Cambs LMC Newsletter November 2026

Neighbourhood ambitions, national control

The paradox of the national winter PCN DES variation

Two current national developments have profound implications for general practice: the winter PCN Network Contract DES variation (linked here) and NHS England's FP69 patient-list validation exercise:

The PCN DES: when saying no means losing everything

November's national variation introduces a £40 million winter Proactive Care Scheme, requiring PCNs to undertake additional proactive reviews of patients at risk of deterioration and hospital admission. This funding has been recycled through the national FP69 list-validation exercise.

Section 4.9.5 of the DES specification means practices cannot reject this national in-year variation without opting out of the entire Network Contract DES.

Using the DES for neighbourhood services could protect PCN funding within general practice and avoid new Single Neighbourhood Provider contracts, tendering, and procurement. But successive variations risk dictating how PCNs operate, govern themselves, and deliver integrated neighbourhood services.

When declining a variation means forfeiting the entire DES, how meaningful is our autonomy to shape personalised care for our neighbourhoods?

Separately, discussions continue with our ICB about a proposed local PCN DES variation from April 2027. Pam Green and Nicky Ward attended our LMC Committee last week to discuss their proposals, and we continue to engage constructively, while seeking safeguards for practices.

FP69: Claw back with one hand, commission anew with the other

Locally, 11 practices have lost over 5% of their registered lists; five have lost over 1,000 patients, four in Cambridge City. See the GP List Cleansing Tracker on The LinkWhatsApp. These are net list changes, not solely FP69 deductions.

Nationally, FP69 has removed approximately £53 million from practice funding, with deductions continuing. GPC England has confirmed £40 million allocated towards premises cost inflation, £11 million towards higher-than-anticipated staffing inflation, and £2 million towards advice and guidance. The £40 million funding the winter Proactive Care Scheme, leaves a £5–6 million fund for the hardest-hit practices.

The irony is stark: removing core funding and reducing population-based PCN and workforce allocations undermines the Government's own neighbourhood ambitions.

Astonishingly, NHS England's validation checks exclude routine GP patient contacts. Neither has GPC England seen the equality impact assessment, selection algorithms, or error rates. Could this exercise be legally challenged? The question needs asking. Cambs LMC has submitted emergency business to the England LMC Conference this Friday 20 November on these issues.*

We sympathise with local ICB colleagues navigating changing national requirements, but neighbourhood ambitions cannot succeed through diminishing resources and autonomy. If your practice has experienced inappropriate FP69 deductions, email office@cambslmc.org for support. Please remember to record any associated administrative costs dating back to November 2025.

Cambs LMC Emergency Motions

for England LMC Conference on Friday, 20 November

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1.

That conference, alarmed by the precedent reinforced by the FP69-funded November 2026 in-year variation to the Network Contract DES (specifically section 4.9.5 of the DES specification) whereby practices automatically accept a variation unless they opt out of the entire Network Contract DES, believes this threatens meaningful contractual choice and the future autonomy of general practice and:

(i) condemns the binary provisions of section 4.9.5, which make rejection of an individual national DES variation impossible without withdrawing from the entire Network Contract DES, with potentially profound financial, workforce, and patient-facing consequences;

(ii) recognises that using the existing Network Contract DES to commission neighbourhood services may negate the need for separate Single Neighbourhood Provider contracts; competitive tendering; and expensive procurements, but insists that these advantages must not come at the expense of practice autonomy and genuine consent;

(iii) warns that successive national variations, alongside the expansion of locally approved DES variations, is a mechanism by stealth through which PCNs will be progressively directed into nationally prescribed integrated neighbourhood team structures, without meaningful freedom to determine their own governance, delivery models, or participation for their populations;

(iv) demands that GPC England officers urgently seek external legal advice around the need to negotiate amendments to section 4.9.5, to permit practices & PCNs to decline new or materially altered DES requirements without forfeiting their existing DES participation, funding, and entitlements;

(v) insists that any future national or local DES variation must be subject to meaningful negotiation with explicit safeguards for constituent practices and PCNs' autonomy, and funded by demonstrably additional and recurrent funds where responsibilities are ongoing, underpinned by genuine agreement by practices.

2.

That conference, appalled by the continuing national FP69 patient list validation exercise, which has already removed hundreds of thousands of patients and over £40 million from general practice funding, believes that this exercise threatens patient safety, destabilises practices, and directly undermines the Government's ambition to shift care into neighbourhoods, and:

(i) condemns the removal of substantial core funding from general practice through accelerated FP69 deductions, which reduces the population-based funding available to PCNs and their workforce, thus undermining the financial viability of practices and the development of neighbourhood services;

(ii) deplores the implementation of an opaque patient identification process without publication of the full selection methodology, validation evidence, Equality and Health Inequalities Impact Assessment and financial distributional impact assessment, particularly given the disproportionate risks to vulnerable and deprived populations;

(iii) demands the immediate suspension of potentially unsafe deductions pending independent scrutiny of the statistical model, its underlying data, false-positive rates and safeguards, including the failure to incorporate routine general practice clinical activity;

(iv) calls upon the GPC England officers to seek urgent external legal advice on the lawfulness of the FP69 programme, including data protection, automated decision-making, equality duties, procedural fairness, and the financial consequences of removing patients without adequate safeguards;

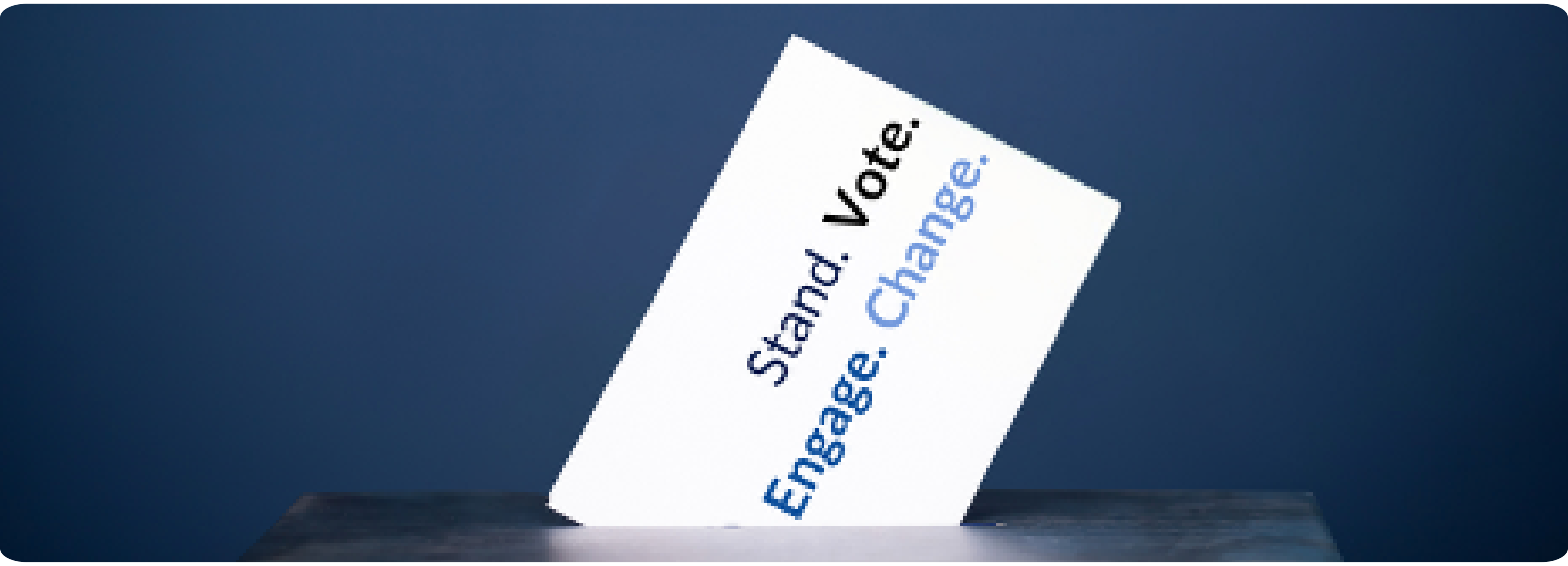
(v) asks GPC England to ensure henceforth that all funding released through list validation is transparently accounted for in-year and restored to recurrent core general practice and PCN funding, with appropriate protection for affected practices, rather than recycled into short-term, conditional programmes that impose further workload.

Cambs LMC

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You don't have to know it all to make a difference!

Help shape the future of General Practice



GPs join the LMC Committee, often knowing very little about medical politics but quickly become part of a supportive group of local GPs, where different skills and experience matter, and where everyone's voices are heard

You simply need to care about General Practice, be willing to listen and share your views

9 meetings a year

Induction and a mentor

Learn and contribute

Thinking about standing? Contact us for an informal chat

Nominations open March 2027

office@cambslmc.org

NHS CONTINUING HEALTHCARE CHECKLISTS

Who should complete them?

The LMC has been made aware of practices being asked to complete NHS Continuing Healthcare (CHC) Checklists for patients.

A CHC Checklist is an important part of the process for determining whether a patient should have a full assessment for NHS Continuing Healthcare, which can ultimately result in the NHS funding an individual's community-based nursing care package.

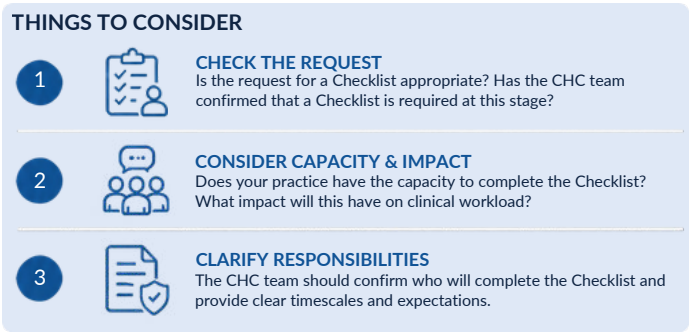
Where a patient is already receiving support from a relevant health or social care professional, (e.g. a district nurse or social worker) practices should consider whether that professional is better placed to complete the Checklist of community nursing care requirements. The ICB has ultimate responsibility for commissioning the CHC service and should have arrangements in place to ensure Checklists are completed appropriately.

A GP PRACTICE IS NOT AUTOMATICALLY REQUIRED TO COMPLETE A CHC CHECKLIST

The responsibility for deciding who completes the Checklist rests with the NHS Continuing Healthcare (CHC) team

We recommend that GPs carefully consider whether it is appropriate for them to undertake these community nursing assessments. Completion of the Checklist does not form part of the GMS/PMS or PCN DES contracts.

The national Framework refers to professionals completing CHC to be appropriately trained. There has been no CHC training for general practice staff, and there are no plans to introduce this.



The LMC appreciates that on specific occasions, a GP may feel compelled to do what they can to assist their patient, but we would caution potential conflicts of interest where the patient's own GP is assessing eligibility for a package of open-ended NHS-funded care. The National Framework is clear that the process of the checklist and subsequent MDT need to be as objective as possible.

We have set out further information and advice for practices, including the Cambs LMC's view and links to the relevant national and local guidance.

Read the full Cambs LMC guidance on NHS Continuing Healthcare Checklists.

Links to further information

Cambs LMC CHC Guidance | NHS England Guidance | GOV.UK Guidance | CE ICB Guidance

PCSE GP PERFORMER & PRACTICE INFORMATION

Please check your records

We recommend all GP practices and GP Performers to take a few minutes to check that their information held on PCSE Online and the National Performers List (NPL) is accurate and up to date.

What do GPs need to do?

GP Performers are responsible for keeping their own Performer List information up to date.
Please log into PCSE Online and check that your information is correct, in particular:

- personal and contact details
- employment details
- current practice(s)
- performer status/type, and
- NHS England region

This is particularly important if you have recently joined or left a practice, changed your role or employment status, started working at another practice, or changed your contact details. But even if there has not been a recent change, it is still best practice to log in to do a quick check.

What should practices do?

Practice managers and appropriate practice users should also log into PCSE Online and check the performers associated with their practice.

Practices should ensure that they have appropriate PCSE Online access and that their user accounts and permissions remain up to date.

Please don't assume that the commissioner or ICB will identify and correct discrepancies in individual Performer List records.

The GP Performer has responsibility for maintaining their own record, while practices should routinely check the information available to them.

Cambs LMC recommendation

We recommend that practices make a quick check of PCSE Performer information part of their routine administrative processes and encourage all GPs working at the practice to check their own records.

We have put together a fuller guide explaining the respective responsibilities of GPs and practices, why this matters, and links to the relevant PCSE guidance and user guides.

Read the full Cambs LMC guidance on keeping your PCSE Performer List information up to date.

If you identify information that needs correcting, please use the relevant PCSE Online process or contact PCSE if you are unable to make the necessary change.

UPDATED & NEW CAMBS LMC GUIDANCE

Allergy Safety in Schools

We have updated our website guidance on 'School's which now includes a section relating to Allery Safety in Schools. You can read the updated page here: https://cambslmc.org/guidance/managing-workload-interface/schools

Adopted Patient Records

We have added to our managing patient lists section of our webiste, some guidance on how to manage adopted patient records. We hope you find this useful. Read more here: https://cambslmc.org/guidance/managing-patient-lists/adoption-and-patient-records/

NATIONAL ASSOCIATION OF SESSIONAL GPS FAQS

Funding additional GP locum sessions

The National Association of Sessional GPs (NASGP) has kindly shared a 'your questions answered' document which is a short, easy to read guide for practice managers and practices on additional GP locum sessions. Please click here to read more.

REMINDER: e-DEC deadline 23 November 2026

A gentle reminder that the annual mandatory General Practice Annual Self Declaration (known as eDec) is open for submissions. The deadline for completion is 23 November 2026. If you need further support, please contact the Primary Care GP Contracting Team cpicb.primarycare@nhs.net.

The Cameron Fund - Christmas Appeal

The Cameron Fund relies on donations from members and Local Medical Committees. Please read Christmas Appeal letter for 2026 here.

Care Quality Commission State of Care Report 25/26

The CQC's State of Care 2025/26 report shows improvement, but growing demand and uneven access continue to put services under pressure. Read the full CQC State of Care 2025/26 report here.

Could you support independent prescriber training?

Are you an experienced prescriber interested in supporting community pharmacists undertaking Independent Prescriber training? Register with DPP Support to create a profile and connect with potential trainees looking for a suitable Designated Prescribing Practitioner (DPP). Visit DPPsupport.co.uk to register or scan the QR code to find out more.

FP69 national list validation

GPC England was extremely disappointed by the national decision to use recouped funding from the accelerated national practice list validation programme for the PCN DES proactive care scheme, announced on Monday 9 November. GPC England has been clear with the Minister of State for Public Health and Patient Safety (Dame Diana Johnson), the Department of Health and Social Care and NHS England officials that funding recovered via this process must be reinvested back into core practice funding. Without question, practices should not be being asked to undertake extra work in order to 'earn' back funding on which they have already budgeted.

At its meeting on 12 November, GPC England consequently passed a resolution demanding that Government immediately ceases the list validation process and enters into urgent discussions with GPC England to ensure that the process is safe, equitable, and returns all associated funding to practices' core funding, where it will continue to be used to provide patient care.

Alongside its objective of a roadmap to £50 extra per patient, GPC England will continue to engage in talks with DHSC and NHSE about how money recouped from list validation is reinvested going forward. To help clearly evidence the problems in these discussions, GPC England is asking practices to complete a snap poll on the impact that the process has had for them. This should take no more than a few minutes to complete and will close on Wednesday 18 November.

Ministerial meeting and letter on winter pressures

On 27 October, GPC England Chair, Dr Clare Bannon, met with Rt Hon Dame Diana Johnson, Minister for Public Health and Patient Safety, and officials. Minister Johnson provided an overview of departmental priorities, outlining that the Government was committed to the 10YHP and a shift to the left. She also highlighted funding limitations based on current fiscal circumstances.

Dr Bannon outlined key concerns, including funding asks, list validation and ongoing workload pressures. During discussions on list validation, the Minister committed to the money saved being returned to general practice and her officials confirmed there would be a small reserve for those practices most impacted (around £5–6 million). A further meeting was agreed. GPC England has since written to Minister Johnson asking DHSC to allocate at least 50% of the recently announced £190 million extra NHS winter pressures funding directly to General Practice.

Semaglutide (Wegovy) for cardiovascular risk reduction

NICE now recommends semaglutide to reduce major cardiovascular events in adults with established CVD and a BMI of 27 kg/m² or more. This is a welcome advance, but it involves an eligibility assessment and several reviews over a 16-week dose escalation. It is not core GMS/PMS work or part of QOF, and should only be delivered in general practice through a fully funded LES/LCS.

GPC England advises caution if practices are offered a local service. It is aware of areas in England where tirzepatide for obesity was commissioned as an LES, and the funding was withdrawn once it was added to QOF for 2026/27, leaving practices carrying the workload. Before agreeing to anything, practices should seek written confirmation of funding and check what happens to existing patients if the service end. Read GPC England's guidance.

National Workforce Reporting Service

Contractors are reminded that they should be regularly reviewing the data held against their practice workforce within the National Workforce Reporting Service. Accurate data on the GP workforce is vital to the work of GPC England and the Sessional GPs Committee.

All work should be recorded in hours and all work servicing the NHS contract should be accounted for. Salaried GPs are advised to check personally with practice managers that the hours recorded against their work are appropriate. The next collection will take place on 30 November, so practices should review and update records before then. GP-specific statistics are published monthly and can be viewed here.

PRIDE IN PRACTICE

There's still time this year for practices to take advantage of a funded place on the LGBT Foundation's Pride in Practice programme. The 12-month programme provides training, an accredited award as well as ongoing support and resources. Click here for more information and how to apply.

CPTH TRAINING NEEDS INSIGHT SURVEY

This is open to everyone working in general practice across Cambridgeshire and Peterborough. Your feedback will help us better understand the skills, knowledge, and development needs of the general practice workforce and will be used to help shape future training opportunities, ensuring they are relevant, practical, and aligned with the needs of practices, PCNs and their teams. Complete the survey today for a chance to win a £25 Amazon voucher. Click here to take part.

MULTI-PROFESSIONAL PCN LEARNING ORGANISATION (MPLO) OFFICER

Unlock £1,000 funding per PCN to become an MPLO and grow your future workforce. As an approved MPLO you also have the opportunity to apply for an additional £1,000 per PCN to support development of 2 x Pharmacists to become Designated Prescribing Practitioners. Click here for more info (Limited offer, open until 30th November.)

ARE YOU INTERESTED IN THE DCSRH?

We're taking Expressions of Interest for our training scheme to support local primary care clinicians wanting to undertake the DCSRH and Letters of Competence for intrauterine techniques and sub dermal implants in Cambridgeshire and Peterborough. Find out more **here**.

LEADERSHIP PROGRAMMES

Are you looking to develop new skills, build your confidence, and make an even greater impact in your role? New cohort dates are available for the Aspire: Developing Future Managers & Leaders and Transforming Together through Leadership programmes. Learn alongside colleagues from across primary care, broadening your perspective and developing skills that can support both your career progression and the future of local healthcare services. Click herefor more info.

OUR BRAND NEW PODCAST, CPTH: COFFEE ROOM CURRICULUMN

This podcast series explores what it really means to build a fulfilling and sustainable career in primary care through honest conversations with GPs, educators and healthcare leaders from a range of backgrounds and experiences. Listen, watch, like, subscribe and share on Spotify, Apple Music, Amazon Music and YouTube. Click here for more info.

COACHING AND MENTORING

CPTH offers Coaching and Mentoring, a key professional development tool, for GPs and a variety of other general practice roles. Find out more here.

BUILDING BELONGING

We'd like to thank everyone who took part in our first EDI Discovery Week and contributed to the discussions or explored the additional learning resources to broaden perspectives across our workforce. If you weren't able to join our virtual Lunch and Learn session, Understanding Why Equity, Diversity and Inclusion Matters, you can still catch up on the key insights by watching the recording 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:

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** 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

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