



As we step into what promises to be a busy autumn, we hope you were able to take a well-earned summer break to rest and recharge.

Judging by the length of the agenda and depth of discussion at last Thursday's LMC meeting, stamina will be essential in the months ahead.

Much of our focus was on the impending GMS contract changes and their implications. While the BMA's General Practitioners Committee for England (GPCE) continues to press for clearer guidance to mitigate the impact, we know that Cambridgeshire and Peterborough practices need to be prepared for 1 October and consider what the changes mean for their own access arrangements.

National policy inevitably plays out differently at a local level, and the relentless drive for greater consistency in patient access—regardless of list size or geography—will have knock-on effects on the arrangements that you deploy for your patients on a day-to-day basis.

We anticipate that further feedback or amended guidance will follow the GPCE meeting taking place this coming Thursday 18 September.

The presentation of the regulatory changes and their alignment to what was agreed back in February 2025 remain a significant issue of contention, requiring pushback and detailed legal interpretation.

In the meantime, we've put together a summary of the eight mid-year changes, [available here](#) and set out some of the priority points that your committee discussed and considered below.



Cambs LMC Website:
GP Contract Changes 25/26

You may already have received the associated contract variation from the ICB.

As ever, with national variations, your decision whether to sign it doesn't influence whether it comes into force or not, the regulations that underpin the GMS, PMS and APMS contracts have already been changed, so your contract will be varied to reflect them and they come into effect either two weeks after issue or from the point at which they are signed, whichever is soonest.


The amending of the regulations and the impact that this will have on how you provide access to your patients is something that you need to be aware of and to be planning for.

The three key changes to focus on are:

- **Online consultation tools must remain switched for routine / non-urgent matters on throughout core hours.**
- **"You and Your General Practice" Charter must be published on practice websites.**
- **GP Connect Access Record (HTML and Structured) and Update Record must be enabled within practice clinical systems.**

But the amendment to the access regulations goes further, not only stipulating that patients must be able to submit requests via "online consultation tools" throughout core hours, but that all modalities of access – including telephone and attending the practice premises must remain similarly open throughout the whole of core hours also.

Continued over...

The online access expansion in October was predicated on necessary safeguards being in place to avoid urgent clinical requests being erroneously submitted online. GPCE is in discussion with the major clinical IT suppliers about this, and has sought formal legal advice from a senior KC on what “necessary safeguards” will cover, as details have not been shared or agreed. On Friday, the BMA issued further guidance on online consultation requests and safe working, which can be found [here](#). 

We encourage practices to begin discussions on what widened access—whether in online, in person or by phone, will mean for how you offer your services. The contract states that practices “must take steps to ensure that all of the [following] means of contacting...” are available. Taking steps could be interpreted as “making steps towards” but practices need to be careful to have a clear implementation plan in place. It should be assumed that, even if monitoring is not immediate, the expectation is firmly in place and practices should have a plan about how they intend to be able to meet the contract changes on or closely after the 1 October.

The changes will likely bring greater scrutiny to general practice access arrangements and how they are notified to patients as part of this national quest for a less variable offer. This is emphasised in the requirement for you all to display the same charter with patients via the [You and Your General Practice](#) statements on your websites. The current wording of the statement is still subject to query, and you will likely want to accompany the document with your own wording to ensure that your patients are aware of how it is met in your surgeries. Branch sites may well have different opening hours which will need to be clarified for patients. Talking this through with your PPG so they understand the context and can help with other communications is also to be advised.

We’ve discussed concerns relating to these changes with C&P ICB colleagues and were reassured that there is a local recognition of the requirement for a pragmatic implementation approach. Historic approval of subcontracting arrangements for telephony cover from HUC for training sessions and periods at the start and very end of the day for some practices has been an essential component of safe working and is embedded in local custom and practice.

Whilst the arrangements will need to be reviewed in the context of availability through the three modes of access throughout core hours, the ICB has acknowledged that this will need some time to be enacted and will work with practices to identify a way forward.

Similarly, the adoption of full core hours online access with appropriate triage and signposting will require planning and a realignment of clinical resources. The LMC team will be available to work with practices and ICB colleagues to support this, where helpful.

Learning from peers and colleagues can also be of help and we take this opportunity here to remind about the [GP Innovation Forum](#) taking place this coming Thursday evening at the Marriott in Huntingdon.

This is a chance for colleagues with an interest in digital tools and processes to share experience and good practice in the context of how access requirements are evolving.

In relation to GP Connect Update Record changes, GPCE is awaiting a statement from the Joint General Practice IT Committee (JGITC), which met on 3 September. This will confirm whether the committee can recommend to GPCE that:

- **GP Connect Update Record meets the minimum viable product standard, and**
- **the appropriate safeguards for safe online access are in place.**

This will also be discussed at the next GPCE meeting on 18 September 2025, with an update to follow.

It is acknowledged that the uncertainty associated with the ongoing interpretation of the requirements is unsettling and makes it difficult to plan, especially as we enter into the busiest time of the year.

We expect national and regional communications from NHS England to be unyielding in their expectation and we acknowledge the pressure that local ICB teams will be under to ensure that the practices are complying.

We are reassured that there is local support and advice available for practices, and discussions are ongoing to protect the safeguards that will be needed.

There is much that we know practices do not want to lose from current safe ways of providing care to patients and there is deep concern about the risks associated with fully frictionless access and how this will impact on workload and wider system pressure.

We will continue to represent the local feedback that we receive and will continue to update you as further guidance and advice becomes available.



**Cambs LMC Website:
GP Contract Changes 25/26**

MONTHLY FOCUS

C&P General Practice Innovation Forum

Lessons in Access - Making it work for Practices

Speakers:



Dr Ben Miller
GP Partner



Dr Nathalie Rodríguez McCullough
GP Partner



Dr Pheng Toh
GP Partner

Event Details:

Thursday 18 September 2025 ✓

16:00-20:00 ✓

The Cambridge Room ✓
Marriott Hotel Huntingdon
PE29 6FL

[Book Now](#)

Exhibitors:

HERO

KLINIK
HEALTHCARE
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GPAS



Autumn is here, which means the start of a very busy vaccination season

With national contract changes also being implemented in October, the return of GPAS has never been more important.

We will resume reminders to collect weekly data next week which will be collated into a newly refreshed monthly highlight report and shared with practices as usual.

FAQs and more information can be found here: <https://cambslmc.org/gpas/>

Please remember [BMA Safe Working Guidance](#) and our own local guidance on [Managing Extreme Pressures](#)



A Fond Farewell from the Committee

The Committee bid Dr Duncan Outram a fond farewell at last week's Committee meeting after his retirement from his elected role as Cambs LMC Committee Member.

Dr Outram has served on the Committee for in excess of 2 decades, having brought a breadth of knowledge, commitment and dedication to traditional medicine and core General Practice over the years.

The Chair, on behalf of the LMC Executive Team, Committee, and all constituents thanked Dr Outram for his long and loyal commitment to the LMC Committee and commented that he will always be part of the LMC family.



► Upcoming contractual changes from 1 October

BMA is acutely aware of the deep concern and growing frustration centred around the upcoming contractual changes on online consultations. This, against the backdrop of increasing workload will be felt to be an additional monumental task for already heavily burdened practices and their staff.

These contractual changes outline the opening of online consultation request software throughout practice core hours. The initial contractual proposals were for all consultations including 'urgent'/same day requests. Repeatedly GPCE pushed back on this: highlighting the huge safety risk of open ended and unmonitored requests, and a concession was made around restricting the contractual ask to routine requests, with the option of urgent consultations being dealt with via telephone and/or practice walk ins, as determined by the practice. If practices are offering 'total triage' at present, they can continue to do this.

This change was delayed in its implementation from 1 April 2025 to 1 October 2025 as it was agreed that it would be subject to the necessary safeguards being in place to avoid urgent clinical requests being erroneously submitted online. GPCE will continue to highlight concerns around safety and clinical risk to NHSE and DHSC, outlining the need for robust safeguards and pathways to be in place.

GPCE has also been working with relevant experts to urgently and vigorously address this matter, including seeking KC legal advice, liaising with software suppliers and developing supporting guidance and resources. A key stakeholder is the Joint GP IT Committee (JGPITC) which is an expert group of BMA and RCGP working GPs and informaticians.

Joint GP IT Committee

The JGPITC is embedded in the GMS contract work and plays a vital role in ensuring that safe, robust systems are developed and implemented for use in General Practice. It is co-chaired by Dr Mark Coley the BMA GPC England Digital and IT policy lead, and Dr Tom Nichols, chair of the RCGP Health Informatics Group.

The JGPITC came into being with the introduction of the GMS contract over 20 years ago and was established "to provide an effective stakeholder and specification group for new systems allowing GPs to be confident that these are fit for purpose and offering GPs [...] vital guarantees on security and confidentiality." (cf. para 4.31 in Investing in General Practice The New GMS Contract).

The JGPITC met last week and discussed several areas of interest including a forthcoming usability study on GP Connect: Update Record and the committee's view on its current implementation. GPCE were also able to raise ongoing concerns with DHSC and NHSE about the implications of allowing online consultation access throughout the entirety of core hours.

It is appreciated that without the necessary safeguards and processes for online consultations and GP Connect: Update Record, this will represent an unmanageable risk and workload for many of you.

BMA continues to fight and push for flexibilities, helping to protect patients, staff and practices.

GPCE officers will be meeting with NHSE and DHSC over the coming week and will meet as a committee on September 18th to discuss the next steps for the profession in light of the above.

► GP Connect: Update Record

Over recent months GPC England has been engaging with NHS England to highlight concerns and the need for safeguards over the functioning of GP Connect: Update Record and its use with Pharmacy First in particular. GPCE agreed to the contractual requirement for this be turned on by practices from 1st October 2025, subject to further discussions on it being ready to roll out. The current implementation of GP Connect: Update Record was discussed at last week's JGPITC, and the committee does not yet have confidence that the current implementation is fit for purpose. The propagation of pregnancy coding errors earlier in the year to those practices who hadn't already turned it off as part of collection action is just one example of the problems associated with its current implementation. JGPITC has committed to working with the relevant stakeholders including NHSE make this product safe and fit for purpose for patients and practices.

►► QRISK

This past week BMA was alerted to the disablement of, and lack of update to the QRISK calculator on GP software systems. The calculator has now been enabled again on EMIS. Concerns with QRISK2 were initially communicated as a risk to NHSE's National Director of Primary Care Dr Amanda Doyle, back in January 2025 in a letter from the JGPITC. Despite highlighting the importance of embedding accurate and efficient processes within GP IT systems to help identify those patients most at risk, and the need to avoid increasing workload, there has been no response nor changes made to address the concerns. BMA will be reiterating these concerns and seeking clarification on the matter in further communications this week.

Read the [letter](#) to NHSE about the obstacles impeding the implementation of QRISK3 in GP software systems.

►► OpenSAFELY data provision notice

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the DPN (data provision notice) for OpenSAFELY to allow expansion to non-COVID-19 analyses. Following feedback from practices and LMCs, OpenSAFELY was discussed at last week's BMA JGPITC and a simplified briefing pack is being prepared for practices. OpenSAFELY has the full support of GPC England and JGPITC and can be a safe alternative for practices when compared with the multiple data sharing agreements being foisted onto surgeries by ICB teams where practices may feel overwhelmed and LMCs may lack access to expert legal and technical guidance.

The [RCGP has also published helpful information](#)

►► Special Representatives Meeting - 10 Year Health Plan and impact on general practice

The BMA held a [Special Representative Meeting \(SRM\)](#), on 14 September 2025, to debate the risk of the NHS England 10-Year Health Plan which was published in July.

The meeting was held virtually to debate the risk of the plan to the medical profession at large, including a dedicated section on the potential implications for general practice and the independent contractor model, and will help direct the BMA's response to the proposals. Read the [Agenda](#).

GPCE has already raised a number of concerns with the plan and the potential negative consequences on practices and their patients, especially the risks posed by its proposals on greater integration and the potential for GP services to be vertically taken over by hospitals and other large providers. Read the [BMA's comprehensive analysis of the 10 Year Health Plan](#).

►► National Neighbourhood Health Implementation Programme (NNHIP) survey

BMA wants to hear from you about your awareness and engagement with the NNHIP first wave of applications to join the programme that were invited in July. BMA plans to use this insight to lobby for changes to the process and to help support members who will be involved in the programme, as well as those who may take it up subsequently. It's important therefore that BMA hears from both respondents who have been leading the process in their locality, but also from those who have been engaged to a lesser extent or are indeed unaware of the programme. Take part [here](#)

BMA is asking for people to share copies of their NNHIP plans by emailing info.gpc@bma.org.uk, and hopes to share learning from the survey and applications to help support GPs and practices.

► Misleading weight loss advert

It was drawn to BMA's attention that a digital weight management company had published an advertisement for weight loss medication blaming GPs by stating that "many GPs are ruling out overweight women". Upon being made aware of this ad, BMA contacted the company stating that this was factually inaccurate and that the advertisement should be immediately withdrawn. BMA highlighted NHSE's guidance on the commissioning of GLP1/GIPs and their provision, which precludes GPs from prescribing other than in extremely limited scenarios if commissioning arrangements are in place.

The company responded, recognising that the message in the ad was not articulated fairly or correctly, and the ad was immediately removed. Read BMA's [Focus on guidance on Tirzepatide for weight management in General Practice](#).

If you come across advertising that you consider inaccurately portrays general practice or is otherwise misleading, please make BMA aware of this by emailing info.gpc@bma.org.uk.

► Rabies vaccination

Following recent concerns about NHS England's advice on the contractual requirements of post-exposure Rabies vaccination, BMA has formally [written to NHSE to outline the Committee's position](#).

BMA is challenging this interpretation on the basis that post rabies exposure vaccination is not listed within the SFE and therefore does not translate into a vaccination included within the 2021 contract changes.

► Inaccurate blood results

A [BBC investigation](#) has discovered that errors by machines used to diagnose diabetes means that patients have been wrongly diagnosed with type 2 diabetes and prescribed medication that they don't need.

NHS England has confirmed 16 hospital trusts use the machines, made by Trinity Biotech, which have produced inaccurate test results, and at least 55,000 people in England will need further blood tests. NHSE has also said that fewer than 10% of their laboratories were affected and all have either replaced the machines or addressed calibration issues.

If your practice is one of those affected, please contact us via info.gpc@bma.org.uk.

► GP pressures

The latest [GP appointment data](#) shows that general practice teams had the [busiest July on record](#), with a record 33.6 million appointments delivered in July 2025 - 4.3% more than last year and nearly a quarter on the same period pre-pandemic (24.3% increase since 2019).

The [workforce data](#) showed that NHS had the equivalent of 28,278 fully qualified full-time GPs in July. While the number of GPs employed by practices has generally been rising since July 2023, practices still employ the equivalent of 1,086 fewer fully qualified full-time GPs than in September 2015.

There continues to be a rise in the number of patients, with July 2025 seeing yet another record-breaking number. GPs employed by practices are now responsible for about 17% more patients than in 2015, demonstrating significant workload pressures.

Read more about GP pressures on BMA's data analysis page, which shows the level of strain GP practices in England are under: [Pressures in general practice data analysis](#)

► GP unemployment crisis

In this unprecedented crisis, GPs are facing a painful paradox: patients are crying out for appointments, while many GPs are overwhelmed and practices are struggling to find enough funding and resources to match patient demand.

General practice is the foundation of the NHS. Without enough GPs, patients can't access the care they need, when they need it. That's why we're calling on the Government to end GP unemployment. Watch our video where GPs explain the [End GP unemployment](#) crisis.

To support you through this, BMA also launched [the GP Support Hub](#) - a dedicated space to help navigate the challenges of underemployment, unemployment and financial uncertainty.

► Blended Learning: Training great GPs requires real patients

Great GPs are made through experience. Knowledge, communication, and clinical reasoning are essential, but many skills - the "soft" ones - can only be honed with real patients.

The GP Registrar and GPC England committees have expressed concern around how 'Blended Learning' could reduce GP Registrars' 'face-to-face clinical exposure from 70% to as little as 37% of a registrar's time (BMA GP Registrar Blended Survey). There is a deep commitment to maintaining clinical and quality standards of experience and learning from both committees. Optional, well-designed blended learning may support flexibility or exam preparation, but it must not be used as a replacement for in-practice face to face experience.

GPRC and GPC England are working together and with NHSE to ensure that GP training experience and standards are safeguarded for future cohorts.

Please read the article by Dr Helen Salisbury, BMA Council member:
<https://www.bmj.com/content/390/bmj.r1617>

► BMA Resources

- Read the latest [GPCE Bulletin](#)
 - The BMA's GP campaign '[staying safe, organised and united](#)' webpage
 - 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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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:



Email

office@cambslmc.org
to receive our updates

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.

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, and we encourage anybody who is feeling under strain to seek support, such as the BMA's **counselling and peer support services**, **NHS practitioner health service** and non-medical support services such as **Samaritans**. The organisation **Doctors in Distress** also provides mental health support for health workers in the UK. We have produced a **poster with 10 top tips** to help support the wellbeing of you and your colleagues.

The **Cameron Fund** supports GPs and their families in times of financial need and the **RCGP** also has information on GP wellbeing support.

Visit the BMA's **wellbeing support services page** or call **0330 123 1245** for wellbeing support.

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**

