



NEWSLETTER

Help! I Can't Get a Job

Last week's Treasury announcement during the Spending Review included a welcome headline: more funding for the NHS, and a pledge to train thousands of additional GPs. With patient demand for GP appointments at an all-time high, this should be great news—right?

But here's the problem: a recent BMA survey paints a very different picture. An overwhelming number of sessional GPs are unable to secure work, with over half (56%) saying they want to work more hours in the NHS but can't find suitable roles. Shockingly, 15% are unable to find any GP work at all. So, what is going on?

Your LMC committee met on Thursday and debated this paradox. We heard first-hand about the growing difficulties GPs face in finding work. Our registrar representatives shared the specific challenges faced by newly qualified GPs, especially international medical graduates (IMGs) who rely on visa sponsorship to remain in the UK. While there's some encouraging local support in Peterborough, it's clear we need to understand the wider impact this issue is having on GPs across our area.

This concern isn't localised: It was the central topic at the recent UK LMCs Conference held in Glasgow in May, under the banner "The Unemployment Paradox." For those unfamiliar, these annual conferences help shape national GP policy, with each LMC sending elected members to represent them. The discussions were distressing. These included powerful speeches from sessional and registrar committee chairs about the impact GP unemployment is having across the four nations. The Cameron Fund—offering support to GPs in crisis—reported record-breaking demand. We heard about qualified GPs taking jobs outside of health, and about those whose mental health is damaged when they can't support their families. We also heard about the continued exodus of GPs to other countries who simply treat our colleagues better.

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How did we get here?

One of our committee members summed it up perfectly: back in 2019, the PCN DES was introduced to support general practice during a time of workforce crisis. It led to a surge in recruitment of non-GP staff for patient care roles, funded outside of the core GMS contract. While this brought investment, primarily for staff, this investment sits outside of core funding which hasn't kept pace with inflation or the real-world costs of running GP practices.

Core GMS funding is what allows practices to hire GPs and choose the right staff to meet local patient needs. Without it, practices—operating as independent contractors—are forced to make tough financial decisions. This funding gap means they often can't afford to employ the GPs they, and their patients, desperately want.

So, while the PCN DES may have served a short-term purpose, it is now contributing directly to rising GP unemployment. A new GP contract is needed—something the Secretary of State has committed to during this Parliament—but can we afford to wait?

And in the meantime, what can we do?

This is about valuing GPs but isn't about diminishing the contributions of our wider teams—it's about recognising the central role GPs play in healthcare and communities. Help shape the future by staying informed, responding to our surveys, and feeding into this critical process. Contact office@cambslmc.org to make sure you are signed up to the local updates.

Let's work together to support our colleagues, advocate for real investment in general practice, and restore the value of being a GP in the UK.

1. Be aware

Thursday's LMC meeting shone a spotlight on this critical issue. This newsletter is just the start. We'll be launching further surveys to gather more detailed local data.

Please share this message with your colleagues—and encourage them to [subscribe to our distribution lists](#) if they haven't already.

2. Be kind

This employment crisis is affecting our colleagues deeply—professionally, financially, and emotionally. Check in with those struggling to find work. A kind word can go a long way, especially when feeding back to unsuccessful job applicants.

And if someone needs help, [signpost them to the LMC for pastoral support](#) or to the [Cameron Fund](#) for financial aid.

3. Be cautious

Consider your use of ARRS-funded GPs carefully. While ARRS roles can provide value, there are well-known challenges. Newly qualified GPs benefit most from being embedded directly in practices with structured support. The Training Hub offers mentorship options.

The LMC does not advise employment through an agency and continues to stress the need for this role to be at practice level.

4. Be engaged

A new GP contract is coming—and your voice matters. The BMA's GP Committee continues to champion a properly funded core contract that enables practices to employ GPs and deliver the continuity of care our patients value. If you read one thing today, read this:

[BMA resource: The Value of a GP.](#)

MONTHLY FOCUS



Tirzepatide implementation in Primary Care

From 23 June 2025, Tirzepatide must be implemented in primary care. GPCE has produced Focus on Tirzepatide (Mounjaro) for weight management in General Practice, which explains how it is used, commissioning arrangements (responsibility for funding lies with ICBs), and responding to information requests from private providers. More information in the national update on page 6. Locally, we are currently in discussions with the ICB about the roll-out to the next groups of eligible patients locally. We will bring more information as this develops.



Pause

GPAS



We remain committed to encouraging local General Practice to report their pressures via the GPAS submission. The survey will remain open for those practices wishing to report but the weekly reminders and regular reporting will take a pause over the summer, with a view to refresh and re-instate it in September ahead of the contract changes in the Autumn.



Cambs LMC Mental Health Services Survey

Thank you to all those who completed our mental health services survey which is now closed. We are currently analysing the results which will assist us in our discussions with local system colleagues and we will report back in a later newsletter.



MENTAL
HEALTH



Introducing the General Practice Collaborative



General practice is vital to the health of our communities—but influencing system-wide strategy has become increasingly complex. The new General Practice Collaborative has been launched to change that.

Why it matters:

The Collaborative brings together GPs, PCN Clinical Directors, Federations, Cambs LMC, the ICB, and others to ensure general practice providers have a clear, coordinated voice in shaping the future of local health and care services.

What it does:

Reporting to the LMC, it will:

- Enable timely, strategic input into ICB and ICS decisions
- Strengthen partnerships across neighbourhood, place, and system
- Champion innovation, integration, and improvements in care delivery

Why now?

With ICB structural changes ahead, it's more important than ever for general practice to speak with one voice—and stay at the centre of local decision-making.

Get involved:

Clinical Directors and General Practice Leaders are invited to share insights and help co-design solutions that reflect the needs of patients and professionals alike.

Our next meeting is on 24 June 2025 at 13:00pm, via Teams. Please contact office@cambslmc.org if you would like to be added to the circulation list

Vacancies in General Practice



Remember we advertise all 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.

Shared Care Agreements: Updated Advice for Practices

Shared care agreements remain a common source of queries from practices. In light of this, we thought it helpful to provide an update on our current advice.

At its core, shared care refers to an arrangement where a GP or practice takes on responsibility for prescribing and monitoring a treatment, in agreement with the initiating specialist. Shared care in the NHS is guided by national principles, and locally we have defined which medications are supported under NHS shared care. At the LMC, we view these principles and local agreements as essential for ensuring clinical safety.

The Key Principles of Shared Care

- The arrangement must be in the best interests of the patient.
- There should be agreement to shared care on a patient-by-patient basis.
- The clinical situation must be reasonably predictable.
- All parties – the specialist, the GP, and the patient – must agree to shared care before it begins.
- There must always be a clear route back to the specialist team for advice or re-referral.
- Monitoring requirements must be clearly defined, along with guidance on what actions to take.
- Responsibilities for different aspects of care should be clearly allocated between teams.
- Clinical responsibility for prescribing rests with the prescriber – the person signing the prescription.
- Participation in shared care is always voluntary.

Shared Care and the Local Commissioning Agreement (LCA)

Shared care forms part of the Local Commissioning Agreement. Practices signed up to the LCA are expected to accept shared care requests for medications listed in the agreement, unless there is a valid reason not to do so. This could include specific clinical concerns, relevant social factors unknown to the specialist, or cases where the patient is not yet stabilised on treatment.

Requests Outside the Local Commissioning Agreement

For requests coming from outside the LCA – including those from local providers not covered, out-of-area NHS prescribers, or private prescribers – it is entirely at the discretion of the GP or practice whether to agree to shared care.

One key reason the LCA supports a presumption of agreement is that it includes dedicated resourcing for monitoring, and has been developed through a transparent governance process involving GPs and specialists. These safeguards may not be in place outside the LCA.

The LMC advises GPs to exercise significant caution when considering shared care arrangements outside of the LCA. National guidance should underpin any NHS-based request, and private providers should be expected to meet those same minimum standards.

We also recommend practices give particular consideration to follow-up arrangements for patients under the care of out-of-area or private prescribers, as these are often more difficult to maintain. As a general rule, if a patient has been discharged from a specialist service, they cannot be considered to be under shared care.

Practice Policies on Shared Care

We are sometimes asked whether a practice can adopt a blanket policy of refusing shared care for a specific condition or from particular providers (e.g., Right to Choose providers). We advise against this approach, as it could be open to legal challenge on grounds of discrimination – even though shared care is voluntary.

Instead, we recommend developing a practice-wide shared care policy based on the national principles outlined above. This policy should be applied consistently to all providers. If a particular provider never meets your criteria, the onus is on them to address the gap. We also advise making your policy readily accessible to patients, particularly those seeking specialist referrals that may lead to shared care requests your practice cannot support.

As always, Cambs LMC is available to support practices with any specific queries or concerns about shared care agreements.

► Comprehensive Spending Review 2025

The Chancellor published the second phase of the [Spending Review](#) this week, setting budgets for government departments for the next three years. The DHSC budget is set to rise on average by 2.8% a year in real terms between 25/26 and 28/29. While significantly higher than many other departments, this falls below both historical average growth trends and the BMA demand to increase budgets by 4.3% a year to deliver sustained improvements and provide an appropriate uplift for GP contracts.

The Spending Review commits to additional funding by 2028/29 to “bring back the family doctor” which will reportedly build on the GPs recruited in recent months and aims to train thousands more GPs and increase the number of GP appointments. This raises more questions than answers – GPs lack jobs to go to, and resources to fund them. Please highlight the Registrar surveys below to your practice ST3/4s to gather essential quantitative data to continue to push the case for funding practice-based reimbursed additional GP roles to end GP unemployment. GPs without jobs, equals patients without care.

Likewise, if additional GP numbers are secured, we desperately need the necessary infrastructure to offer increased appointments. The BMA is modelling the SR figures and will closely monitor how much new funding really is available.

BMA met with the minister last week, and will be writing to Mr Streeting seeking explicit reassurances and details for the profession and commitment to a new contract in the Ten Year Plan. NHS England's draft model blueprint for ICBs demonstrates the risks if Government caves into pressure from existing NHS trust leaders: it is guaranteed to deliver only financial deficit and broken promises threatening practice autonomy and continuity of care.

You can be assured that your GPC England team continues to relentlessly influence behind the scenes, as the weeks ahead will make or break it both our future, and the Government's with it.

Read more [here](#), including the [briefing](#). Read the [our statement in response](#)

► GP Premises Survey 2025 - Now Open!

BMA has launched the GP Premises Survey 2025, calling on **all practice managers and partners across England** to take part.

Watch this [short video](#) with GPCE Premises Policy Lead Gaurav Gupta speaking on the importance of supporting this survey:

“Your insights are vital. By completing the survey, you'll help gather essential data on the condition of GP buildings. This evidence will directly shape BMA strategy and negotiations with Government – supporting our case for getting the urgent investment and support your practices need.

Even if you're unsure about some details, please don't hesitate to complete the survey. Simply select 'don't know' where needed – every response, even partial ones, contributes to building a clearer national picture.”

Help BMA advocate for better premises and stronger support for general practice.

Make your voice count – [take the survey today](#).

►► Urgent and Emergency Care Plan

The [Urgent and Emergency care plan 2025/26](#) has now been published, delayed from its initial due date back in January. It identifies 8 targets across UEC to drive improvement by the end of this year and requires all systems to develop and test new winter plans by the end of this summer which include a 'significant increase' to care outside of hospital settings.

Whilst this plan is focused on achieving targets to improve urgent and emergency care services, it offers no new funding, no increases in system capacity, no strategy to expand nor retain the workforce, and little detail on reforms in social care to achieve this. The plan fits with three big shifts: treatment to prevention; hospital to community; analogue to digital - expected to be the backdrop for the 10 Year Plan, due for release in the next few weeks. In response to this, Dr Katie Bramall, GPCE Chair said:

"There is a huge missed opportunity where this announcement mentions patients' challenges in accessing GP services, but offers no proposals and zero funding to increase GP capacity at all. With practices in England providing 50 million patient contacts each and every month, we cannot work any harder, the Government must create greater capacity to better meet patients' needs. This requires investment to drastically expand GP surgeries to house more GPs providing more appointments."

Read full statement: [Urgent and Emergency Care Plan will likely leave doctors underwhelmed](#)

►► Focus on Tirzepatide for weight management in General Practice

From 23 June 2025, [Tirzepatide must be implemented in primary care](#). Tirzepatide represents a new therapy for weight management, but requires structured implementation, appropriate monitoring, and clarity around responsibilities. GPs should only engage in prescribing where clinically appropriate and safely resourced to do so.

GPCE has produced [Focus on Tirzepatide \(Mounjaro\) for weight management in General Practice](#), which explains how it is used, commissioning arrangements (responsibility for funding lies with ICBs), and responding to information requests from private providers. It includes a [template letter](#) for practices to respond to requests for medical information following a private consultation. [Read the guidance here.](#)

►► Foresight on AI model

Following the disclosure that GP data collected for COVID-19 research had been used to train an AI model in NHS England's secure data environment, GPCE reached out to NHSE and the British Heart Foundation team leading the research for clarity. BMA called for NHSE to refer itself to the Information Commissioner's Office (ICO) and pause processing data.

BMA has confirmed that processing has been paused and the ICO has been contacted. Although the situation does not currently require any action from GPs, BMA will keep members updated.

►► Ambient Scribe use in General Practice

Following a letter from NHSE urging caution on the use of ambient scribe software in general practice, GPCE has drafted a short [statement](#) endorsing this approach and reiterating steps practices should take where they have these platforms in place or have plans to implement them. As practices are ultimately responsible for any consequences of arising from the use of these new platforms, it is critical that they are confident of having carried out proper clinical safety and information governance assurance.

▶▶ Historic GP2GP duplication

GPCE have been engaged with NHSE on an ongoing basis to discuss the support for practices impacted by the historic duplication of records transferred via GP2GP. Following an intervention by GPCE, NHSE agreed to remove the burden from practices and any practices required to take urgent action will be contacted by Optum to seek permission to share correct records with the patient's current practice. Further action will be taken in future and GPCE will communicate what, if any action, practices need to take as and when required.

▶▶ Visa challenges for International Medical Graduates (IMGs)

The GP Registrars Committee is working with RCGP Registrar reps to raise awareness of the lack of employment opportunities for GPs getting their CCTs, and to likewise push for better visa options and earlier access to Indefinite Leave to Remain (ILR). BMA is raising these concerns directly with the Government but we need your help to get real-world data. BMA is running a short survey on how these issues affect GP registrars and GPs. This evidence is vital to support the case to the Home Office and others. All responses are confidential and anonymised. Please share with all practice trainees. Please complete the [survey](#) by 5pm Friday 18 July 2025.

▶▶ Blended learning survey for GP registrars and trainers

If you are a GP registrar or GP trainer in England and have direct experience of blended learning as part of GP training, BMA would like to hear your views. [The survey](#) should take less than 5 minutes.

▶▶ Adjustment to primary care network payments

Since April 2025, some PCNs have seen an unexpected change in [the value of the DES payments](#) based on their adjusted population, beyond uplifts applied in the 2025/26 GP Contract Agreement. NHSE has told BMA that, due to a change in data source, an incorrect number of new patient registrations was included in the calculations, particularly impacting on practices that have merged, as new patient registrations under voluntary mergers were originally included and should not have been.

NHSE has also highlighted that new patient registrations in September were erroneously excluded. This will have had little impact on most PCNs but will impact on those that include student practices as these see a large number of new patient registrations in September. It is likely their weighted capitation has been underestimated.

NHSE has identified an alternative data source and recalculated the adjusted populations for each PCN.

PCSE will use the amended PCN adjusted populations for monthly payments to PCNs from June onwards. All PCNs will see some movement in their payments for core PCN funding, the enhanced access service, PCN capacity and access support and PCN capacity and access incentives:

- most PCNs will see their payments increase by small amounts
- PCNs with recently merged practices will see their payments reduce
- PCNs with practices for which new patient registrations are concentrated in September, such as student practices, will see their payments increase

▶▶ Shared care prescribing principles

We have updated our guidance on [Shared care prescribing principles](#), to include a resolution passed at the UK LMC Conference in May. And hope these will assist both practices and LMCs in discussions about the responsibilities that should fall to General Practice. [Read the full guidance here.](#)

►► UK LMC Conference News

The [resolutions](#) from the UK LMC Conference held on 8-9 May have been published. [Read more here.](#)

►► BMA Resources

- Read the latest [GPCE Bulletin](#)
 - Read the latest [Sessional GPs newsletter](#)
 - The [BMA's GP campaign 'staying safe, organised and united'](#) webpage
 - GPCE [Safe Working Guidance Handbook](#)
 - Read more about the work of [GPC England](#) and practical guidance for [GP practices](#)
 - See the latest update on X [@BMA_GP](#) and read about [BMA in the media](#)
 - Contact BMA: info.lmcqueries@bma.org.uk
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»»» GP & ACP EDUCATION PROGRAMME

Tuesday 17 June, 19:00-20:30

Managing Eye Problems in Primary Care - How and When to refer to Eye Casualty' with Dr Nisha Nixon.

[Click here to book](#)

Tuesday 15 July, 19:00-20:30

Group Consultations with Dr Sonal Shah.

[Click here to book](#)

»»» SUPPORTING FUTURE EDUCATORS - COHORT 8 NOW OPEN

If you are interested in becoming a GP Educator, find out how our SFE programme can help guide you through the blended learning. Cohort 8 is now open for application, visit our web page for more information on what to expect, planned dates and how to apply. [Find out more](#)

»»» COHORT 3 OF CPTH FELLOWSHIP FOR NEWLY QUALIFIED GPs

Our local CPTH Fellowship for Newly Qualified GPs is an 18-month programme designed to support the transition from VTS to an established, salaried GP working in Cambridgeshire and Peterborough. [Click here](#) to find out more about the scheme and how to apply.

»»» COHORT 3 OF CPTH PRECEPTORSHIP FOR NEWLY QUALIFIED NURSES

We also have an 18-month Preceptorship scheme for NQ nurses which includes funded CPD time, education, mentoring and peer support, designed to support the transition and integration into the workplace following completion of study. Cohort 3 starts in September – if you have a newly qualified nurse, [click here](#) to find out more about the scheme and how to apply.

»»» ARE YOU INTERESTED IN BECOMING AN FRT?

Are you a GMC recognised Tier 3 educator who has had responsibility for a ST2/3 doctor in the past 2 years? Do you hold the DFSRH qualification with a current FSRH membership subscription and at least one active letter of competence in LARC fitting? C&P Training Hub are looking to recruit educators to become FSRH Faculty Registered Trainers (FRTs), able to deliver DFSRH and Letter of Competence training to clinicians in local practices. [Find out more](#)

»»» COACHING & MENTORING FOR GPs

CPTH offers Coaching and Mentoring, a key professional development tool, for GPs and a variety of other general practice roles. We also have a small team of Professional Nurse Advocates (PNAs) available for restorative clinical supervision, career conversations or improvement project support.

[Find out more](#)

»»» GP STAFF SURVEY (GPSS) 2025

The NHS Long-Term Workforce Plan commits to encouraging all NHS organisations to have staff feedback processes in place to ensure staff feedback is listened to and acted upon. This is an important step in understanding the experience of people working in general practice and working with you to identify what changes can be made to better support your teams. [Practices can sign up to take part in the 2025 GP Staff Survey here.](#) Please sign up by Friday 27th June. The reports are carried out on behalf of your organisations by Picker, an independent and impartial survey contractor.

Support and Signposting

Representing

Supporting

Advising

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** for more information or snap the QR code:

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.



Email
office@cambslmc.org
to receive our updates

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.

CQC Guidance

Guidance for GPs
Youtube
GP Mythbusters

PCSE Guidance

Guidance Pages
Monthly Updates
Youtube

Contact us:

email: office@cambslmc.org
website: www.cambslmc.org

