



Pressure builds in General Practice:

Demand Soars as Costs Rise



It won't surprise you that the dominant theme at yesterday's LMC committee meeting was the sustained and intensifying pressure on general practice. Members spoke about unprecedented demand, a noticeable rise in referral rejections, and a growing sense of despair at the absence of any contractually permitted means to mitigate unlimited, unsafe and unsustainable patient demand.

A key driver is the impact of frictionless access models. While these can improve accessibility for patients, they have also fuelled demand without a matching increase in capacity, or any comparable easing of access elsewhere in the system. Practices are facing persistently high volumes of contacts, endless triage lists, and no ability to cap demand safely within existing contractual obligations. All of this is playing out alongside the rising operational costs of workforce, estates and digital infrastructure continuing to outpace funding growth.

Your committee also discussed in detail the proposed Local Commissioning Agreement 2026-27 which is almost a rollover of last year's agreement and were concerned to see the lack of any inflationary uplift. Although the shift to activity-based service lines has, for many C&P practices, been an improvement on the former bundled arrangements, static tariffs that fail to keep pace with workforce costs and workload complexity are squeezing margins ever tighter. Whilst the changes are small, the committee was clear that their existence, alongside the lack of any uplift, will require practices to review the offer before re-signing with one eye firmly on affordability, an uncomfortable fit with a neighbourhood health agenda that positions out-of-hospital care, closer to patients, as a priority.

All of this sits in a wider context of professional disappointment and unease about the recent nationally imposed contract changes. The same-day urgent access target, the expansion of Advice and Guidance, and the continued sense that the resourcing offered for practice staff fails to represent the actual need have left many feeling the cumulative impact risks destabilising core service delivery. Whilst there appears to have been a shift in the Department of Health's attitude to the expansion of Advice and Guidance, the jury is still out in terms of their response towards the capping of unsafe demand as 1 May looms ever closer.

Further pressures are emerging through the use of national contracting routes to introduce new workstreams that do not always align with frontline reality. The recent move to route prescribing responsibilities for weight loss medications through the Quality and Outcomes Framework has prompted significant concern, both about the workload implications and about whether such mechanisms are suitable for complex, resource-intensive interventions. You will find the LMC view about this later in this newsletter.

The Committee discussed these challenges in depth, with a clear message: policy ambition must better align with day-to-day operational reality. For most, the promise of neighbourhood health models relieving pressure and reshaping care still feels a long way off. There was strong consensus on the need to set these concerns out clearly with the leadership of the newly formed Central and East ICB, and to consider what wider action may be required if national efforts to mitigate the contract issues by the end of this month are unsuccessful.

It is a critical time for general practice hence our Open Meeting on Wednesday 6 May at 7pm where we will share both national and local updates. As always, this is an important opportunity to hear from you, our constituents. Please make sure your practice is represented by booking a place; further details are in this newsletter.

Our representation role extends beyond the NHS in England. In May, a team of local committee members will take these concerns to the UK Conference of LMCs, contributing to wider discussions on the sustainability of general practice and the support required to ensure it can continue to meet the needs of patients and communities alongside representatives from across the four nations.

Your Cambs LMC team and committee members will continue to speak up, locally and nationally, for a safe, sustainable and properly resourced future for general practice. We will keep you updated on developments and next steps, and we encourage you to stay engaged, share your experience, and help shape our collective response.

Wed

06

MAY

19:00-20:30

Cambs LMC Virtual Open Meeting

Local and National updates for 2026

An update on recent national contract changes and what these mean in practice, alongside a local perspective on system pressures and commissioning intentions.

The session will also cover current expectations around local commissioning arrangements and provide clarification on the position regarding GLP-1 prescribing in general practice for obesity. There will be an opportunity for practices to raise questions and share feedback.

[Book Now!](#)

A fond farewell to our Vice Chair

I was saddened to formally announce the departure of Dr James Howard from the LMC Board and Committee at last week's meeting.

James has served as an LMC committee member since 2002 and as our Vice Chair for the past seven years. During this time, he has been a steadfast and passionate advocate for general practice, bringing a thoughtful, measured, and wise voice to our discussions. He has also provided me, as Chair, with unwavering support, particularly during a period of increasing demand both within and beyond normal working hours.

While his departure is a significant loss to the LMC, it is very much the ICB's gain, as he takes up a new representative role as a Primary Care Member for Central East ICB. We wish him every success and trust that the ICB fully appreciates how fortunate they are to have him helping to shape the future of general practice across Central East.

I am also delighted to congratulate Dr Eimear Byrne on her appointment as Vice Chair of the LMC. I warmly welcome her to the role and look forward to working closely with her.

Dr Diana Hunter
Chair, Cambs LMC

LMC Levy

The Company's Annual General Meeting (AGM) took place on Thursday 23 April, where the Board presented a recommendation to increase the LMC levy by 4p per patient for 2026/27. This proposal was carefully considered by members and subsequently approved.

The increase also reflects a recent rise in the GPDF levy, to which LMCs contribute in order to fund national initiatives that protect, strengthen, and represent the interests of Local Medical Committees and GPs across the UK. These initiatives include national GP representation through the BMA, the annual LMC Conference, legal interventions of national importance, and projects that support the sustainability of general practice.

We are confident that this measured increase will enable us to continue providing and promoting high-quality, effective support for our constituents during these particularly challenging times. We recognise the significance of the levy and remain committed to ensuring it is used responsibly and effectively.

If you have any queries regarding the levy, please contact the office in the first instance at office@cambslmc.org

PM REVIVE

Practice Management Conference 2026

Leading the Practice. Shaping the Future.

Cambs LMC

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Thursday 18 June | 9:00 - 17:00



Marriott Hotel, Huntingdon



Meet Our Keynote Speakers



Jenny Melling

Speaker, Podcast Host and former Police Officer

Start the day with an inspiring keynote from Jenny Melling

As seen on ITV's The Summit, Jenny Melling is a speaker, podcast host, and former police officer, Jenny brings an honest and relatable perspective on resilience, self-doubt, and what it really takes to back yourself—even when you don't feel ready. Expect a powerful and motivating session to set the tone for the day.



Corrina Gordon-Barnes

Executive and Leadership Coach

Close the day with Shapes Toolkit

A highly engaging session focused on practical approaches to wellbeing, helping you leave with clear, actionable ideas you can take straight back into your practice.

The line-up also features...

- Shanee Baker, LMC Law
- Sally Capper, Parliamentary & Health Service Ombudsman
- Emily Tyler, MIAB
- Melanie Gearing, Institute of General Practice Management
- Gillian Booth, Cambridgeshire & Peterborough Training Hub

Our Exhibitor Partners



Tier 3 weight referral for GLP-1

We have been contacted by a number of practices regarding the communication from weight management services earlier this month in which they announced they would no longer be prescribing tirzepatide (Mounjaro) to eligible patients, and instead passing this back to general practice.

This change has ensued from the new OB005 requirement in QOF for 26/27:

OB005. Percentage of eligible patients (per NICE TA1026 Funding Variation cohorts, accounting for ethnicity and comorbidity status) who have a recorded shared decision-making discussion about the management of obesity and are offered NICE approved medicines management (pharmacotherapy) for use in a primary care setting with accompanying referral to suitable behavioural support programme, in the preceding 12 months.

Whilst this does not insist that individual practices are the issuer of the prescription, nationally this has been taken by many ICBs as an indication that funding for this now sits at practice level in QOF, and this has led to many commissioning decisions across England in line with our local change.

We have been in conversation with Central East ICB colleagues this month, and have stressed the potential for this to cause significant workload pressures for practices, both in terms of eligible patients needing prescriptions, and non-eligible patients making enquiries. We have asked for clarity in communications to both practices and patients.

At the time of writing, the local formulary has changed to permit prescribing of Mounjaro to the eligible cohort of patients, that is:

For 26/27 eligible patients must meet the following criteria:

- BMI of 35kg/m² or more (reduced by 2.5kg/m² for people with South Asian, Chinese, other Asian, Middle Eastern, Black African or African-Caribbean ethnic backgrounds) AND at least 4 of the following 5 qualifying co-morbidities:
 - Established atherosclerotic cardiovascular disease.
 - Hypertension requiring treatment
 - Dyslipidaemia treated with lipid-lowering therapy, or with low-density lipoprotein (LDL) \geq 4.1 mmol/L, or high-density lipoprotein (HDL) $<$ 1.0 mmol/L for men or HDL $<$ 1.3 mmol/L for women, or fasting (where possible) triglycerides \geq 1.7 mmol/L.
 - Obstructive sleep apnoea (sleep clinic confirmed) meeting criteria for continuous positive airways pressure.
 - Established type 2 diabetes mellitus.
- All patients prescribed weight management pharmacotherapy by General Practice must be referred to the nationally procured “The Healthier You: NHS Behavioural Support for Obesity Prescribing” service (BSOP) (9-month programme; digital, remote, or face to face). The local BSOP provider in Cambridgeshire & Peterborough is Thrive Tribe.

This remains a comparatively narrow cohort of patients, but nevertheless, this does represent increased workload for GPs and their teams. We would remind practices that QOF remains voluntary, and the local formulary change does not represent a direction to practices to prescribe. We take the view that this is an unprecedented use of the QOF framework, and that locally commissioned arrangements should have continued; we recognise that this is a nationally led decision.

However, GPs are now free to prescribe tirzepatide to eligible patients, assuming they meet the criteria and engage with the BSOP service.

See our Weight Management Guidance page on our website. We continue to engage in the national and local conversations about this issue and will keep you informed. Please let us know if you are encountering any issues.

FROM OUR MEDICAL DIRECTOR

Tasks from CPFT

We have been liaising with our colleagues at CPFT regarding their processes for sending letters to practices, following many members raising concerns about how correspondence was being received. In particular, the practice of saving a letter in the record and sending a task to the practice was giving rise to considerable problems and your committee was unanimous in asking us to represent them in that regard.

We are very grateful to the CPFT team for their recognition of this issue and their work to change their practice in response. As such, following a pilot, as of 1 May this means of communication will be stopped, which we believe will be an improvement in terms of both patient safety and practice workflow.

We recognise that CPFT is a large organisation of many teams operating at a number of different sites, so there may be a brief period of adaptation to the change, but please do contact us if you are encountering ongoing problems.

Health Services Safety Investigations Body

HSSIB's Chief Executive Officer, Dr Rosie Benneyworth has asked us to share this article with local General Practice. HSSIB – the [Health Services Safety Investigations Body](#) – is the independent and no blame investigator of patient safety issues across the NHS in England.

HSSIB is an independent arms-length body of the Department of Health and Social Care that investigates patient safety concerns across the NHS in England and does not find blame or liability with individuals or organisations. The Health and Care Act 2022 gives powers and responsibilities when carrying out the work, including that anyone who speaks to HSSIB during an investigation can do so in the confidence that the information they share is [protected by law](#).

HSSIB are currently undertaking an investigation concerned with [referrals from general practice to secondary care](#). As the investigation has progressed, the team has heard concerns about national plans to mandate the use of advice and guidance prior to making a referral for some specialties. HSSIB is therefore conducting a specific piece of work to explore these patient safety concerns.

The team wants to hear from general practices about their experiences of using advice and guidance, and their insights into current and future risks to patient safety. The team also wants to identify evidence of harm to patients contributed to by the use of advice and guidance. To gather this evidence, the team would appreciate a virtual meeting with representatives from general practices in the area; the meeting would be for a maximum of one hour and the information collected will be protected by law, as per the Health and Care Act 2022.

If practices are able to support our work, they can then contact us via email investigations@hssib.org.uk and the team will be in touch; they will also be happy to answer any questions individuals may have about how HSSIB works and protects information.

HSSIB has heard concerns about patient safety in relation to advice and guidance and has an opportunity to support patient safety through its work. To do that, they need to hear the voices of those working in general practice – thank you in advance for your support.

Boundary Clarification between CUH and NWAFT

We have been liaising with colleagues at Addenbrookes Hospital (CUH) regarding concerns raised by practices about outpatient clinics declining referrals or transferring care on the basis that patients live closer to Hinchingsbrooke or Peterborough City Hospital.

The NHS Choice Framework is clear that, for non-emergency and non-fast-track referrals, patients have the right to choose their provider.

CUH has confirmed that, outside of these exceptions, patients may express a preference to attend Addenbrookes. They should, however, be advised that waiting times for some services may be longer than at North West Anglia NHS Foundation Trust (NWAFT). CUH has also confirmed that patients should not be redirected solely on the basis of their home address and has taken forward examples we have shared for internal review.

We have also sought clarity on cancer services across the three main hospital sites in the area: Addenbrookes, Hinchingsbrooke, and Peterborough City Hospital. There had been concerns about patients being transferred to Peterborough City Hospital despite it being their most distant provider. We understand that only brain cancer and sarcoma services are not delivered across all three sites. In addition, an issue with eRS listings meant that some clinics were shown as being available only at Peterborough City Hospital rather than at both Peterborough and Hinchingsbrooke; this included clinics for common cancer pathways such as breast and lower GI. We have received assurances that this has now been corrected.

As a reminder, fast-track cancer referrals are not covered by the Right to Choose.

ADHD - Shared Care - RtC update

We receive regular queries about ADHD services under Right to Choose and the recent expansion of the Shared Care element of the Local Commissioning Agreement to include ADHD medication prescribed by RtC Providers. We'd like to take the opportunity to remind practices of the following:

The LCA allows reimbursement for shared care prescribing, for adults and children, with any provider whose shared care agreement has been approved by their local prescribing committee.

The following providers have been approved by the ICB as having arrangements that meet their requirements without the need for further due diligence by practices:

- CARE – Centre of ADHD Research and Excellence
- Harley Street Mental Health
- Harrow Health
- Modality
- Skylight Psychiatry
- The Owl Centre

Shared care always remains something that is an agreement between patient, GP and specialist and GPs can decline an agreement for a patient if they feel it to be unsafe or inappropriate

We are aware that some patients on the local waiting list for ADHD assessment are being contacted by the ICB and offered transfer to a Right To Choose provider. Patients are free to exercise their choice of provider according to the NHS Choice Framework; their doing so does not affect a practice's decision around shared care in the event of such a request.



NEW! BELONGING TO PRACTICE

We are excited to launch a new series of Belonging in Practice webinars for staff working in General Practice in Cambridgeshire and Peterborough. These 6 webinars will explore belonging in practice with sessions on IMGs, neurodiversity, race and identity, LGBTQ+ inclusion and sustainable careers. [Click here](#) to book your place on our launch event on 29th April, Creating Belonging in General Practice with Dr Margaret Ikpoh. To find and book other workshops in the series [click here](#).

>>> Supporting Future Educators - Cohort 10

Our latest cohort is now live for expressions of interest. If you are looking to become a GP Educator, find out how our NEW! Supporting Future Educators (SFE) programme can help guide you through the blended learning. [Click here](#) for more information.

>>> PCN Change Agent Programme

Building on the strong foundation of PCN Training Teams and PCN Workforce & Education Leads, our latest 12-month PCN Change Agents programme follows the same structure, with funded protected time (one session per month). While continuing to focus on workforce development and sustainability, this year's programme has been specifically designed to support PCNs through NHS's 'Three Big Shifts' outlined in the 10 Year Health Plan. [Find out more here](#).

>>> CPTH Leadership Skills Series 2026

Supporting Self and Teams under Pressure - Wednesday 13 May, 09:30-12:30

We know that this is a tough time for Primary Care, that's why we're running a dedicated workshop as part of our new Leadership Skills Series designed to give you, the leader, the tools to build a thriving, resilient team. Come along to Brampton Park Golf Club for a practical, reflective session to strengthen your leadership toolkit. To book your place, please [click here](#). For other workshops in the series, which is designed for anyone leading teams in General Practice, whether within a clinical or non-clinical service, please [click here](#).

>>> 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 GPs within their first 5 years of practice who are employed under the Additional Roles Reimbursement Scheme (ARRS) in Cambridgeshire and Peterborough practices. [Click here](#) for more info.

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:

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.



Email
office@cambslmc.org
to receive our updates

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

