to either keep staff or keep their surgery buildings in a fit condition.'

[Read the full statement >](#)

[Read also a feature on GP practices working out of crowded spaces in the Doctor magazine >](#)

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### ► Patient registrations for GP practices – PCSE

PCSE (Primary Care Support England) is hosting a [webinar](#) on patient registration for GP practices on Thursday 22 May, 1.30–2.30pm. The webinar follows previous similar events, which have received very positive feedback, and will cover the following topics:

- registering patients
- avoiding rejected registrations
- SAS (special allocation scheme)
- GMS3
- temporary resident forms
- managing confusions and duplicates
- gender reassignments
- nursing home flags (RI Codes)
- managing GP links and interchanges.

There are also useful FAQs on patient registration and de-registration available on the PCSE website:

- [all patient registration FAQs](#)
- [patient removal FAQs](#)

In addition, please note the following update from PCSE in relation to patients removed from the GP's list for reasons that warrant an immediate removal, which can only be requested when an incident involving the patient has been reported to the police by your practice. Such patients will be allocated to an SAS provider.

Each geographical area has a SAS (special allocation scheme) provider and patients are allocated to a SAS provider based on the commissioning region of the removing GP. If there are multiple providers in an area, then the patient will typically be registered with the provider that is closest to their home postcode.

There are some exceptions to this and the local commissioner will instruct PCSE when it is necessary to register the patient with a provider that is a greater distance away (ie easier to get to by public transport).

### ▶▶ AI in General Practice

Following a series of announcements that generate a renewed focus on the role of AI in general practice, GPC has developed this [brief note](#) ahead of more substantial guidance aimed at supporting practices to meet their regulatory obligations. BMA will be sharing a more detailed document in time.

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### ▶▶ Childhood immunisation programme changes for 2025/26

NHS England has now confirmed the following, previously heralded, changes to the childhood immunisation programme from 1 July 2025:

- cessation of the Hib/MenC 12-month dose
- PCV 13 dose 1 moved from 12 weeks to 16 weeks
- MenB dose 2 moved from 16 weeks to 12 weeks
- cessation of the monovalent HepB for the selective HepB programme 12-month dose.

And from 1 January 2026:

- introduction of an additional dose of DTaP/IPV/Hib/HepB vaccine at a new routine 18-month appointment
- MMR dose 2 moved from three years four months to the new routine 18-month appointment.

Full details of these changes are available in an [NHS England/UKHSA update >](#)

There is also a UKHSA webinar planned for Wednesday 11 June, 2-3.15pm, to discuss these changes further and colleagues can [register their interest >](#)

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### ▶▶ Crime and Policing Bill mandatory reporting of underage sexual activity

The Government's proposals in the Crime and Policing bill would require doctors to automatically report to the police or social services every case of underage sexual activity where one partner is 18 or over (eg a 15-year-old and an 18-year-old) or in any circumstances when one partner is under 13. BMA is aware from our members that it is not exceptional for young people aged 13-15 to be in consensual sexual relationships with people who are older than themselves.

While the BMA's position is that safeguarding children must be of paramount importance, it is clear that there will be implications for GPs around consultations with young people under the age of 16 who are engaging in sexual activity.

The BMA ethics committee is currently considering this matter, and GPC England has advised the minister and officials about serious concerns about the impact of these proposals on trust in the doctor-patient relationship and the subsequent risks to young people's health and wellbeing, and BMA is working with other organisations including RCGP, Brook and BASHH to seek amendments.

[Read the BMA ethics toolkit on 0-16 years which covers sexual activity, confidentiality and safeguarding >](#)

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