



December 2025

Cambs LMC NewsLetter

Finding the Joy in General Practice again

from Dr Diana Hunter - Cambs LMC Chair

I am probably not alone in struggling to find the joy in general practice currently, especially over the last couple of months where the relentless online consultations and respiratory illnesses have been taking their toll on practices and GPs across the patch. Last week your LMC committee reported that they had been having some of the busiest days ever, with a record number of patient contacts. We are yet to see the national data, but we already know that simply dealing with the increased online consultations takes clinicians further away from that face-to-face contact with patients and the continuity that is the bedrock of general practice.

What certainly did not fill me with joy was the pop up from the Joy app reminding me to click on it. We are grateful to both practices sharing their concerns with us and the ICB for pausing the pop-up while this is looked into further; it has made me marginally less grumpy this week.

For me, the joy in general practice still comes from the patients and the long-term relationships that we build with them. This week my joy was hearing from a patient that he had been granted a power wheelchair, and it had been delivered. Roger (who has given me his permission to share his story) has multiple-system atrophy. A fit man in his late 60's he started with Parkinson's symptoms before progressing with the autonomic changes and received the difficult diagnosis. Over the last 4 years we have been on a journey together with the sole goal of trying to keep him the best that we can for as long as possible. We have managed his hypotension and mostly kept him upright allowing him to continue to play his table tennis.

We have been through the challenges of trying to get a PEG fitted before he couldn't swallow, learnt about voice banking together and talked in depth about advance care planning. I have learnt, with the MSA charity support, that atropine drops work brilliantly for his secretions. I haven't done this job alone, but it is general practice alone which offers that core, ongoing and lifelong support for all our patients. This wheelchair is not just a chair for him, it is a lifeline. He can remain connected to his family unit without being a burden and not falling over – which for Roger is a (Christmas) miracle. This brings me joy.

So how can we ensure that we can all still find that joy in general practice?

At our Christmas LMC meeting last week following a discussion about neighbourhood working, we challenged the committee to think about designing a general practice strategy in response to the 10-year plan.

We asked them:

- *What works in general practice but may need strengthening?*
- *What could we take on as general practice/ PCNs/ Neighbourhoods if we had workforce and appropriate resource?*
- *And what needs to stop/change or move elsewhere to allow us to do our role more effectively?*



Whilst we are yet to fully review all the results, which you can see in red and green on our festive tree, your committee was in agreement that any strategy for general practice MUST put that doctor-patient relationship at its heart. Continuity and GP led care not only save lives, but they also bring joy to both patients and doctors alike. The committee was equally clear that the political desire for rapid access to primary care was putting this relationship at risk. Transactional medicine comes at a cost, with relentless triage taking away skilled clinicians from those face-to-face contacts and that building of relationships.

However, it is not only the triage that is taking us away from our patients. In Roger's case I have spent more time on administrative tasks than I have with him. Endless referrals and chasing of appointments, complex forms which are often initially rejected and the stress of getting him seen more urgently in a system that is overburdened, have dominated my time. My joy at the delivery of the wheelchair was coupled with relief that I did not need to push anymore. As an LMC we try to be clear as to what your responsibility is as a GP and what is a system responsibility, but I know as a clinician how blurred that line is and how, when faced with a patient in front of us, we will often go that extra mile for them because at the end of the day, the buck stops with us.

So, what do we hope for in 2026?

Your LMC believes that the advent of neighbourhood working offers an opportunity to address some of these issues, an opportunity for a reset and a time to review what really works to allow general practice to not just survive, but to thrive. But to do that we need to know the answers to the questions above, not just from the committee but from you too. In the New Year the LMC will be running a series of smaller and geographically placed meetings to hear directly from you at practice level. We want to come to you, to hear your stories and to support your ideas of what a future general practice would look like. Our recent First 5 survey told us that 64% of respondents were planning on, or would consider being a GP partner. They can see a future in this wonderful job that on our best days we love, and we owe it to them to create one in which they can find that joy.

I would like to take this opportunity to thank our amazing LMC team for their support this year and to wish you and your loved ones some joy and peace this Christmas.



Data Sharing Updates

Practices will have noticed a flurry of correspondence relating to new data sharing agreements arriving in their inboxes over recent weeks. These requests come in different guises and for different purposes.

OpenSAFELY

The first, is the nationally required activation of OpenSAFELY - this is a legal obligation under the Health and Social Care Act and follows a data direction issued in June 2025.

OpenSAFELY is a secure, transparent, open-source software platform for analysis of electronic health records data. All platform activity is publicly logged. All software for data management and analysis is shared, automatically and openly, for scientific review and efficient re-use.

The NHS England website has recently been updated with [instructions](#) on how practices can activate access to OpenSAFELY.

There is now a single, nationally agreed Data Protection Impact Assessment (DPIA), which incorporates the Joint GP IT Committee's reviews. This means no additional work is required by practices which makes the process simpler and more streamlined. The national DPIA can be accessed [here](#).

An ["easy read" overview](#) of OpenSAFELY, including a [short, accessible video](#), to help explain what the service is and how it supports safe data use for public benefit.

We encourage practices to take the following straightforward steps:

- Activate the service, referencing the national DPIA.
- Update your website privacy notice using the suggested text.
- Update your Record of Processing Activities (ROPA) accordingly.

Population Health Management Tool (NECS)

Next came the reissue of the Data Processing Agreement for the ICB's Population Health Management Tool provided by North East England CSU (NECS). The information was originally sent out to practices back in May 2025 following details shared via the ICB's Primary Care webinars and where the platform was introduced.

NHS England states that population health management (PHM) improves population health through data-driven planning and the delivery of proactive care to optimise health outcomes. It links clinical, social, and lifestyle data to identify trends, understand the why behind ill health, and segment patients into meaningful groups. A data-led approach can help clinicians to identify who would benefit most from structured medication reviews, social prescribing, and other anticipatory care.

The LMC team sought clarification and reassurance from the ICB on several broader data-sharing issues, including:

- Correcting the initial suggestion that sign-up was mandatory
- Confirming there is no direct route for data shared via NECS to flow into the Federated Data Platform (any such use would require new data sharing agreements)
- Confirming practices can opt out at any time, retaining control over how long data is shared
- Clarifying that unmet need identified through the tool is a system-wide issue and will not default to practices
- Confirming that re-identification of pseudonymised data within NECS can only occur at the practice's request and instruction

Cambs LMC cannot approve, endorse or agree to any specific Data Sharing or Data Processing Agreements, nor can we advise practices whether to sign or decline. We strongly encourage practices to undertake their own due diligence and ensure they are fully assured about their responsibilities as Data Controllers.

The ICB has indicated a deadline of the end of December to progress sign-up. However, this is not a mandatory requirement, and practices should not feel pressured to proceed if they have outstanding questions or concerns. Please contact the LMC office if we can support you further.

JoyConnect Update

Finally, practices were notified that the JoyConnect update to the Joy platform requires a new Data Protection Impact Assessment (DPIA) and the signing of a new Data Processing and Sharing Agreement (DPSA).

We are grateful to practices that sought clarification about both the sequence of the data governance process and the content of the DPSA. These points have been escalated by the LMC team to the ICB, and some new functionality has been temporarily deactivated as a precaution while the implications of the update are more fully understood.

As always, practices are reminded to seek advice from their Data Protection Officer (DPO) before signing any data sharing or processing agreements.



Sessional GP Focus: 2025 round up and looking ahead to 2026

As we approach the end of 2025, there have been several important developments for sessional, salaried and locum GPs, from pay uplifts and improved parental leave to preparing for 2026 with clearer locum agreements.

These updates aim to support fairer working conditions, greater clarity in contracts, and recognition of the vital role sessional GPs play across general practice.

Cambs LMC is here to help with confidential advice, contract guidance, and resources to make sure you start the new year on firm ground.

Salaried GP Pay Uplift - Ensuring Fair Implementation

If you're a salaried GP, you should now be seeing the DDRB uplift, backdated to 1 April. Check whether your contract and payslip reflect the new rate. Practices are encouraged to pass on the uplift fairly, in line with the BMA model contract. With costs continuing to rise, fair implementation of the award helps recognise your contribution and supports retention across the profession.

Why this matters:

It's about transparency, fairness, and making sure salaried GPs receive what's due, not just on paper, but in practice.

Maternity and Parental Leave for Salaried GPs

From 2025, salaried GPs are entitled to 8 weeks at full pay and 18 weeks at half pay (plus statutory pay), a major improvement in contractual parental leave.

This change marks real progress towards fairer, more supportive conditions for salaried GPs. The new entitlement applies to both full-time and part-time doctors (on a pro-rata basis) and reflects ongoing work by the BMA's Sessional GPs Committee and LMCs to ensure equitable benefits across the workforce.

Practices are encouraged to update contracts and payroll systems to reflect the change. If you're planning or currently on parental leave, check your contract and confirm the revised arrangements with your employer.

Why this matters:

Fair and consistent parental leave supports GPs to balance family life and work, helping retain skilled clinicians in the profession. It's also a positive example of how strong collective representation delivers tangible improvements for sessional GPs.

Job Planning for Salaried GPs

A clear, up-to-date job plan helps set fair expectations, protects against burnout, and supports safe working for both you and your employer.

If your job plan hasn't been agreed or reviewed recently, now's a good time to revisit it. A robust plan should outline your clinical sessions, admin time, CPD, duty doctor work, and any additional responsibilities, helping to ensure your workload matches your contracted hours.

If your contract isn't based on the BMA Model Salaried GP Contract, it should still be no less favourable and include a mutually agreed, regularly reviewed job plan. Approaching the discussion collaboratively, using examples from the BMA's model templates, can make it constructive and solution-focused.

Why this matters:

A clear job plan supports transparency, fairness, and patient safety. It helps prevent unmanageable workloads, extended hours, and burnout, while ensuring both you and your practice have shared expectations.

Improved Locum Agreements

The new year is a great time for locums to review their terms and make sure agreements are clear, fair, and up to date.

Having a written locum agreement protects both you and the practice, setting out what's expected around workload, admin time, cancellation terms, and indemnity.

Why this matters:

Clear agreements help avoid misunderstandings and ensure your work and time are properly valued, setting you up for a smoother, more confident start to 2026.

Cambs LMC is here to help

Contact us for confidential guidance and support on contracts, pay, parental leave, locum terms, or job planning, and for access to practical templates and advice.

We also offer confidential pastoral support and can signpost you to NHS Practitioner Health, BMA Wellbeing, and other resources to help you manage work pressures and maintain wellbeing.



East of England 'Teach and Treat' Project

This is an exciting opportunity to be part of a regional 'Teach & Treat' project, supporting Independent Prescribing (IP) training for community pharmacists. Please read attached [Teach & Treat FAQ](#) for more details.

We are seeking expressions of interest from organisations interested in being a Designated Prescribing Practitioner (DPP) spoke for the Teach & Treat project.

Key Details:

- Funding: Employer receives £4,000 to support two IP trainee for 90 hours of supervision, provided by a DPP alongside other healthcare professionals
- Support from University of East Anglia (UEA): UEA will provide 24 hours of 'learning in practice', which can be counted towards the 90 hours required by each IP trainee
- Training Start Date: Support trainees commencing IP training in March 2026; IP course lasts 6 months
- Deadline: Submit your expression of interest by midnight on Sunday, December 28th 2025

Why Become a DPP?

- Enhance your professional development by mentoring future prescribers
- Contribute to improving patient care within the community pharmacy setting
- Receive valuable compensation for your expertise and time

Apply Now:

Link to [expression of interest form](#) QR code.

Important:

- This is a time-sensitive opportunity due to the approaching IP course application deadline
- Please see the attached FAQs for further information on the project and the role of a DPP

Questions?

For any inquiries regarding this project, please contact Indira Pillay (ICS Community Pharmacy Clinical Lead – C&P) at: indira.pillay@nhs.net or Karen Key (C&P Primary Care Workforce Lead) at : karenkey@nhs.net



PROTECTED LEARNING TIME (PLT)

Thursday 15 January 14:30-15:30

Measurement, Team and Taking the First Steps to Effective Quality Improvement. To book a place, please [click here](#).

Tuesday 17th February 14:30-16:30

Palliative Care with palliative care expert Professor Stephen Barclay. Please [click here](#) to book your place.

>>> GP & ACP EDUCATION PROGRAMME

Tue 13 January 2026, 19:00-20:30

Join us for Interpreting ECGs and IHD in General Practice with Dr Rob Howlett. [Click here](#) to book.

>>> GP PROFESSIONAL DEVELOPMENT (CPD) GRANT - New!

Are you a GP working in Cambridgeshire and Peterborough looking to develop an area of special interest? We are excited to announce our new GP Professional Development (CPD) Grant, designed to support an area of study where your interests support the work of General Practice alongside furthering your career opportunities. Limited funding available, find out more and [apply here](#).

>>> PRIDE IN PRACTICE PROGRAMME - New cohort!

We are delighted to offer another opportunity for up to 10 practices in Cambridgeshire & Peterborough to apply for a funded place on the LGBT foundation Pride in Practice 12-month programme. The Pride in Practice programme provides training, an accredited award as well as ongoing support and resources. Deadline to apply is 5pm on 7th January. For further information, please [click here](#).

>>> FRAILTY MATTERS: GP PEER LEARNING PROGRAMME - New!

Our new programme of 6 x monthly interactive, peer-led education workshops, facilitated by a GP with a specialist interest in Frailty and experience in community geriatrics, is aligned with the Diploma in Geriatric Medicine curriculum and ideal for any Cambridgeshire & Peterborough GP keen to upskill in frailty care. Virtual workshops one Friday per month (12:00-1:30pm), starting in January 2026. [Click here](#) to apply.

>>> CPTH FELLOWSHIP FOR NEWLY QUALIFIED GPs - New cohort!

Our new programme of 6 x monthly interactive, peer-led education workshops, facilitated by a GP with a specialist interest in Frailty and experience in community geriatrics, is aligned with the Diploma in Geriatric Medicine curriculum and ideal for any Cambridgeshire & Peterborough GP keen to upskill in frailty care. Virtual workshops one Friday per month (12:00-1:30pm), starting in January 2026. [Click here](#) to apply.

>>> 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 applications, visit our web page for more information on what to expect, planned dates and how to apply. [Find out more](#)

>>> ARRS GP SUPPORT & DEVELOPMENT PROGRAMME

Our newly enhanced ARRS GP Support & Development Programme offers access to education, mentoring and peer support for GPs employed under the Additional Roles Reimbursement Scheme (ARRS) in Cambridgeshire and Peterborough practices. [Click here](#) for more info.

>>> WELCOME TO C&P FOR NEW GPs - Weds 18 March 2026, Delta Marriott Hotel, Huntingdon

We are delighted to once again offer this one-day workshop which aims to arm new GPs with the knowledge they need to launch themselves confidently into their post CCT career. With local speakers discussing essential topics and offering valuable information and advice, practical tips and take-home messages, this event will support GPs nearing CCT or who have CCT'd within the last 12 months, to make the most of local opportunities and thrive as a GP in Cambridgeshire & Peterborough general practice. Limited places available, [book here](#).

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.



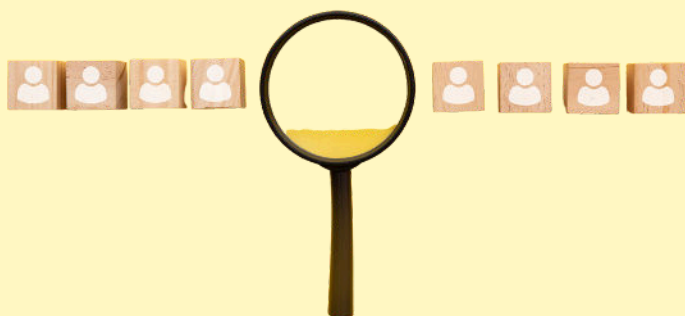
Visit our **website** for more information or snap the QR code:



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**

