



### January: The Monday of all Months

Welcome to the first LMC newsletter of 2026. We hope you've managed as well as possible through the pressures that this time of year inevitably brings. As one colleague recently put it, "it feels like every day is a Monday in January" – and we suspect the general practice access data will back that up. We won't see this until March though so don't forget to continue completing GPAS.

For the LMC team in Duxford, the inbox has certainly reflected this mood. We've seen a steady stream of queries relating to contract compliance, capacity pressures, data sharing, digital systems, and ongoing challenges at the interface. We've also begun the individual practice meetings announced in our December newsletter and are keen to reach as many of you as possible – whether online, in practice, or through PCN group meetings. Hearing directly from you and your teams strengthens our ability to represent the full breadth of general practice across Cambridgeshire and Peterborough, something that becomes even more important as the new Central and East ICB expands across Bedfordshire, Hertfordshire and Milton Keynes from the beginning of April.

Our meetings with the ICB this month have focused on the implications of the significant staff cuts now beginning to take effect. It is likely that long-standing and well-known colleagues will be moving on in the coming weeks as the ICB works to meet substantial running cost reductions. As the transition to a larger ICB footprint continues, it is clear that the year ahead will be a period of wider transition, with work underway to align governance, services and processes. While we do not anticipate major changes to locally commissioned enhanced services for 2026/27, we expect activity throughout the year aimed at greater consistency across the patch.

Your LMC committee met yesterday to consider a full agenda of local and national issues. Work continues to address longstanding problems at the interface with other services, including workload transfers, boundary definitions, appropriate handling of correspondence, and commissioning gaps. A more detailed update from Dr James Booth, LMC Medical Director, appears later in this newsletter.

Nationally, the BMA General Practitioners Committee England met last week and discussed, among other matters, the ongoing consultation with NHSE and DHSC regarding the GP contract for 2026/27. While details of the current proposals have not been shared publicly to avoid leaks, GPCE has submitted its own detailed response and counter-proposals to Government.

GPCE is expected to meet again at the end of February to vote on the final 2026/27 contract offer, a decision that is likely to shape the next steps in the dispute with Government and influence negotiations on a future substantive contract for general practice.

Looking ahead, the GPCE executive will be hosting two webinars next week to explore these issues further. These sessions will be of particular interest to GMS contractors but will be open to all GPs. We hope that as many of you as possible will be able to attend. Details of how to register are provided below.

Wed 28 January 12 - 2pm [register here](#)

Thu 29 January 7pm - 9pm [register here](#)



## Your LMC: Here to Support You and Your Practice Teams

### We're here for you

The Local Medical Committee (LMC) exists to represent, support and advise all GP practices across our patch. Not everyone has had direct contact with us, but we've been working hard behind the scenes to support practices through challenging and fast-moving changes.



### We want to be more visible and accessible

Every practice is different, and we'd love to connect more with teams across the patch. We're keen to visit practices to discuss specific concerns, offer general advice, or simply introduce ourselves and explain how we can help.

### Want an LMC visit?

If your practice would welcome a visit from the Cambs LMC office team, please get in touch at [office@cambslmc.org](mailto:office@cambslmc.org) and we'll be happy to arrange a date.

### GPAS

To help monitor the strain on practices, we've reinstated GPAS, our local system for tracking your operational pressure on a weekly basis. It provides a vital, real-time picture of the pressures facing practices across our area and it's the only consistent way to evidence workload and capacity at a system level, and to make sure that general practice pressures are seen, heard, and acted upon alongside those from hospitals and community services.

This will help us back up our discussions with the ICB with timely, real-time data from our members, ensuring we're all better prepared when periods of pressure require escalation.

Please see our [dedicated GPAS page](#) on our website to help you gauge your status and submit to us each week.



## Cambs LMC Practice Management Conference 2026

We're delighted to share a save the date for the Cambs LMC Practice Management Conference, taking place on:

**Thursday 18 June 2026.**

We're really looking forward to welcoming practice managers from across Cambridgeshire for a day focused on connection, shared learning and practical support.

Plans are currently being finalised, and we'll be sharing very soon, the full details, including the programme, speakers and venue information. For now, please pop the date in your diary and keep an eye out for further updates.

We hope you'll be able to join us.



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## Update from Melanie Gearing: Your IGPM Representative



Last Friday I represented Cambridgeshire and Peterborough Practice Managers at an IGPM Team Meeting where we reviewed the progress of our organisation to date and how in the last 12 months the IGPM has become recognised as the credible organisation to consult with for Practice Management input by the BMA, NHSE and the Government.



It reinforced my belief that as Healthcare professionals, Practice Managers deserve the support and representation that being a member of a professional body brings.

That's exactly what the IGPM is...

A non-profit, independent organisation built by Practice Managers for Practice Managers.

### **Recognition. Professional standards. Support.**

A community that understands the pressures, responsibility and impact that we make in our Practices every single day.

If you believe in the value of what you do, then we encourage you to stand with the organisation that's fighting for our profession to have the voice of Practice Managers heard.

### **IGPM is it and we need you with us.**

If you would like to find out more about becoming an associate member for just £50 a year + VAT or have any questions about this, our accreditation or the benefits of being a member then please do not hesitate to contact me. Additional information is also available via the website although this is currently being upgraded and switched to a new provider.

I am also scheduled to drop-in to the various locality based PM Meetings in the coming weeks so look forward to having the opportunity to meet many more of you.

# Interface update from Cambs LMC Medical Director

January always brings with it winter pressures, capacity demands, and what can feel like the greatest of strains on an already critically stretched general practitioner. It's no surprise, then, that this is a time when interface issues come to the fore like no other, and it's fair to say that the increased pressures our secondary colleagues are facing are reflected in this, too.

We're working on several areas at the moment to try and ease some of these pressure points in your day, and to make pathways work better for patients and clinicians alike, and for them to be resourced as they should be. These were all discussed at your committee this week; and the focus was on our ongoing work to find a solution to **monitoring requirements for Monoclonal Gammopathy of Uncertain Significance (MGUS)**. We take the position at the LMC that this is specialised work and should be funded separately to core GMS. However, we also recognise the need for collaboration with haematology colleagues, and the ICB in finding a safe and sustainable solution and transitioning to that with care. We have formally notified the ICB that Practices intend to give notice on this monitoring work. We have also had productive conversations with haematologists from both NWAFT and CUH and will shortly be preparing a joint position statement on this; they have agreed that this needs to be commissioned better.

Several colleagues have reflected to us lately that the **CUH boundary** is creating referral issues, with uncertainty as to whether some patients living in some areas should be seen there or at other trusts; this seems to be affecting both new referrals and existing care. There seems to be some inconsistency in the application of this, and we are also keen to understand how it fits in with the NHS Choice Framework which our patients are entitled to use. We have reached out to CUH and will keep you updated.

We have ongoing meetings with commissioner colleagues about the issues surrounding **ADHD referrals and shared care, especially with Right to Choose pathways**. We recognise that this is very much a national issue, but it has a significant impact on practices locally. We are aware that the system is working on this; in the meantime, we continue to represent on your behalf and will be updating our website guidance on this over the next week or two.

Our regular meetings with CPFT continue, both over the **mental health survey** we conducted last year and other interface issues we are hearing about from you. We have highlighted the key risks you identified in caring for mental health patients and have represented these to both the Trust and system leaders and will continue to push for action here. We have also highlighted **issues with correspondence coming via clinical tasks**. CPFT are currently looking into the issue at their end, and we are discussing this further with them next week. We will continue to advocate for communications that work for practices and are as safe as possible for patients.

These are just a few of the themes we are picking up, but we hear from you about clinical interface issues daily. We speak regularly with system colleagues who work on their Interface email inbox ([cpicb.interface@nhs.net](mailto:cpicb.interface@nhs.net)) and please do feel free to copy us in if you send an issue there – although please remember to redact any patient identifiable information on emails to us! There are too many pieces of work to list here, but we will always represent the needs of our members and their patients first and foremost in these discussions. We'd also remind colleagues that we have guidance on many of these areas on our website, and there are ICB resources (such as the online formulary) which can also be of value. The LMC is here for you when you encounter difficulties!

# MONTHLY FOCUS

## PCSE Enquiries and Escalations: A quick guide

Following a recent review with the ICB and Cambs LMC, we wanted to share a brief reminder on the best way to contact PCSE and escalate queries if needed.

For most issues, practices are advised to raise an initial enquiry via the PCSE online contact form. This ensures your query is logged correctly and allocated a CAS reference number, which is essential for tracking and follow-up.

If you need to add information to an existing query or chase a response, this should also be done via the online form. Selecting that your query relates to an existing case allows everything to be linked under a single CAS reference.

Where a query remains unresolved after 28 days, and you have already followed up via the online process, practices can escalate by emailing the ICB Primary Care team, copying in Cambs LMC.

Please include a brief summary of the issue, key dates and all relevant CAS reference numbers to help move things along efficiently. Using this approach helps ensure enquiries are directed to the right place and can be followed up effectively.



## Link list server and WhatsApp Group

Just a friendly reminder that we keep the Link Forum free from GP practice-based job vacancy adverts.

The forum is meant to be a space for sharing updates, asking questions and supporting one another, and keeping it advert-free helps it stay useful and easy to navigate for everyone.

That said, we absolutely want to help with recruitment, and there are a couple of easy alternatives:

- Practice-based roles can be advertised on our website, where they'll be seen by the right audience.
- Urgent locum GP vacancies can be shared by us on your behalf to the locum distribution list for quick and targeted circulation.

Using these routes helps keep the forum focused, while still making sure vacancies get good visibility.

Just email your requirements to [office@cambslmc.org](mailto:office@cambslmc.org) and we will do the rest!

Thanks, as always, for helping us keep the Link Forum free for local networking and sharing, and working well for everyone



## Cameron Fund Elections 2026

Please find attached a letter about elections to Council of Management, for your kind attention.

[Cameron Fund Elections 2026 letter](#)





# Vaccination Upates



## Registration for the 2026/27 COVID-19 Vaccination Service Now Open

Practices can now sign up to provide the 26/27 COVID-19 vaccination service: Sign up via CQRS and complete the data collection form.

Providers must sign up by 2nd February 2026 to receive COVID-19 vaccine in time for the start of the Spring campaign. Where providers sign up to deliver the COVID-19 vaccination service, they will also be required to deliver the 26-27 adult flu vaccination service.

For more information, read the [GP enhanced service specification](#).



## 26/27 COVID-19 & Adult Flu Enhanced Service Specification

As a follow on from our earlier newsletter where we briefly highlighted the release of the 26/27 COVID-19 & Adult Flu Enhanced service specification, we thought it would be useful to provide an expanded summary of the key differences between the current COVID-19 Enhanced Service specification with the new specification:

- The COVID-19 and adult influenza service specifications have been combined. previous COVID-19 specific provisions around "surge" and "pausing of services" have been removed to align more closely with the established requirements of the seasonal flu service.
- Individual GP practices can now sign up to deliver the COVID-19 vaccinations directly, making PCN grouping optional, although collaboration is still required for care home residents. Practices can opt to sign up for both COVID-19 and adult flu, or adult flu only. A separate specification will be issued for the Childhood flu programme at a later date.
- COVID-19 vaccinations will be recorded in the GPIT clinical systems (external Point of Care systems such as Pharmoutcomes will be decommissioned for Primary Care purposes) and claims will be made via CQRS, aligning the process with the seasonal flu vaccination service.
- The National Booking System (NBS) will still be available should practices/PCNs wish to upload their appointment books to this portal, but this is optional, and unlike the current service, patients accessing this portal will only be able to see the appointments being offered by their own practice, or pharmacies local to the practice who have signed up for the Community Pharmacy version of the service.
- Disappointingly, the Item of service fee for COVID-19 vaccinations is unchanged at £10.06 (this is also the case for seasonal flu) for activity outside of the seasonal flu campaign, reducing to £8.70 (a modest uplift to the current level of £7.58) during flu season. The £10.00 housebound premium has however been removed.



## GP Webinar (27 January 2026) Seasonal Vaccination contract changes

NHS England is hosting a further call to go through the contract and operational considerations for the seasonal vaccination changes.

Date: 27 January 2026

Time: 17.00-18.00 hours.

Sign up: [Seasonal Vaccination contract changes | NHS England Events](#)

## ► General Practice: Critically Endangered - Facing Extinction

Last Thursday, GPC England met at BMA House for the first meeting of 2026; this week marked 'Blue Monday' - the lowest emotional point of the winter. You won't be alone in struggling to find the joy in general practice currently, especially given relentless online demand and respiratory illnesses which have taken their toll on practices and GPs nationwide. We are seeing some of our busiest days, with record numbers of patient contacts leaving us feeling unsafe and unsupported - taking us further away from face-to-face continuity of care with our patients, the true bedrock of general practice.

We see and hear the immense effort you're putting into adjusting staffing, systems, and subcontracting arrangements following on from October. We're also grateful to those of you raising concerns about the sustainability and safety of the implementation. Your GPCE representatives discussed managing pressure, particularly when demand consistently outstrips capacity, and when we inevitably encounter situations where full compliance with the three access modes across the full hours of the day is just not feasible.

To this end, we will be holding two webinars at the end of the month - these will be of most interest to GMS contractors but will be open to all GPs - please sign up below.

This week your elected officer team will be meeting DHSC and NHSE to press on with discussions around the Government's consultation on the 2026/27 GMS Contract and discussing our recent practice finance survey results, and we shall be following-up again with NHS England the week after too. Following these discussions once a final contract has been proposed, GPC England will vote on the final offer.

The committee also received:

- Feedback from national GP focus groups – painting a widespread bleak midwinter picture – overworked, under-resourced, but importantly, still feeling the sense of value and pride in the work GPs do for our patients
- A keynote speaker from the Irish Medical Organisation who provided an overview of the GMS contract in the Republic of Ireland and the experience of negotiating their public/private 2019 contract
- Breakout groups to consider next steps in our contract dispute with reflections from our team of external strategic advisers with whom we are working on the new GMS contract

We know how vital these discussions are to the whole profession, we want your feedback and to bring you along with us, so please do join us either over lunch on the Wednesday, or on the Thursday evening:

- Wednesday 28 January 12 - 2pm [register here](#)
- Thursday 29 January 7 - 9pm [register here](#)

## ► Practice not to blame for A&E attendances

GPC England chair Dr Katie Bramall recently responded to a Guardian article: [Huge rise in number of people in England's A&Es for coughs or hiccups, 31 December](#). Dr Bramall said:

England's general practice meets unsustainable pressures with record productivity: 250,000 additional GP practice appointments are being delivered a day compared with 2019. It is the fall in the number of inpatient beds gumming up the A&E system, not a fall in GPs' capacity to treat patients.

With that said, we have thousands of GPs looking for [NHS](#) work across England right now. Just 105 more GPs could have delivered the 1.9m appointments for people seeking help for headaches that the article mentions who went instead to A&E over the last five years.

We are still 750 GPs short of where we stood a decade ago, with GPs receiving only 34p per patient per day. The government is keen to progress its "neighbourhood" model, but without more GPs and more funding for them, patients won't see any meaningful change.

## ►► Ambient voice technologies

Late last Thursday (15 January) NHS England published a [press release](#) claiming AI note taking 'could save clinicians up to 2 or 3 minutes for each patient consultation, freeing up more time for them to see other patients'. Practices are reminded of the [guidance NHS England publishes](#) and the necessary steps they must take should they choose to make use of these technologies. Patients must be made aware that consultations are recorded for interpretation by computer and their rights of access to any recordings made, and any interim transcripts created by the AVT should be made available for review. Errors, or 'hallucinations', in the AVT output, in addition to immediate correction, should be reported to the MHRA via its [Yellow Card reporting scheme](#).

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## ►► OpenSAFELY

Practices in England are reminded to continue to activate the OpenSAFELY data analytics service if they haven't yet done so. This service the full support of the BMA and RCGP. [Read more >](#)

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## ►► Power in numbers: uniting sessional GPs for change

3 Feb, 7–8.30pm

[This is the second event in our national engagement series created to bring sessional GPs together, amplify your experiences, and ensure your voice drives the BMA's work on your behalf.](#)

At our first event, you told us the top three issues facing sessional GPs today:

- pay rates that are too low
- underemployment and lack of available work
- contracts not being honoured.

We listened, and this event is all about what the BMA can do to act on your behalf, and the rights you hold as a sessional GP. [Register your place >](#)

## ►► Professional Fees Committee

The PFC (Professional Fees Committee) is a pan-BMA four-nation committee representing doctors who undertake professional work outside their NHS contracts. The committee negotiates fees for various services, including part-time medical work, government and medico-legal tasks, insurance and commercial work, and a range of reports and certificates for patients or third parties.

This includes work related to children in care, psychiatric examinations, priority housing reports, case conferences, driver licensing, and benefits certification. Read the latest with the [PFC Winter Newsletter](#)

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## PROTECTED LEARNING TIME (PLT)

**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 10 February 2026, 19:00-20:30**

Join us for our next evening education session: Dermatology with Dr Anna Trigell. [Click here](#) to book.

### >>> PRIDE IN PRACTICE PROGRAMME - **Extended deadline!**

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 19 February. For further information, please [click here](#).

### >>> CPTH FELLOWSHIPS & PRECEPTORSHIPS - **Final call for applications!**

**FOR NEWLY QUALIFIED GPs:** Cohort 4 of our CPTH Fellowship for Fellowship for Newly Qualified GPs starts in March 2026. This is an 18-month programme designed to support the transition from VTS to an established, salaried GP working in Cambridgeshire and Peterborough. For more info and how to apply please [click here](#).

**FOR NURSES:** We are offering further cohorts of our CPTH Preceptorship for Newly Qualified Nurses and of our Transition into General Practice Nurse Preceptorship for those moving into general practice from other areas of the NHS, both starting in February 2026. A programme of funded CPD time, education, mentoring and peer support, designed to support the transition into the workplace. Applications close at the end of January. Find out more and [apply here](#).

### >>> 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.

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

PRIDE IN PRACTICE PROGRAMME – extended deadline!

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### >>> PRACTICE MANAGEMENT DEVELOPMENT: FOUNDATION PROGRAMME - **New!**

This new programme is designed to prepare individuals for management roles within general practice, providing structured learning, practical experience, and mentorship to help participants develop the skills and confidence needed to succeed. Deadline for applications: Wednesday 04 February (5pm). For more information, please [click here](#)

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

A 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.



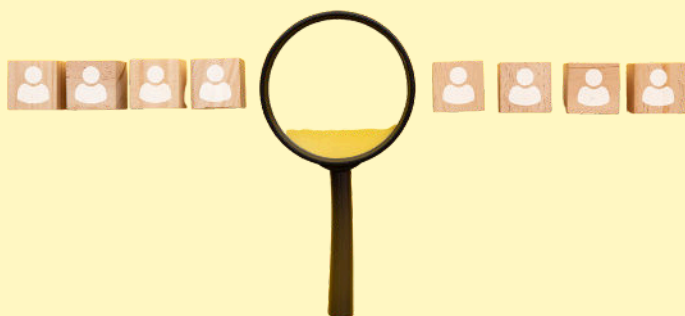
Visit our **website** for more information or snap the QR code:



Email

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

