



GP Contract Changes: local views and reactions

Dear 'Gentle GP', this edition of the LMC newsletter is for you.

We are heading into a challenging period for general practice, and it is important that you understand what we are fighting for, and why. Please take the time to **read, share and discuss** with your colleagues.

The background to the [2026/27 GP contract changes letter](#) is simple. In November, the government announced that it would *consult* with GPC England and other stakeholders rather than *negotiate* with them. This unilateral decision breaks with many years of precedent in which GPCE negotiated the GP contract on behalf of the profession. It also severely limited the input that GPCE had into the final content, something that is abundantly clear in the changes now being pushed through.

Your LMC committee met yesterday and discussed the recently imposed contract and its implications in detail. A representative committee should reflect the views and concerns of those it represents, and yesterday your committee did exactly that. We would like to share some of those views with you.

The partner view

We heard some angry and frustrated voices from partners on the committee, not only about the specific contents of the contract, but about its tone and direction of travel.

There was particular concern about the increased scrutiny around appointment timings, which many felt demonstrates a fundamental misunderstanding of how real general practice works. It also felt like a disregard for the extraordinary pressures practices are under, with rising population demand and huge secondary care waiting lists.

GPs are well known for their "can-do" attitude, and there was the usual discussion about how practices might adapt to make the contract work. While that "can-do" attitude has often helped general practice adapt and survive, it can also be our downfall. The committee felt strongly that this is a moment to pause and reflect on the trajectory of the contract, as these proposals will disproportionately affect smaller practices and those serving populations with significant health inequalities, poor digital literacy, or language barriers.

The increasing pressure to triage and manage urgent same-day demand requires a fundamentally different model of care. Whether or not practices operate a "total triage" system, the reality is that experienced GPs are increasingly pulled away from face-to-face contact and the continuity of care we, and our patients, value so highly.

Taken together, these changes risk shifting general practice further away from the traditional model of the family doctor, a shift happening gradually, but steadily. Perhaps most concerning were the stories shared by partners in the early years of their careers who are already considering opportunities outside the UK. We cannot afford to lose them.

The sessional view

There was anger among our salaried GPs and locums too. While sessional doctors are often not directly involved in decisions about practice systems and processes, they experience the consequences of those decisions every day. We heard that current triage models increase both workload and professional risk, while offering little control over how care is delivered.

There was cautious recognition that a proposed funding shift from PCNs to a practice level GP salary reimbursement scheme, could be positive. Similarly, removing the requirement for ARRS GP roles to be newly qualified may create some flexibility, however, without further detail, it is difficult to understand how these changes will work in practice.

More worrying was the proposal to move Advice and Guidance funding into core funding, alongside the requirement for single-point-of-access hubs in trusts. The right of GPs to refer patients for specialist opinion is enshrined in core general practice. Shifting the emphasis from referral to guidance risks pushing more workload and risk back onto general practice, and appears to contradict the spirit of Jess's Law, which encourages access to timely second opinions.

Overall, there was a strong feeling that the future for sessional GPs remains unclear, with uncertain job opportunities, increasing risk, and a growing sense that the role of the GP as an expert generalist is being steadily eroded.

The registrar view

For GP registrars, that **uncertainty** around the future of general practice is felt even more acutely.

Our registrar members spoke about their **anxiety** regarding job availability after CCT and what those future roles might look like.

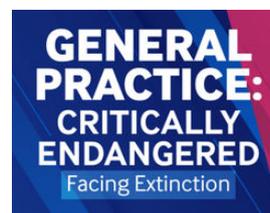
They worry about **burnout**, about the loss of continuity in their experiential learning, and about the relentless workload they see experienced by colleagues in practice.

These doctors are just beginning what should be long and fulfilling careers in general practice. They deserve a **better** and more **secure** future, and it is our collective responsibility to help build it.

The LMC view

In essence, your LMC committee believes that this unilaterally imposed contract threatens the long-term future of general practice.

It risks accelerating the loss of the expert generalist, the GP who knows their patients, understands their communities, and builds a fulfilling career delivering care locally.



If we do not speak up now, we risk sleepwalking into the gradual dismantling of the model of general practice that patients and communities depend on.

We face extinction if we don't act now.

Your view

We now want to hear from you. We want to know if your thoughts differ from those voiced by your LMC representatives, we want to know the points that need strengthening, the concerns or opportunities we might have missed.

Over the coming weeks the LMC will seek to capture those views. We are also keen for you to send us your feedback in to office@cambslmc.org, or we can connect you with local LMC committee representatives who will be happy to talk through and hear directly what you want to see and how you think the profession can best achieve it.

We will be arranging meetings both online and in person so that GPs at every stage of their careers can share their views and experiences. These conversations are essential in shaping how we respond as a profession locally and nationally.

For those of you who are BMA members, please also take the time to vote in the referendum, which is open until **noon on Wednesday 25 March**.

General practice has always been strongest when we stand together. If we want a sustainable future, for ourselves, for our colleagues, and above all for our patients, now is the time to make our voices heard.

The BMA GP referendum is now open and here is a reminder of key dates, voting information, and details of upcoming webinars.

1. GP Referendum is now open and closes noon **Wednesday 25 March**
2. GPC England meets for the result, the next day, **Thursday 26 March**
3. GP Action could start as soon as **Wednesday 1 April 2026**

Who can vote?

All BMA GP and GP Registrar members who practice in England may vote.

Will there be a free BMA membership offer?

The 3 month free membership annual offer window begins in July.

What do we need to know?

Everything you need to know will be explained in the Webinars.

Webinars:

Tuesday 10 March at 19:00 - 20:30pm [Register here](#)

Wednesday 18 March at 12:00 - 13:30pm [Register here](#)

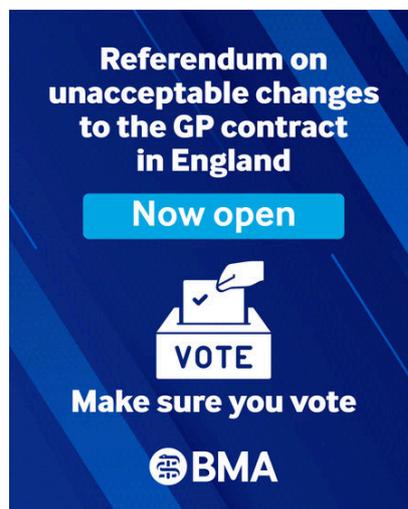
GPC intends to cover:

1. Full contract update and explainers with modelling
2. Where we are with the promised new contract
3. What happens after the referendum result
4. What we need from Govt and how we intend to secure this - and what may happen if nothing changes...

[Read more here](#) about the steps GPCE is taking.

Read the campaign page: www.bma.org.uk/GPContract

Watch Dr Katie Bramall's [one minute video](#) and [GPOnline podcast](#).



PM REVIVE



Practice Management Conference 2026

Leading the Practice. Shaping the Future.



Thursday 18 June | 9:00 - 17:00

[Details here](#)



Marriott Hotel, Huntingdon

[Register here](#)



Grab your early bird tickets now, and save before they're gone!....

Step away from the day-to-day and join fellow Practice and PCN Managers for **PM Revive**, a conference designed to inspire, energise, and equip you for the future.

What to expect

- Inspirational speakers & interactive sessions
- Practical strategies for immediate use
- Peer support & networking
- Strengthened leadership skills

Recharge, reconnect, and return to practice with clarity, confidence, and momentum.



Fluoroquinolone prescribing

As part of our regular meetings with the ICB Medicines Optimisation team, we have recently had a conversation with these colleagues around fluoroquinolone prescribing in general practice.

As members will be aware, there was [an alert](#) from the MHRA about this class of drugs in 2024 following increasing concerns around serious side-effects. There is a risk of irreversible tendon damage with this class of antibiotic, leading to persistent disability. There is an association with suicidal ideation. These exist alongside other psychiatric, musculoskeletal and neurological side-effects. The MHRA is clear that systemic fluoroquinolones should only be used if no other antibiotic choice is possible, and if needed, patients must be very carefully counselled around side effects and prompt treatment cessation if they occur.

Alongside this crucial patient safety risk, we are also concerned at the LMC about the professional risk associated with fluoroquinolone prescribing. The number of indications for ciprofloxacin and similar antibiotics is now small indeed, and any prescribing would need to be robustly defensible in the current context. In practice, GPs might find it helpful to only issue these antibiotics on the advice of a microbiology consultant; certainly, there are few conditions indeed where they would be a first-line choice. If a patient came to harm as a result of prescribing, in the context of the MHRA alert, a prescriber would need to demonstrate that they had no other appropriate clinical choice available, in our view.

Cambs LMC is always available for advice around interface issues around prescribing recommendations, and to offer guidance on complaint management.

Patient Choice and Referrals to Cambridge University Hospitals

Cambridge University Hospitals NHS Foundation Trust has reaffirmed its commitment to ensuring that patients can exercise their right to choose where they receive NHS care, where the national patient choice rules apply.

When discussing referral options with patients, it is important that they are supported to make an informed decision. This includes being aware of current waiting times at the Trust, as there may be alternative providers who are able to offer care sooner. CUH has advised that it continues to work on improving waiting times and is actively addressing pressures in a small number of specialties where demand remains particularly high.

Practices are reminded that patients may choose the provider they wish to be referred to. However, where a provider delivers services across multiple hospital sites, the exact site of treatment may be determined by the provider based on service configuration, clinic availability, and waiting list management. While a patient can express a preference for a particular site where options exist, it may not always be possible for this to be guaranteed. CUH has also asked that any examples of referrals being rejected inappropriately are raised through the usual escalation routes so they can be investigated and resolved.

Cambs LMC encourages practices to continue supporting patients to exercise their right of choice while ensuring they are aware of the practical considerations that may influence where care is ultimately delivered.

NHS Right to Choose

Many practices have approached us with understandable queries about NHS Right to Choose, and especially how shared care works with these providers - particularly those undertaking ADHD assessments. We have also had discussions with the ICB about these issues and note that their Adult ADHD Accreditation Framework has been launched now.

Cambs LMC has confirmed the position on funding for shared care with Right to Choose providers for ADHD medication this week, and it is useful to know that the Local Commissioning Agreement applies to adult and child ADHD medication prescribed under a proper Shared Care Agreement with a RtC provider, with the ICB confirming that those in the Accreditation Framework have had due diligence done by them on their arrangements, which can help practices guide patient choice.

We are aware that this can be a complex issue which creates significant workload for GPs and their teams, and we are always on hand to help with queries. With that in mind, we have updated our guidance on [NHS Right to Choose](#)

▶▶ Letter to GPs in England about fees for safeguarding work

The BMA's [Professional Fees Committee \(PFC\)](#) has written to GPs in England about [safeguarding work and the fees that applies for this work](#). There are no agreed fees for completing safeguarding reports or attending case conferences. Following advice from King's Counsel, the PFC's position in relation to fees for safeguarding services, is that GPs are entitled to ask for a fee for safeguarding services as this work falls outside the scope of their GMS, PMS and APMS contract of employment. [Read more >](#)

▶▶ Annual Flu Letter

NHS England have now published the annual flu letter, outlining the cohort and vaccine information for the 2026/27 flu programme. The letter can be accessed on the [NHS England website](#)

▶▶ RCGP and Patient Association joint report

On Tuesday 24 February, the Royal College of General Practitioners and the Patients Association launched their [joint report, "It shouldn't be this hard": Solving the NHS maze for patients and GPs](#). The report makes three recommendations to policy makers, based on engagement with patients and GPs on their experiences with navigating primary care. The recommendations are:

1. Every patient should find the NHS easy to navigate
 2. Every patient should be able to see their GP when they need to
 3. Every patient should be able to access their information and track referrals via user-friendly systems
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▶▶ Mental Health consultation

The Department of Health and Social Care has launched an [Independent review into mental health conditions, ADHD and autism: terms of reference](#). This review was promised by the Secretary of State, Wes Streeting MP, and we would recommend as many GPs as possible to contribute their thoughts and experience. The mailbox to receive submissions is independentprevalencereview@dhsc.gov.uk

▶▶ PCSE Online: New Access for GP Accountants

PCSE has introduced new permissions in PCSE Online that allow GP accountants to access Employee Contribution Statements and complete Type 1 and Type 2 certificates for GP Pension Scheme members.

Practice User Administrators can add or remove an accountant or authorised contact as needed. Each accountant must have a link to each Pension Scheme Member. The previous accountant role is no longer active, so new access must be set up in PCSE Online. Further information can be found on the [PCSE website](#).

▶▶ Community Pharmacy and General Practice conference 21-22 June

The National Pharmacy Association (NPA) and Cogora is hosting the [Community Pharmacy and General Practice Conference 21-22 June 2026](#) at the National Conference Centre in Birmingham. The event will unite professionals from community pharmacy, general practice and wider primary care to redefine neighbourhood health.

The programme is created in collaboration with an Advisory Committee, including Dr Julius Parker, GPCE deputy chair. It features case-based sessions, built around five core streams: collaboration in action; business and service innovation; leadership and workforce; technology and AI for integration; clinical skills booster – delivering implementable ideas to strengthen integrated primary care. It is designed to share practical, case-based learning to help drive stronger collaboration between general practice and community pharmacy. [Register free here.](#)

14:30-15:45 - Frailty in General Practice

A practical 1-hour webinar aimed at GPs and GP practice staff. Highlighting the importance of identifying frailty early and will increase knowledge and confidence in assessing frailty and supporting patients living with frailty in everyday general practice. For more info and to book [click here](#).

14:30-16:00 - Leading Quality Improvement:

Fostering a Culture of Improvement and Collaborating for Impact across teams. To book a place, please [click here](#).

To find out more about other PLT sessions please [click here](#).

>>> 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. Extended deadline for applications is 5pm on 10th April 2026. For further information, please [click here](#).

>>> WELCOME TO C&P FOR NEW GPs - Wed 18 Mar 2026

A one-day workshop at Delta Marriott Hotel, Huntingdon, 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](#).

>>> NB MEDICAL HOT TOPICS GP UPDATE - Thu 19 Mar 2026, 09:30-17:00

Consisting of a series of short 'TED-style' engaging presentations blending evidence and cases, followed by discussion, this course will update you on the latest developments in the literature and serve as a platform for CPD to help you to deliver better patient care. [Click here](#) to book.

>>> GP PROFESSIONAL DEVELOPMENT (CPD) GRANT

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](#).

>>> ARRS GP SUPPORT & DEVELOPMENT PROGRAMME

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

>>> DIGITAL SUPPORT & TRAINING

With digital transformation an integral part of the NHS Long Term Plan, CPTH offers digital training to support Practice and PCN staff in developing competencies and proficiency in digital tools, including clinical reporting, data use, and wider digital transformation and integration. [Click here](#) to find out more.

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](tel:03301231245) 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

