Cambs LMC Newsletter

October 2025

The Triage Conundrum

The term triage, from the French trier, meaning “to sort”, is far from new. It dates back to the 1800s, when French military surgeons used it to prioritise treatment for injured soldiers based on survivability. Since then, triage has become central to emergency departments and crisis response, long before finding its way into general practice.

In recent years, triage in general practice has evolved rapidly. What began as a duty doctor’s list of call-backs has become a spectrum of increasingly complex systems, including digital platforms with embedded AI, designed to help manage rising patient demand. What works for a big urban practice in central Peterborough may be completely inappropriate for a small rural practice in Cambridgeshire.

Thankfully, practices still retain the flexibility to choose a system that best fits their patient population.

Your LMC met this week to discuss the impact of the new contract changes. With a diverse committee representing a wide range of practice sizes and populations, we heard a variety of perspectives on what’s working, and what isn’t.

Some practices, already using a total triage model, reported increased demand but have found ways to manage it effectively. Others, who adopted the model from 1st October, shared challenges around appointment planning, staffing, and adapting to the new system.

Cambs LMC Website: GP Contract Changes 25/26

There were also concerns raised by practices using hybrid models. While overall demand had risen, the bigger worry was ensuring urgent cases were correctly prioritised.

Unsurprisingly, relying on patients to self-triage what is urgent or routine is proving to be as unreliable as we’d expect.

A key message to retain is that triage is not a compulsory part of the new GP contract. What is required is that practices provide a method of online access from 8am to 6.30pm for patients to contact the practice about routine matters. Crucially, the choice of system and how those contacts are managed, remains with the practice.

Cambridgeshire Local Medical Committee Limited.
Registered in England and Wales as a Company Limited by Guarantee No. 13050562

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Two practices shared how staff sickness had left them severely understaffed—with little to no system support in place. Unlike hospitals, where "black alerts" can trigger system-wide action and communication around admission avoidance, general practice is left without an equivalent safety net.

Moreover, practices do not currently have the ability to amend the Directory of Services that guides NHS 111 referrals. With pressure from NHS England on ICBs to "spot check" practices for compliance, this lack of control becomes a serious risk during periods of workforce shortage.

In short, ***when General Practice hits a crisis point or reaches capacity, what mechanisms exist to keep patients safe?***

Right now, there is a concerning gap—and your LMC believes more needs to be done to address this.

We may not have all the answers yet, but we do have a space to continue the conversation.

Cambs LMC Website: GP Contract Changes 25/26

Join us at our Open Meeting on Wednesday 22nd October at 7.30pm.

We'll be joined by Kate Vaughton, the new Executive Director for Neighbourhoods, Partnerships and Place at the ICB, along with members of her team.

They'll provide an update on ICB changes and will be available to hear your experiences and concerns.

This will be followed by a closed session for constituent practices, where we'll break down the current contractual requirements and offer practical advice, tips, and solutions that are working for other practices.

We look forward to seeing you there.

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Event

Wed
22
OCT

19:00-21:00

Cambs LMC Virtual Open Meeting

Next steps in access – how to support your plans for meeting the new contractual requirements.

A chance for C&P constituent GPs and Practice Managers to hear directly from your LMC Team.

Book now

Report

Cambs LMC Ltd Annual Report

We are delighted to share with you, our Annual Report for 2024-25.

ANNUAL REPORT

Cambs LMC
Representing • Supporting • Advising

The LMC remains highly visible to you with our newsletters, guidance, updates and Open Meetings.

Your LMC is in a strong position offering excellent services to the local profession.

With a fully engaged committee, a supportive board, and an experienced executive team, we remain committed to representing, supporting, and advising you to the best of our abilities.

Local read

Cambs LMC Mental Health Services

Survey and Report October 2025

As you may be aware, over the summer we conducted a survey on your experiences with local community mental health services. We were extremely grateful for the wide-ranging and detailed responses we received. Thank you to everyone who took the time to complete the questionnaire, especially those who shared in-depth accounts of the challenges both they and their patients face when seeking mental health support.

We have now collated and analysed the responses to produce what we hope is a comprehensive, balanced, and detailed report, structured around the Royal College of Psychiatrists' standards for community care, using these as a benchmark to compare the experiences you described. This has been shared with your Committee, service providers, commissioners, and system leaders and meetings have already been arranged to discuss the findings.

It is our view that this report must be the beginning, not the end, of the conversation. Cambs LMC is committed to working constructively with system partners, in a spirit of openness and collaboration, to represent your voices and drive improvement.

We outlined a series of recommended actions for the system. Encouragingly, one of these, a review of local services, is already underway, and we are actively engaging with the team leading that work. We will continue to call for meaningful change: improved resourcing, better accessibility, and greater accountability.

The survey findings and report, available on our website, will also be shared with patient representatives and other key stakeholders.

We hope to report back with positive progress in due course.

GP & ACP EDUCATION PROGRAMME

Tuesday 11 November 2025

19:00 - 20:30 - **Obesity Care**

Click here to book

PROTECTED LEARNING TIME SESSIONS

Tuesday 21 October 2025

- Transform your practice through effective supervision – 14:30-15:30. Click here to book
- Understanding Blood Tests – 13:15-16:30. Click here to book

Please visit our PLT web page for more information on sessions planned for protected learning time.

TRAINING NEEDS SURVEY

Our annual Training Needs Survey is open to anyone working in the primary care workforce and is about your education, learning and development needs. We would love to hear from as many of the workforce as possible, to help us plan education and training for our clinical and non-clinical Primary Care workforce for the year ahead. The survey will take around 5-10 minutes to complete and we really appreciate you helping us. Please click here to complete the survey by Wednesday 5th November.

CoSRH DIPLOMA (DCSRH)

Are you interested in the CoSRH Diploma (DCSRH)? C&P Training Hub has re-opened Expressions of Interest for our training scheme to support local primary care clinicians wanting to undertake The College of Sexual & Reproductive Healthcare's Diploma and Letters of Competence for intrauterine techniques and sub dermal implants in Cambridgeshire and Peterborough. Click here for more information and to register your interest.

PARENTAL LEAVE

Are you a GP who has started or is about to embark on parental leave? Sign up for Career Break Support and we'll provide a coach/mentor for you to discuss your plans with, invite you to Keep in Touch sessions and provide access to a small CPD grant to support your return to work. Click here to 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

SUPPORTING FUTURE EDUCATORS - COHORT 9 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 9 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

NATIONAL UPDATES FROM BMA

GPC England in dispute

Many of you are really struggling with increased online demand. Your GPC England chair has this afternoon, written to Mr Streeting explaining when online GP pathways are opened up to unlimited consultations promising patients' better access, but providing no more GPs to increase appointment capacity; promising to 'end the 8am scramble' but providing no additional appointments, that we cannot safely accommodate this unmet need. We have thousands of GPs looking for work, and the solution is obvious to expanding GP access to fund additional GPs. We want to see and speak to our patients, not firefight in front of computer screens all day. We embrace innovation to enhance the care we provide, not become a substitute for it. The government will have seen online consult platforms crash due to overwhelm. This unsustainable demand will soon be exacerbated by the inevitable winter pressures - compounding the crisis.

Politicians may champion patient safety - yet despite repeated asks from GPC England, at no point has government met with us or online consult platform developers to discuss necessary safeguards, essential to protect patients and GPs alike, to distinguish routine from urgent and emergency requests erroneously submitted online. Their promise was made in writing to GPCE on 18 February 2025. It is a broken promise which tells us much.

We are already starting to see the development of waiting lists, an inevitable consequence of there being no additional appointments to respond to this new surge. Unmet patient need and GP under / unemployment are in Mr Streeting's gift to solve. GP waiting lists becoming normalised akin to hospital waiting lists is not the legacy government are seeking, but it may well be the one they are remembered for.

As a committee and as elected officers (and working GPs) we are looking at all options that are open to us and deciding what our next steps will be ahead of our national Conference of England LMCs on 7 November. The safety of our patients and looking after you and your team is of paramount importance to us.

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14 October letter from NHS England

Your practice will on Tuesday have received a letter sent from NHSE regarding the October 1st contract changes, to the entire NHS. In it, you may have noticed reference to LMC communications and wondered what this was about, and why attention was being drawn to it. At times of heightened tension, we would remind colleagues that support for any practice needing to comply with the contract changes and more information about the dispute including our suite of resources, is available here: Campaigning around GP contracts in England.

GPC England has written to the Secretary of State for Health to confirm that we are in dispute, and we have now received a response from Stephen Kinnock, Minister of State for Care.

Being in dispute does NOT mean practices can ignore the contractual changes implemented on 1 October 2025, nor can GPC England, or LMCs, recommend or endorse such an approach. To ensure compliance with new contractual requirements in the 25/26 contract agreement in March 2025, and to avoid the risk of potentially receiving a remedial breach notice from your ICB, practices must:

- have an online consultation tool, which is available to registered patients throughout core hours (8am – 6.30pm), to allow them to make non urgent / routine appointments requests, medication queries and administrative requests and
- ensure GP Connect (Update Record) write access functionality is enabled.

LFPSE template letter to use when online demand is overwhelming

Following the implementation of contractual changes to provide patients with the ability to make requests via online consultation platforms, GPCE has produced a template letter for practices to send to their ICB, in line with Learning From Patient Safety Events in the event that your practicebecomes overwhelmed on any given day, and you consider there to be a potential risk of a patient safety incident occurring. The letter is intended to enable practices to notify ICBs of their concerns and should not be used as a precursor to changing the way in which services are provided in any way. We wish to reiterate however that you must continue to fulfil the obligations of your contract as outlined above.

We would be grateful if you could share any letters that you send to us at info.gpc@bma.org.uk

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NATIONAL UPDATES FROM BMA

National contract - Practice compliance survey

We are aware of a number of practices having been contacted by their ICB asking them to urgently respond to a Contract Compliance Return for Patient Contact (including online consultation, telephone and attendance at practice premises).

We can confirm that there is no contractual obligation for practices to complete the compliance return, urgently or otherwise, as this is not stipulated in the GMS regulations.

Read more in our FAQs on our campaign page.

NHSE GP IT systems survey

The Clinical Systems Experience Survey for General Practice is now live, designed to understand how digital tools are working across general practice - the survey is open to all staff working in general practice who use clinical systems. It runs from 22 September until 16 November 2025. Take the survey

DHSC announcement on Car-Hill Reform

GPCE England welcomes the Government's recognition that the Carr-Hill funding formula is outdated and in need of reform. However, we remain deeply concerned about the framing and scope of the proposed changes.

While the principle of needs-based funding is commendable, the current approach risks destabilising practices across the country. In a fixed funding envelope, redistributing resources inevitably creates winners and losers. Without a commitment to increasing overall investment, this reform risks becoming a zero-sum exercise—rearranging lifeboats rather than saving the ship.

GPCE have consistently called for whole-contract reform, not just a narrow recalibration of Carr-Hill. The government's focus on capitation alone ignores the broader structural issues facing general practice. We will once again press Mr Streeting to look at much wider contractual reform that we urgently need to ensure general practice survives.

Any reform must be holistic, well-funded, and co-designed with the profession. The BMA and GPCE have already fed back to the DHSC's review proposal and look forward to remaining closely involved.

Inclisiran in general practice briefing

There are widespread concerns with the manner and speed with which NHS England have attempted to push Inclisiran, which is a black triangle injectable drug. As there continues to be a number of questions in relation to this, we have published a briefing for practices.

We would like to remind practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (although in negotiation with the LMC it may be commissioned via a LES).

Given workload, liability and still-evolving long-term outcomes evidence, practices should not prescribe/administer inclisiran without an adequately funded locally commissioned service.

Read our guidance: Inclisiran (Leqvio®) in General Practice: BMA Briefing

Read also our joint position statement with the RCGP.

NATIONAL UPDATES FROM BMA

OpenSAFELY

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the Data Provision Notice (DPN) for OpenSAFELY to allow expansion to non-COVID-19 analyses.

OpenSAFELY has the full support of GPCE and the Joint GP IT Committee. It is a legal requirement for practices to accept the DPN. Data will only be made available under the legal direction once the practice has signalled approval. Following practice feedback, JGPITC is working with NHS England and hopes to simplify the work needed by practices with regard to completing a DPIA. Further information will be shared in due course. Official information on how to active the service is available here

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GP pressures - workforce and appointment data

The latest GP workforce data showed that in August 2025, we have the equivalent of 28,408 fully qualified full-time GPs. While there is a general rise in FTE GPs since July 2023, GP practices still employ the equivalent of 957 fewer fully qualified full-time GPs than in September 2015.
At the same time, there continues to be an increase in the number of patients, and GPs are now responsible for about 16% more patients than in 2015. Despite this, over 27 million standard appointments were delivered in August, with an average of 1.36 million per working day, which is an increase from August 2024 (1.32m) and August 2023 (1.29m).

In terms of access, 44.4% of appointments in August 2025 were booked to take place on the same day, an increase from the previous month (43.7%), with 81.4% of appointments were booked to take place within 2 weeks.

Read more about GP pressures on our data analysis page, which shows the level of strain GP practices in England are under: Pressures in general practice data analysis

The RCGP has also published data from a survey which shows that three quarters of GPs say patient safety is being compromised by their workload.

NHS Pension Scheme - End of Year Type 2 Certificates 2024/25

GPs are now encouraged to submit their Type 2 End of Year certificates for 2024/25 to PCSE. Early submission helps ensure pension records are updated in good time and allows any issues to be resolved well before the deadline.

PCSE is also hosting a webinar for Type 2 practitioners (sessional GPs) on Wednesday 22 October at 6 - 7pm, to guide GPs completing their Type 2 form in PCSE Online. Webinar sign up link

Why submit early using PCSE Online?

- Early submission helps ensure your pension record is accurate and up to date.
- Allows time to resolve any missing years or data discrepancies before they impact your record.
- Ensures your pension record is accurate and reduces the risk of delays.
- Benefit from pre-populated fields and real-time validation in PCSE Online.

Please look out for an email from PCSE no-reply@pcsengland.co.uk with the subject of 'Your NHS Pension Record – Action required'.

NATIONAL UPDATES FROM BMA

DWP/DfC survey

The BMA's professional fees committee (PFC) negotiates and recommends fees for doctors undertaking professional work outside their NHS contracts. The committee now seeks your valuable assistance.

PFC have reviewed member feedback indicating that the payment for completing Department of Work and Pensions (DWP) / Department for Communities (DfC, Northern Ireland) forms is inadequate; moreover it has remained unchanged since 2004. To negotiate an improved fee with DWP/DfC and highlight the value of your time, we kindly ask for your participation in a survey.

Your responses will help the PFC demonstrate to DWP/DfC that higher fees could incentivise doctors to complete these forms. We understand your heavy workload but can reassure you that it will only take 5 minutes of your time to complete this survey. PFC is dedicated to working towards better fees across the UK and robust evidence from our members is essential for effective negotiations.

The survey will remain open for three weeks. Updates on our progress will be shared in the next PFC newsletter.

Should you have any questions or wish to raise a matter related to fees, please contact us at info.professionalfees@bma.org.uk.

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:

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website: www.cambslmc.org

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