



## Standing Together: Turning Frustration in Action

*Collective Action - Local Initiatives - How local voices shape national conversation*

**A profession under pressure** - Over recent editions of this newsletter, we have highlighted the growing challenges facing general practice. Whether it is contractual pressures, inadequate funding, working relationships with system partners, gaps in commissioned services, or unprecedented levels of patient demand, the picture will be familiar to every practice.

Against that backdrop, it is hardly surprising that the profession has increasingly begun to push back.

The next phase of national collective action got underway in May, and in recent weeks we have been encouraged by the response from practices across Cambridgeshire and Peterborough. While there is still much more to do, we are already seeing how a coordinated and unified approach can begin to generate the impact that was intended. Collective action is not simply about individual actions taken in isolation; it is about demonstrating, together, the scale of the pressures that general practice is carrying and the need for meaningful change.

**Local voices shaping national policy** - We were proud to see representatives from Cambs LMC attend the UK Conference of LMCs in Belfast in May. This conference remains one of the most important forums for grassroots general practice to influence national policy direction, and our local representatives played an active role in those debates.

Cambs LMC members proposed and spoke to motions on several key issues, including the concern that AI regulation is not keeping pace with the rollout of new technologies, the need to protect continuity of care from unhelpful performance metrics, matters relating to dispensing provisions, and wider discussions about the future development of a hybrid model of general practice. Their contributions reflected the realities facing practices locally while helping shape the broader national conversation about the future of the profession.

Following the conference, the BMA has indicated that it plans to ballot the profession on a "Plan B" approach, with further details expected in due course.

**National and local actions** - The theme running through this edition is the importance of both national and local action. We want to highlight the actions available to practices and remind colleagues why they matter.

[The first action in the latest phase of collective action](#) is the notice to withdraw data sharing agreements for secondary uses. Practices have been sending the BMA's template letter to the ICB to initially seek assurance around current agreements before considering withdrawal.

The second action being introduced this month (June) is the refusal to undertake prescribing switches that are driven solely by cost-saving objectives rather than patient need. Further details included in the BMA update below. Our local advice for those choosing to participate remains that the optimising system should not be fully switched off as the safety alerts are important prompts for prescribers, however the recommendations for anything other than safety can be ignored.

Alongside these national initiatives, we continue to support local action to improve the interface between services. This includes our work around [MGUS monitoring](#), where we maintain that the ongoing surveillance of patients with Monoclonal Gammopathy of Undetermined Significance (MGUS) falls outside core contractual requirements and should be appropriately commissioned and funded. Practices may wish to consider serving notice to cease this unfunded work in the absence of a commissioned pathway, and we have produced supporting resources for those who choose to do so, available on our website.

Similarly, we continue to press commissioners on the proposed funding arrangements for tirzepatide prescribing for [weight management](#). The LMC's view remains that reliance on QOF as the mechanism to support this work is neither sustainable nor appropriate, and we continue to make the case for a properly resourced approach that reflects the workload involved and how this will increase as more cohorts become eligible.

**Working together** - We recognise that this is an exceptionally busy time. Many practices are balancing significant operational pressures while also considering what participation in collective action looks like for them. Some may also feel that they are being repeatedly asked whether they have taken action, signed up to initiatives, or implemented changes. We understand that this can sometimes feel like yet another demand on already stretched teams.

However, understanding what practices are doing locally is incredibly important. It helps us demonstrate the strength of feeling across the profession, identify where additional support is needed, and advocate more effectively on your behalf. Please continue to let us know what actions you have taken, what challenges you are encountering, and where you need support from the LMC.

**Unity is our greatest strength. Above all, the message we want to emphasise is one of unity.**

The pressures facing general practice have not arisen overnight, and they will not be resolved quickly. But our collective leverage is weakened when services continue to be delivered without appropriate commissioning, funding or workforce support. Every time the profession absorbs additional work without challenge, the true scale of the problem becomes harder for others to see.

By contrast, when practices come together around a shared position, momentum builds. Commissioners, providers and policymakers are more likely to recognise both the reality of the pressures we face and the need to address them. Collective action is not about withdrawing care from patients; it is about creating the conditions necessary to sustain that care into the future.

The response we have seen locally gives us reason for optimism. Practices across our area have shown a willingness to stand together, support one another and engage constructively in the pursuit of change. That unity remains our greatest strength.

# MGUS MONITORING

## ► Update for Local General Practice

Over recent months, Cambs LMC has been working closely with local Trust colleagues and the ICB regarding arrangements for the monitoring of patients with Monoclonal Gammopathy of Undetermined Significance (MGUS).

The LMC's position remains that MGUS surveillance is not covered by the core GP contract. This view is consistent with arrangements in a number of other areas of England, where MGUS monitoring is supported through locally commissioned services.

Effective MGUS monitoring requires significant clinical oversight and administrative support to ensure patients are managed safely and appropriately. While this work could potentially be delivered within general practice, we believe it should be formally commissioned, adequately resourced, and appropriately funded.

We have held constructive discussions with haematology colleagues at both CUH and NWAFT, who have similarly recognised the challenges associated with the ongoing management of this patient group.

Although we remain committed to working collaboratively with partners to develop a local solution, our view is unchanged: MGUS monitoring falls outside core contractual requirements and should therefore be commissioned accordingly.

In the absence of an agreed commissioned pathway, practices may wish to consider formally notifying the ICB of their intention to cease undertaking MGUS monitoring and to refer patients requiring ongoing surveillance back to secondary care.

Recognising the complexity of these patients' needs, and the time required to establish alternative arrangements, the LMC considers a six-month notice period to be a reasonable and proportionate approach. This would allow commissioners and providers sufficient time to work together on a sustainable long-term solution while maintaining continuity of patient care.

The ICB has previously been made aware of this position and of the possibility that practices may consider serving notice should progress towards an appropriately commissioned pathway not be achieved.

Our hope remains that, before the expiry of any notice period, an appropriately commissioned and resourced pathway can be agreed, removing the need for practices to take further action. We will continue to work with Trust and ICB colleagues towards this objective.

To support practices that choose to serve notice, the LMC has produced an [MGUS Monitoring page and template notice letter which are available on our website](#). We would also be grateful if practices could inform the LMC of any decision to serve notice so that we can continue to provide support and representation.

If you have any questions, please contact the LMC Office.

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# WEIGHT MANAGEMENT IN PRIMARY CARE

## ► Update for local General Practice

There have been many queries over recent weeks regarding the recent changes to QOF around the prescribing of tirzepatide, and the subsequent significant increase of requests from both patients and other providers to GPs around prescribing it.

At the time of writing, GPs can prescribe tirzepatide for weight management to the patient cohort below:

Patients with a body mass index (BMI) of 40 kg/m<sup>2</sup> or more (or 37.5 kg/m<sup>2</sup> for people from minority ethnic family backgrounds), **and who have at least four of the following long-term conditions:**

1. Type 2 diabetes
2. Hypertension (high blood pressure)
3. Dyslipidaemia
4. Established cardiovascular disease
5. Obstructive sleep apnoea

Patients must also be attending a structured weight loss programme, as commissioned locally.

This is a relatively small cohort of patients, with most practices having a few dozen eligible patients at most. Patients who do not meet these criteria should not be prescribed tirzepatide by their GP, and doing so will lead to challenge from the ICS, and potential challenge from patients regarding inequity in prescribing.

There is no additional funding currently available for this prescribing outside of QOF. As with all prescribing, the responsibility sits with the prescriber in consultation with the individual patient, ultimately.

We are aware that weight loss service providers in Cambs have contacted practices and patients to clarify that, with these changes, they are no longer prescribing tirzepatide. We have written to them to ask that any communications to patients are clear that GPs cannot prescribe outside of the criteria above, and that patient expectation is managed accordingly. We are concerned to see that patients from the first cohort who have been on a waiting list following referral to weight loss service providers are being returned to general practice untreated. We have raised this issue with commissioners.

It is also the case that some secondary care colleagues, and indeed MPs, have written to GPs asking for consideration of prescriptions for non-eligible patients. We have likewise written to all local provider Trusts and all of the county's MPs asking them to be mindful of the prescribing restrictions above and again to be clear with patients about them. Please contact the LMC office if you are experiencing further communications that are creating unfair expectations on you or your team to prescribe outside of the criteria.

Your LMC Committee discussed this issue at length yesterday, and we are observing the national and local picture with regards to incretin-based medications very closely as the criteria for prescribing will be expanded over the coming months and years, and doubtless there will be further developments in this rapidly developing clinical issue.

Our website has [more information and resources to support General Practice](#).

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## CQC UPDATE

### ▶ Priorities for tackling outdated assessments

The CQC has outlined how it is prioritising regulatory activity to increase assessment volumes, address aged ratings, and assess services that have not yet been inspected. In primary care, priorities include services with urgent risks, high-risk services awaiting assessment, those registered for over a year without assessment, follow-up assessments after enforcement action, and services with ratings older than seven years.

The CQC has also launched its Returning to Good and Outstanding programme, undertaking focused assessments of lower-risk GP practices with Good or Outstanding ratings and older inspection reports.

In addition, the CQC is recruiting more specialist advisors and executive reviewers to strengthen inspection activity and support consistent decision-making.

CQC is currently [asking for feedback on its draft assessment frameworks](#), but until the new regulated approach is implemented later this year, it is recommended that providers continue to refer to the current published guidance on [how quality and performance](#) is assessed.

[Further details are available on the CQC website.](#)

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## GP REIMBURSEMENT SCHEME 2026/27

### ▶ Summary & FAQs

The Practice-Level GP Reimbursement Scheme was introduced from 1 April 2026 as part of the 2026/27 GP Contract. It replaces the former PCN Capacity and Access Payment (CAP) funding and is intended to increase GP capacity and support same-day access for clinically urgent patients.

Funding is now allocated directly to practices rather than through PCNs. Practices can claim reimbursement for:

- Recruiting a new salaried GP.
- Funding additional sessions from existing salaried GPs.
- Continuing employment of GPs previously funded through CAP or PCN Test Site funding.
- In some circumstances, locum GPs, but only where they hold an employment contract with the practice for the additional sessions.

#### **Further information:**

[NHS England supplementary guidance on the 2026/27 GP Contract](#)

<https://assets.publishing.service.gov.uk/media/69cbe5032d120d9d5ec0f352/general-medical-services-statement-of-financial-entitlements-directions-2026.pdf>

We have created a summary and FAQ page which can be [found here](#) but please do continue to contact us if you have a scenario not already covered. We also aware that the ICB will be holding a PC webinar later in June and we have asked for this topic to be covered from a local perspective.

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# SIGN OUR PATIENT PETITION

## Rebuild general practice before the NHS loses the family doctor for good

### About this campaign

General practice is the front door to the NHS – but it is under increasing pressure. Patients are finding it harder to access care, and GPs are struggling to provide the continuity and quality of care they were trained to deliver.



Rebuild general practice before the NHS loses the family doctor for good

Rebuild General Practice is a national campaign calling on government to restore capacity, protect continuity of care, and secure the future of the family doctor model. [This toolkit](#) is designed to help patients, GPs, and partners share their experiences, raise awareness, and support the campaign.

Sign the petition [here](#).

Still time for all Practice Managers, Assistant/Deputy PMs & PCN Managers to register!



Cambs LMC  
Representing • Supporting • Advising



Supported by



## Cambs LMC

# Practice Management Conference 2026

### Leading the Practice. Shaping the Future.

Thursday 18 June | 9:00 - 17:00

Marriott Hotel, Huntingdon



[Register here](#)

# GP & ACP EDUCATION



## ACP/GP Masterclass – Revolutionary Consultation Skills

Thursday 11 June 2026, 1:00pm - 4:00pm (Brampton Golf Club)

Could our consultations nourish rather than deplete us? If you find yourself impacted by “bouncing” off difficult interactions rather than “revolving” toward a solution, maybe it’s time for a new approach. This pioneering workshop for practitioners blends the neurobiology of effective consultations with the art of human connection. [Click here to book.](#)

## ACP/GP Lunch and Learn – GIRFT Templates for A&G and Primary Care

Tuesday 16 June 2026, 1:00pm - 2:00pm

A lunch and learn speaker session led by Miss Janine Nethercliffe, focused on GIRFT Templates for A&G and what that might mean for Primary Care. Open to any ACP and GP working across Cambridgeshire and Peterborough. [Click here to book.](#)

## ACP/GP Education Programme: Safeguarding Looked After Children & Working with Children’s Homes Staff

Wednesday 17 June 2026 (7:00pm - 8:30pm)

This month we’ll be joined by Vickie Healey for a talk which aims to increase understanding of the challenges faced by looked after young people and those who care for them, and to explore how professionals can work together more effectively. [Click here to book.](#)

## ➤➤➤ LOOKING TO CELEBRATE LGBTQ+ COMMUNITIES THIS PRIDE MONTH?

We’re delighted to offer another opportunity for practices in Cambridgeshire & Peterborough to apply for a funded place on the LGBT foundation Pride in Practice 12-month programme. This provides training and an accredited award, as well as ongoing support and resources. [Click here](#) for more information and how to apply. On Weds 24 June we’re also hosting Pride History, Learning Disability Pride & LGBTQ+ Veterans, an interactive education session delivered by the LGBT Foundation, offering a short, engaging overview of Pride history, followed by focused learning on LGBTQ+ inclusion for people with learning disabilities and for LGBTQ+ veterans. [Click here](#) to book.

## ➤➤➤ BELONGING TO PRACTICE

Our new series of Belonging in Practice webinars continues to explore belonging in practice with sessions on IMGs, neurodiversity, LGBTQ+ inclusion, race and identity, and sustainable careers for all staff working in General Practice in Cambridgeshire and Peterborough. To find and book workshops in the series [click here](#).

## ➤➤➤ GP PROFESSIONAL DEVELOPMENT (CPD) GRANT

Our GP Professional Development (CPD) Grant is designed to support GPs working in Cambridgeshire & Peterborough to develop an area of special interest that supports the work of General Practice. Limited funding available, find out more and [apply here](#).

## ➤➤➤ CPTH LEADERSHIP SKILLS SERIES 2026

A new series of leadership development workshops designed for anyone who leads teams within primary care (clinical and non-clinical), who would like to refresh their skills, knowledge and confidence in leading a team. To find and book workshops in this series please [click here](#).

## ➤➤➤ ARRS GP SUPPORT & DEVELOPMENT PROGRAMME

This 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.

This BMA update is hot off the press this afternoon!

Local Next Steps will follow from Cambs LMC very soon!



## New collective action for Practices in June

From 1 June, we are urging GP partnerships and practices across England to take part in a further collective action, in the face of the Government's continued intransigence. We're thankful to every practice that has taken part in collective action around data sharing agreements during May to stay safe and sustainable in the face of the 2026/27 imposed GP contract. We sincerely hoped that an escalation in action could be averted but unfortunately, the Government remains unwilling to agree to the mitigations the profession needs.

This is why we are asking you to start a new action alongside the ongoing action on DSAs (practice data sharing agreements) that we launched last month. During June, we are asking practices to remove or ignore any non-contractual medicines optimisation software and amend your choices of acute prescription, which may fall outside the remit of the ICB formulary. This may include, for example, issuing a branded or liquid formulation that may still be a perfectly acceptable and justifiable choice for the care of the patient in front of you in the consultation.

Taking part in this action is lawful. We know some of you may have this software added onto your system or prescribing incentives as part of a locally commissioned service, and your LMC may be able to advise you as to the position in your local area. See our Focus On guidance below too.

We recognise that many of you may have kept medicine optimisation software switched off since it was part of the 2024 collective action so focus on your acute prescribing choices.

Ensure safe prescribing decisions are determined by you, rather than driven by the financial imperatives of the DHSC which is refusing to amend the undeliverable imposed 2026/27 GMS contract.

Prescribe whatever may be in the best interests of your patient in line with GMC guidance. Your patients will see minimal impact and will receive a prescription appropriate for their clinical presentation. The impacts on ICB prescribing budgets will be dwarfed by Acute Trust overspend, which is perpetually 'written off' by Government.

[Read our Focus on guidance on Switching off medicines optimisation software](#)

[Access our resources to help you understand the need to take part in this collective action](#)

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## May 2026 GP collective action – Next Steps on Data Sharing

Central to the ongoing collective action for May remains the request that practices send a template letter to their local system to assess each existing DSA the practice is currently signed up to, while indicating you will examine voluntary secondary use data sharing agreements (DSAs) from May 2026.

With many practices now having received responses from their ICB, GPC England has drafted a second template for practices to use where they have received a stock response from their ICB – this response will contain an early paragraph starting 'As you note' and a header 'The limited ICB role.'

Given the range of responses we know practices will have received, it is not possible to generate a template that works universally, however the document that we have produced should speak to the fullest range of replies. Practices should carefully consider each part and determine whether or not to include it in any response they provide to their ICB. **The template can be found [here](#). Please get this sent off when you receive a response.**

[Access our resources to help you understand the need to take part in this collective action](#)

Taking part in this action does not breach your contract and will help practices to stay safe and put pressure on the Government to secure safeguards for practices. [Read about the 26/27 contract changes and our dispute with Government](#)

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## GPC England vote to explore an alternative strategy for general practice

On May 21st, GPC England voted overwhelmingly to ballot GPs in England on a 'Plan B', or an alternative strategy for general practice that would allow GPs greater freedom to provide private services to their patients. This follows the passing of a resolution at UK LMC Conference in Belfast last month which called for the consideration of a means-tested, subscription-based service, or a hybrid model such as that offered currently by dentistry in England. GPCE will be engaging in an extensive consultation of the wider profession on their support for an alternative contracting arrangement for general practice across England over the summer. [Read more](#)

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## NHS Modernisation Bill and Single Patient Record

The NHS Modernisation Bill (the 'Health Bill'), which includes the introduction of a Single Patient Record (SPR), had its second reading in Parliament on Monday 1 June.

While the idea of an SPR may sound appealing, we have real concerns around what it means for the security and confidentiality of all patient data. GPs have protected patients' confidential records since the inception of the NHS in 1948 – a legal duty we take incredibly seriously. However, we need clarity around this important GP oversight and around who is safeguarding patients' confidential data.

We must make sure that this law does not open up possibilities for patient data to be used inappropriately for purposes that patients would not reasonably expect, and that existing high standards of data governance and protections continue to apply to promote public confidence that their data is held safely and handled with respect.

It remains unclear what form the SPR will take and if it will build on existing technologies, such as GP Connect, or if it will require a wholesale duplication of existing health records with control of this copy given to Government. [Read the full statement by Dr David Wrigley, GPC England deputy chair](#)

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## UK Biobank data breach

UK Biobank has just published its report into what happened surrounding the offering for sale of participant health data on a website owned by the Alibaba Group in China earlier this year. UK Biobank has agreed to meet the Joint GP IT Committee later in the year so the implications of recent events can be discussed. We wish to reassure practices that participant data from general practice systems is not currently flowing to UK Biobank from the repurposed GPPR pandemic dataset that NHS England controls even though [a Data Direction is in place](#). If patients who are participants raise concerns with practices they should be directed to UK Biobank. The report can be viewed [here](#)

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## GP engagement on the use of patient data

The Department of Health & Social Care are running an engagement exercise for GPs and practice managers to provide their views on how patient data is used across the NHS. See <https://dataengagement.kscopehealth.org.uk/> if you wish to take part.

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## Neighbourhoods and IHOs (Integrated Health Organisations)

The [BMA has published a new briefing on the ongoing development of neighbourhoods and IHOs in England](#), which are central to DHSC's proposed 'left shift' of care out of hospitals and into communities. Neighbourhood models and IHOs will have significant implications for all parts of the NHS but especially for general practice, with IHOs in particular posing a critical threat to the partnership model. Any questions regarding this work – or updates on local developments – can be shared with the BMA at [info.healthcare.delivery@bma.org.uk](mailto:info.healthcare.delivery@bma.org.uk)

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## GP Registrars and trainers demand action on FourteenFish

The GP registrars committee (GPRC) remain concerned about the ongoing issues with the FourteenFish ePortfolio platform, including the withdrawal of the Consult function and wider operational problems following changes introduced by Optum.

Over recent months, GP registrars, trainers and TPDs have experienced the negative impact these changes are having on training, WPBAs, consultation recording, SCA preparation and progression towards ARCP. Therefore, GPRC have [launched a petition for GP registrars and trainers](#), that calls for:

- urgent mitigations to address the impact of ongoing platform issues;
- express serious concerns about Optum's ability to provide a reliable and sustainable service that meets the needs of GP registrars and trainers;
- call on the RCGP to engage with registrars on the long-term future of the ePortfolio platform, including consideration of alternative provision models.

We'd encourage all GP registrars and trainers who are concerned, to [sign the petition](#).

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# 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](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.



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

