NEWS FROM YOUR LOCAL MEDICAL COMMITTEE

LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

October 2025

To All Leicester, Leicestershire, and Rutland General Practitioners and Practice Managers.

Dear Colleagues

LLRLMC NEWSLETTER

Welcome to our **OCTOBER** Newsletter which includes feedback from our LMC Board meeting, and other current issues.

No time to read this newsletter? Then listen to the Podcast:

OCTOBER PODCAST (12 MINUTES)

SUMMARY OF IMPORTANT INFORMATION:
Contract Changes and the Dispute with Government

Topics in this newsletter:

Ensure that your practice is either compliant with the revised contract or working towards compliance.

The LMC has created a WhatsApp group to promulgate messages from GPC England, BMA and other similar bodies without delay. Click on this box to join or email the LMC.

As always if you have any comments, questions, or suggestions please contact the LMC

1. LMC MEETING OCTOBER 2025.

The LMC Board met on 8 October 2025. UHL had a Senior Team meeting at the same time, so no representative attended,

Your Board discussed many issues including:

- Revised contract for 2025/26
- Cessation of the Care Home part of the CBS mid-year
- Consultant to Consultant referral policy
- Information Governance and Clinical Risk Management
- Problem with UHL IT causing referrals not being processed

ANY GP, GP REGISTRAR, OR PRACTICE/PCN MANAGER IN LLR CAN ATTEND AND OBSERVE AT AN LMC MEETING.
CLICK ON THIS BOX IF YOU ARE INTERESTED

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2. ELIGIBILITY FOR COVID VACCINATION / NHS ENGLAND ERROR.

Another month and another IT error by NHS England. If any practice made as many errors as NHS E did then they would expect to be rated at least as 'Requires Improvement' by CQC.

This month, NHS England have made two errors leading to "large numbers of ineligible patients" being able to book and turn up for Covid vaccination. In some cases, this has led to patients being inappropriately vaccinated for which the provider will not receive payment, and in others angry and abusive patients who have booked the vaccination as advised by NHS England only to be turned away as ineligible.

The two errors are:

1) NHS England have sent out text messages to patients advising them to book for a Covid Vaccination when they are not eligible.
2) The self-declaration on the NHS National Booking System (NBS) website is unclear, and patients are able to click 'yes' when they are ineligible.

This was picked up initially by pharmacies who tend to be quicker off the mark in their vaccination campaign. So far NHS England are maintaining the line that even if NHS England sent a patient had been sent an invitation saying they were eligible, the provided will not be paid if the patient was not.

Please ensure that your teams are vigilant.

There are only three criteria for Covid Vaccination for Autumn 2025:

- Adults aged 75 or over.
- Residents in a care home for older adults.
- individuals aged 6 months and over who are immunosuppressed (as defined in table 4 of the Covid-19 Chapter of the Green Book – reproduced below)

Immunosuppression due to disease or treatment, including:

- those undergoing chemotherapy or radiotherapy, solid organ transplant recipients, bone marrow, or stem cell transplant recipients.
- genetic disorders affecting the immune system (e.g. deficiencies of IRAK-4 or NEMO, complement disorder, SCID)
- those with haematological malignancy, including leukaemia and lymphoma • those receiving immunosuppressive or immunomodulating biological therapy.
- those treated with or likely to be treated with high or moderate dose corticosteroids.
- those receiving any dose of non-biological oral immune modulating drugs e.g. methotrexate, azathioprine, 6-mercaptopurine or mycophenolate.
- those with auto-immune diseases who may require long term immunosuppressive treatments Children who are about to receive planned immunosuppressive therapy should be considered for vaccination prior to commencing therapy.

There are online UKHSA leaflets that can be downloaded for patients, or signposted to – click here.

For any comments or queries click here.

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3. CORE AND NON-CORE SERVICES.

The LMC has updated our document listing which services are contracted for locally and which are not.

Please use this to see whether you practice is providing a service it is neither contracted nor funded to provide.

If you do wish to stop providing a service, you will need to give appropriate notice (normally considered to be 3 months) to the ICB and advise your patients.

The LMC guidance and link to the most recent version of the document can be found here.

Please advise the LMC if there is any other service that you are unsure about which is not on the list.

For comments or queries please email the LMC.

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4. CHANGE TO SOFTWARE FOR MATERNITY SERVICES.

The communication below has been written by ICB/UHL, and we have agreed to circulate to practices. The LMC have been consulted regarding this change, and we have requested changes to make the system support general practice, but there have been limitations due to the chosen system. As usual, the LMC would welcome all feedback, particularly regarding any problems once the change has gone live.

University Hospitals of Leicester (UHL) is preparing to **transition** from the current E3 maternity system to the **Maternity BadgerNet Electronic Patient Record (EPR),** with a **planned go-live date of 28 October 2025.**

BadgerNet represents a significant digital transformation for maternity services across our region. It will enhance **efficiency**, **safety**, and **interoperability.**

Throughout this programme, UHL have been working closely with health partners to prepare for the transition and communicate the upcoming changes to ways of working that BadgerNet will bring.

Discharge letters for GPs

From 28 October, discharge letters generated by **BadgerNet** will have a **new title: Transfer to Postnatal Community Care.**

There is no change in the distribution of discharge letters. **Discharge letters** for both **mothers** and **babies** will **remain paper-based** due to technical and legal limitations, especially for babies whose registration at GP practices is not immediate.

Work is ongoing with national teams to address baby registration issues. In response, **local arrangements** within LLR are being explored to accelerate registration processes. These include **leveraging the GP Online Registration** functionality.

University Hospital of Leicester (UHL) is actively exploring the feasibility of enabling **MESH inboxes** to support future digital communications.

New Layout for discharge letters GPs

The content of discharge letters provides much more information extracted from BadgerNet, this benefits patient care.

The **updated layout** is a **standard** system design; it is not envisaged the layout presents any issues with **scanning** and **coding** patient records at GP surgeries. Please find example of discharge letter attached.

Changes to discharge letters have been reviewed by internal and external governance teams and we have the assurance that the new version fulfils clinical standards.

Leicester Royal Infirmary Maternity

Transferred to Postnatal Community Care - CLINICAL COPY

Lab, BadgerTest (NHS: T:789110PS | Hospital Number: S765555)
12 May 00 (Age at Birth: 25) | 12 Badger Lane, LE1 5WW
G2 P2+1 | Baby 1 DOB: 13 May 25 at 11:02 (37+0) | No. of Babies: 1 | Booking BMI: 27.04 | Current BMI: 27.04 | Blood Group: B+ | PN 3wks, 1d | Current Care: Hospital

Postnatal Key Details

Date/time gave birth	13 May 25 at 11:02
Baby 1 Outcome	Livebirth
Baby 1 Birthweight	3800
Baby 1 Sex	Female
Location of birth	Leicester Royal Infirmary Maternity
Primary Language Spoken	English
Interpreter/Communication Professional Required	No
FGM	None
Smoking Status	No (04 Jun 25 at 15:05)
Mental Health (recorded 04 Jun 25 at 09:39)	
Past month - Have you felt down, depressed or hopeless?	No
Past month - Have you had little interest or pleasure in doing things?	No
Is this something you feel you need or want help with?	(Not Recorded)
Past month - Have you been feeling nervous, anxious or on edge?	(Not Recorded)
Past month - Have you not been able to stop or control worrying?	(Not Recorded)

Labour and Birth Summary

Number of Babies	1	Date and Time of Birth	13 May 25 at 11:02
Gestation at Birth	37+0/40	Onset of Labour	Induced - Successful
Reason for Induction of Labour	Recurrent Reduced Fetal Movements	Final Type of Birth	Vaginal Birth
Place of Birth	NHS hospital - Shared (Consultant/GP/Midwife)	Locations of Birth	Leicester Royal Infirmary Maternity
Date and Time Placenta Birthed	13 May 25 at 11:40	Placental Birth Method	Controlled Cord Traction
Placenta Complete	Apparently Complete	Placenta Appearance	Normal
Cord Problems	None	Membranes Complete	Appears Complete
Episiotomy	No	Tear	No
Other Trauma to Vaginal Tract	No	Estimated Blood Loss (mls)	200
Duration of first stage	1 hrs 55 mins	Duration of second stage	1 hrs 7 mins
Duration of third stage	0 hrs 38 mins		

Postnatal Management Plan

Recorded	04 Jun 25 at 15:09	Actual Management Plan	Routine PN care in the community GP appointment 6/52 for PN checks
Saved By	Pooja Shah		

Risk Assessment

Recorded: 13 May 25 at 08:55

Risk	High	Previous Obstetric	Previous PPH (no blood transfusion)
Medical	BMI 25-29.9		

Medical History

Any Medical Problems (Not Recorded)

Secondary PPH

No blood loss has been recorded

Medication TTOs

TTOs Given	Yes		
		Recorded: 04 Jun 25 at 15:01	
Drugs Given	Dihydrocodeine	Dose	30 milligram(s)
		Recorded: 04 Jun 25 at 15:02	
Drugs Given	Lactulose		

PRACTICES WHERE THE MIDWIFE PROVIDES APPOINTMENTS FROM YOUR PREMISES WILL NEED TO AGREE WITH THEIR MIDWIFE HOW THEY WILL INFORM THE PRACTICE OF WHICH PATIENTS ARE EXPECTED AND HOW TO RECORD WHO IS PRESENT.

For comments or queries please email the LMC.

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5. CONTRACT CHANGES 2025/26 AND DISPUTE.

As many will have seen the contractual change for 2025/26 has proved to be controversial, and last month I quoted some 'unfortunate' comments by Rt Hon Wes Streeting (SoS for Health and Social Care). Instead of being diplomatic he and his team have doubled down on their comments about general practice. Stephen Kinnock (Minister of Health) has further fuelled the flames encouraging the public to take 'action' against their practice if they were not providing an online consultation tool from 8am to 6.30pm.

Raising patient expectations whilst at the same taking no action to increase capacity, and not agreeing suitable safeguards to keep patients safe, is tantamount to dereliction of their duty as public servants and a reckless disregard for patient welfare.

As part of the 'conversation' between the GPC and the DHSC, Dr Katie Bramall has sent this letter

Just to recap, the revised contract requires that from 1 October 2025 **"practices must take steps to ensure that all of the following means of contacting the Contractor are available for patients throughout core hours:**

(a) by attending the Contractor's practice premises;
(b) by telephone; and
(c) through the practice's online consultation tool ..."

Practices must then respond:

"(a) if the contact is made outside core hours, during the following core hours;
(b) in any other case, during the day on which the core hours fall."

GPC E have issued two relevant guidance documents which have been written after seeking KC legal opinion and are a MUST READ for all practice managers and GP partners or leads:

- Focus on… 1st October 2025 changes to regulations and practice contracts regarding patient 'contact with the practice'
- Focus on... Online consultation requests – Managing patient care safely from 1st October 2025

We do not feel it is appropriate or proportionate to expect practices to have fully implemented the changes by 1 October 2025, especially as our ICB did not send the Contract Variation Notices to practices until 2 October 2025. Practices should be working towards implementing the changes, but if you feel that any inappropriate pressure is being placed on you by the ICB or anyone else, please contact the LMC. **WHEN COMPLETING ANY DECLARATION PLEASE ENSURE THAT YOUR PRACTICE ANSWERS TRUTHFULLY – IF NOT YET COMPLYING STATE THIS AND INCLUDE DETAILS WHEN YOU PLAN TO BE COMPLIANT. WE UNDERSTAND THAT NHS ENGLAND MAY TRY AND CATCH PRACTICES OUT**.

NHS England are auditing all practices whether they are compliant - particularly regarding whether there is a link to 'You and Your GP' on every practices' website and that there is Online Consultation Tool available for routine purposes throughout core hours (8.00am to 6.30pm Monday to Friday).

If the practice has reached capacity and cannot safely continue with keeping the Online Consultation Tool turned on, **prioritise patient-safety**, turn it off and report using the OPEL system, including a request that your DOS entry is changed to Red for the remainder of that day.

In view of the controversial changes to the contract the LMC are advising practices **DO NOT SIGN THE CONTRACT VARIATION NOTICE**. This makes no difference in terms of your contract, which is worded that once the variation notice has been sent to a practice it becomes active after 14 days regardless of whether you sign, but highlights that the profession does not support the changes.

DISPUTE

As noted last month, the BMA's GPCE has declared that the profession is back in dispute with the government from 1 October 2925. From the motion passed by GPCE at its September 2025 meeting and confirmed in the Chair's letter to the Secretary of State for Health and Social Care confirming the dispute:

1. *The absence of the mutually agreed 'necessary safeguards'* – for online consultation tools and GP Connect (Update Record) – *required for the regulatory / contractual changes being enacted from 1st October 2025*.

2. *The uncertainty and jeopardy arising from the Ten-Year Health Plan recommendations for novel contract structures for GP practices and how these may potentially deleteriously impact the Secretary of State's offer set out in his letters of 19 March and 11 August 2025.*

Just because we are in dispute **does not remove the requirement for practices to comply with the contractual changes**.

There will now be various steps that need to be undertaken, not least the hope that the DHSC/NHS E agree to changes which the GPCE could support. Escalatory steps could include:

Non-contract breach action steps:	Dispute > indicative ballot (aids campaigning / unites profession > collective (non-contract breach) action.
Contract breach action steps	Dispute > request from GPCE to Council for a statutory ballot > Approval from BMA Council > indicative ballot > (if previous step successful) statutory ballot > (if previous step successful) BMA induces practices to breach contracts.
Concurrent with above preparations	GPCE continues negotiations with Government to try to secure the outcomes the profession needs. It is possible that the Government might not be willing to engage in talks/negotiations if the BMA is in dispute/balloting.

I am sure that this will continue to develop over the next month. Please send any comments or queries to the LMC.

The LMC is putting on a further Webinar to discuss problems and questions that practices have regarding the contract changes.
TUESDAY 28TH OCTOBER 12 TO 1PM
CLICK HERE TO REGISTER

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6. UHL AWARD CEREMONY – AND THE WINNER IS ….

The LMC was represented by Charlotte Woods (Office Manager) and Dr Fahreen Dhanji (Deputy CEO) at the glitzy award ceremony on Friday 4th October 2025

During the evening, the winner for the GP Positive Impact Award was announced as **Dr Hina Trivedi**. Please read her inspirational citation in the September Newsletter. Photos courtesy of Beth Walsh Photogrphy.

Save the date – Wednesday 4th March 2026

There will be another opportunity to nominate an outstanding person for their contribution to LLR general practice at the LMC Award ceremony on Wednesday 4th March 2026.

Although the precise details of the awards for 2026 are not finalised, to get you thinking the criteria for last year were:

- Outstanding Contribution to General Practice
- Greatest Leader
- Rising Star

The prize will be presented by a celebrity doctor, and more information will follow soon.

For comments or queries please email the LMC.

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7. REFERRAL/ERS PROBLEM AT UHL.

There was a problem created with referrals to UHL following their software upgrade in June.

UHL have asked us to pass on the following message:

> **Following the move to the new Nervecentre PAS in June, UHL experienced issues with some referrals made via the NHS e-Referral Service (e-RS).**
>
> **This has caused patients' files to remain marked with an 'awaiting triage' status on the new PAS, even after they have been actioned. A fix applied on 15 October means referrals made after that date will no longer be affected by this problem, and work is under way to clear earlier cases from the database. Robust safety checks are in place to ensure all patients are triaged appropriately, and manual cross checks for two-week wait referrals are ensuring these are captured and actioned. The issue does not affect RTT clock start times. The Trust expects a major update in late 2025 to further improve the experience for patients and GPs.**
>
> **Please do not make duplicate referrals.**
>
> **If GPs have concerns have about referrals for individual patients on the two-week wait pathway, they should call 0116 250 2543. For other referrals, GPs should contact the specialty to which they have referred the patient.**
>
> **Thank you for your support as we work at pace to resolve the issues.**

In addition to this statement, there is a number that patients can phone to enquire about their referral.

The LMC previously advised on template SMS messages that can be sent to patient at the time of referral, and it may worth checking whether your practice is using these:

For comments or queries please email the LMC.

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8. PRE-REFERRAL DISCUSSIONS WITH THE ME.

There have been some tensions caused when GPs have contacted the ME service for advice before sending through a referral.

The ME office have suggested pathway to follow to try and avoid this.

"If the GP wishes to discuss the cause of death with a Medical Examiner before submitting a referral to the ME office (either because not sure if a cause of death known or thinks there may be some other reason for referral to the coroner e.g. occupational related disease/fracture)

The Surgery (admin team) email the ME Office at **medical.examinersllr@nhs.net** with the deceased's name, NHS number and date of death and either:

- **Advise that Dr xxx will be calling the ME office at xxx time** or
- **Request that the ME calls Dr xxx at xxx time (with name and direct number for the GP)**

That way the ME office can arrange the paperwork for the ME to do a 'pre discussion review' ahead of the call and this will mean that the ME will be in a much better position to have an informed discussion with the GP at the pre-arranged time (which will hopefully save the GP time)."

If you have any concern or issue with the ME service, or any suggestion to improve the interface, please contact the LLMC.

For comments or queries please email the LMC.

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9. MIRENA FOR NON-CONTRACEPTION SERVICES - CLARIFICATION.

The LMC had previously flagged the use of the Mirena IUS for Non-Contraception Service as 'Red' as we were unaware of any pathway for practices to be paid. We had raised this with the ICB who had made no comment.

We have now had discussions with both Leicester City Council and Leicestershire County Council. Both advise that if a practice holds a LARC contract with them, then practices will be remunerated for fitting a Mirena for a non-contraception purpose (e.g. as part of HRT or for menorrhagia).

Both councils advise that they have agreements with the ICB to recharge the NHS for these fittings under Section 75 of the NHS Act 2006.

For comments or queries please email the LMC.

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10. QUIT READY – PRESCRIBING TO SUPPORT STOP SMOKING.

There has been confusion regarding prescribing medication (varenicline) to support smokers to quit.

Quit Ready supports people living in Leicestershire and Rutland to stop smoking.

We have asked them again, to clarify with everyone who works for their service that GPs are not contracted or funded to prescribe medication to assist in stopping smoking.

We also note that although Quit Ready advised in February that they were developing a PGD to allow community pharmacists to prescribe varenicline, this has not yet been finalised.

In the interim we advise GPs when signposting patients to the Quit Ready service not to raise any expectation that they will be prescribed varenicline or similar, and to politely decline any request from Quit Ready to prescribe (and please inform the LMC if this happens).

Stop smoking support for patients in Leicester City is provided by "Live Well Leicester." The LMC has received similar complaints about prescriptions from practices. We have written to Live Well and are waiting for their reply. Please let the LMC know if you are aware of any further problems.

For comments or queries please email the LMC.

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11. GLAUCOMA.

The LMC remains concerned that practices are still expected to continue prescribing drops for glaucoma, despite them not being reviewed at an appropriate interval by ophthalmology.

I asked for an update, and have reproduced this from the lead consultant in full below:

So, I Shall summarise the points as below with some historical context:

Glaucoma and Ocular hypertension are some of the commonest conditions seen in the outpatient eye clinics, but not exclusively. The majority of glaucoma patients are managed with use of long-term eye drops to help control the eye pressure. The Royal college of ophthalmologists are continually surveying harm of patients losing vision due to delays in treatment and follow-ups, which UHL are a part of. This issue is not new, with a report in 2017 highlighting that in the UK, 22 patients per month may be losing vision by such delays. (Foot, B., MacEwen, C. Surveillance of sight loss due to delay in ophthalmic treatment or review: frequency, cause, and outcome. Eye 31, 771–775 (2017). https://doi.org/10.1038/eye.2017.1)

In 2020, the Health Services Safety Investigation Board performed an investigation into lack of timely monitoring of patients with glaucoma. They reported that the lack of timely monitoring for patients with glaucoma is a nationally recognised patient safety risk mainly due to inadequate HES capacity to meet the demand for glaucoma services. This was further exacerbated by a significant proportion of referrals from primary care optometrists who were subsequently found not to have glaucoma. A copy of the report is enclosed. They concluded establishing steps to mitigate the risks from delays from glaucoma related vision loss including:

- *Develop new models of working and assessing patients with glaucoma.*
- *Appropriate mitigation of risks where follow-up standards have not been met.*
- *Risk stratification of glaucoma patients to standardize care across NHS hospitals.*

At UHL, the challenge of glaucoma harm due to follow-up delays is real and we have made very big strides to reduce the delays for patients with glaucoma and other eye diseases. Overall, 60% of glaucoma patients are seen within 4 weeks of their scheduled follow-up period rising to 85% within 6 months of their scheduled follow-up time. There has been considerable transformation work in the community hospitals where at Hinckley 93% of glaucoma patients are seen within 4 weeks of their scheduled review date and 99% of glaucoma patients in

all community hospitals are seen within 6 months of their scheduled review date. There are some data quality issues with some of these data where older duplicates requests may not have been closed since seen recently and hence, we expect the actual number to be even better than stated above. These figures are a considerable improvement to the position over the last 3 years where most patients were waiting over 12 months beyond their scheduled follow-up time. There is still work to be done and the transformational pilots in the community hospitals are examples of how we can significantly reduce the waiting lists.

Patients being harmed by long waiting times for clinic review: *We, as all departments in the UK, following the pandemic have seen such cases and they were reported and recorded via the Datix system. This information can be retrieved through the appropriate pathways.*

Primary care team unsure whether patients are coming to harm as they continue to prescribe glaucoma drops without review: *This is on the contrary! As our primary care doctors know that Glaucoma is a chronic disease, which requires lifelong treatment. Stopping patients' treatment "until they are reviewed" risks irreversible vision loss. Same applies for Diabetic or Hypertensive patients you would never stop their medications; Glaucoma patients are no different. If obviously the appointment is delayed, they should be encouraged to contact the department. Patients are also aware they will continue to see the optician yearly regardless of hospital appointments. If there are any concerns, the local optometrist will alert secondary care to expedite their appointment. Under NO scenario is the patient to stop Glaucoma drops unless clearly advised by the glaucoma team.*

University Hospitals of Leicester NHs Trust has made huge improvements in tackling Glaucoma waiting lists. To name a few:

- *Increased staffing from 1 surgical glaucoma consultant to 3 full time surgical team*
- *Two medical glaucoma consultant colleagues*
- *Staff grade positions for general glaucoma backlog*
- *Virtual follow up clinics (Doctor and Optom led)*
- *New patients' Virtual clinics*
- *Nurse led selective laser trabeculoplasty clinics.*
- *Allied health care professional virtual post laser follow up clinics.*
- *Failsafe officer*
- *Additional mega clinics and weekend clinics.*

There have also been some community services across LLR that were established but had to be stopped due to financial pressures within LLR. These include the low-risk glaucoma and ocular hypertension community scheme, where almost a thousand patients were discharged for optometrists to manage and refer back if concerns. They were funded by the ICB, but due to lack of funding, this scheme was stopped, and the patients had to be repatriated back to UHL and community UHL hospitals.

There is also the recent advent of independent sector providers who have agreed to take some of this workload to support the system. LLR are one of the leading systems within the country to establish robust specifications for these services in the independent sector.

Unfortunately, Glaucoma forms a major part of our outpatient workload. We are working constantly to improve the services and will continue to do so. Compared to local similar trusts we have greatly manged to bring down the post pandemic workload.

With managing the most at-risk group of patients as a priority, we obviously aspire to continue to improve. We will continue to implement more innovative ways of working.

The LMC remains concerned that there is an acceptance that some patients will still be losing vision due to delays caused by reduced capacity. We have also raised with the ICB that if this was a practice where patients were knowingly coming to harm due to lack of monitoring, then they would be robustly challenging the practice.

The LMC advice remains the same as previously. Please continue to prescribe drops for glaucoma even if the patient is well over their planned review date. Consider advising patients who are overdue a review to make an appointment with a community optician. Patients with glaucoma are entitled to free NHS sight test every 2 years, or sooner if "clinically necessary" like in this scenario.

For comments or queries please email the LMC.

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12. OPENSAFELY

As per our August Newsletter, NHS England issued a Data Provision Notice (DPN) in July 2025 which requires GP Practices to provide the OpenSAFELY Data Analytics Service.

We are advised than many practices have still not signed up for this. Following feedback, GPCE has been working with the RCGP, NHS England and the OpenSAFELY team to reduce the burden on Optum/EMIS Web and TPP/SystmOne practices in England in accepting the OpenSAFELY Data Provision Notice.

The NHS England website has been updated this week with clearer instructions: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/opensafely/how-to-activate-access

There is now also an agreement over a single national Data Protection Impact Assessment (DPIA) which practices can note, reducing any need to construct their own. The Joint GP IT Committee reviews are now referenced within this national DPIA. No additional work is needed by practices. The national DPIA is available via the above web page.

There is also has a link to a 2-page "easy read" version of what OpenSAFELY is (https://digital.nhs.uk/binaries/content/assets/website-assets/services/opensafely/the-nhs-opensafely-data-analytics-service.pdf) including a link to a short video (https://www.youtube.com/watch?v=GRjRqOAIVy8).

All practices need to do now is activate the service, note the national DPIA, update their website privacy notice (suggested text is in the above web page) and update their Record of Processing Activity (ROPA).

For comments or queries please email the LMC.

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13. PODCASTS.

The LMC is developing a library of Podcasts.

The main Podcasts are monthly roundups based on the newsletters, but the library will be expanded to include interviews with other local people important to general practice.

Featured Podcast

- 2025 05 21 Interview with Louise Pinder, HM Senior Coroner, Rutland, and North Leicestershire.

Monthly Podcasts

- October 2025 LLR LMC Podcast
- September 2025 LLR LMC Podcast
- August 2025 LLR LMC Podcast
- July 2025 LLR LMC Podcast
- June 2025 LLR LMC Podcast
- May 2025 LLR LMC Podcast
- April 2025 LLR LMC Podcast
- March 2025 LLR LMC Podcast
- February 2025 LLR LMC Podcast
- January 2025 LLR LMC Podcast (Long Version)
- January 2025 LLR LMC Podcast (Short Version)
- December 2024 LLR LMC Podcast

Recordings of Webinars

- 2025-10-09 What a GP needs to know about their pension
- 2025-10-01 eLearning Platforms presentation
- 2025-09-23 LMC Webinar on GP Contract Changes from 1 October 2026
- 2025-09-16 Leicester City Council: An Introduction to NHS Health Check Contracts for 2025
- 2025-07-30 LLR LMC Understanding Notional Rent Reviews & Improving property Webinar
- 2025-06-25 LLR LMC webinar with DR Solicitors Partnership Agreements what you need to know

Other Podcasts

- 2025 09 18 Dispute with NHS E/GPCE Dr Katie Brammall
- 2025 03 05 BBC East Midlands Today re Migration
- 2025 07 08 NHS 10 Year Plan Dr Katie Brammall Stainer
- 2023 01 13 GPs in crisis: East Midlands doctors reveal difficult and desperate challenges | ITV News Central
- 2022 11 22 Greatest Hits Radio re GP Crisis

Please contact the LMC to let us know if you have any comments or questions.

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14. UPCOMING LMC EVENTS.

The LMC has started to confirm its events schedule for 25/26 and are pleased to announce the events below are confirmed. Please book early to avoid disappointment.

A list of all upcoming Training and Events put on by the LMC can be found on the LMC Website.

Some webinars are recorded – see the list in our 'Podcasts' section.

Tuesday 28 October 2026, 12middayto 1pm

Webinar on contract changes since 1 October 2026

If you are struggling with the contract changes, have questions, concerns or have come across problems, please sign up for this webinar.

- **Target Audience:** GPs and Practice Managers
- **Date:** Tuesday 28 October
- **Venue:** MS Teams
- **Time:** 12.00pm – 1.00pm
- **Speakers:** **Dr Grant Ingrams will lead the discussion**

To book for this event, please click here..

Tuesday 4th and 18th November 2025, 1pm to 3pm

Understanding practice accounts and Income sources for General Practices (additional date added due to demand)

We recognise that practice accounts can often be complex and difficult to navigate, but as a GP partner this is a key area to have a sound understanding of when running a GP practice. As an LMC we are often surprised at the lack of understanding within the profession. As a result, we are pleased to confirm that the LMC will be hosting another face-to-face event on this extremely popular topic.

- **Target Audience:** GP Partners (new to partnership or wishing to have a refresher) and Practice Finance leads.
- **Date:** Tuesday 4th and 18th November 2025
- **Venue:** Hilton Leicester, Junction 21 approach, Leicester, LE19 1WQ
- **Time:** 1.00pm – 3.00pm (lunch from 12.30)
- **Speakers:** **Glyn Rawlings**

The session is open to all LLR GP Partners (new to partnership or wishing to have a refresher) and well as Practice Finance leads but **capacity is limited, so please book early** to confirm and maximum of 2 spaces per practice.

Areas covered:

- Global sum and how its calculated
- List sizes, raw, weighted and adjusted.
- opt outs.
- Quality and Outcome Framework – its domains and indicators
- How QOF is calculated
- Primary Care Networks and their funding streams
- Other Financial entitlements and reimbursements.
- Directed Enhanced Services
- Local schemes
- PPA claims
- Practice accounts, how they are put together.
- Partners pensions
- Salaried versus Partner – key differences

BOTH SESSIONS ARE NOW FULLY BOOKED, but if you would like to added to waiting list if there is a cancellation please email enquiries@llrlmc.co.uk

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Wednesday 4th March 2026, 7pm to 10pm
Annual General Meeting and Award Ceremony

Join us for our annual general meeting which will include a meal, a reflection on the previous year, a talk by a celebrity doctor, and award ceremony.

- **Target Audience:** GPs and Practice Managers
- **Date:** Wednesday 4th March
- **Venue:** Marriott Hotel, Smith Way, Leicester, LE19 1SW
- **Time:** 7.00pm – 10.00pm
- **Speakers:** **[SECRET]**

Details, including how to book, will be released closer to the date.

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15. ADVERTISE YOUR JOB VACANCIES FREE WITH THE LMC.

The LMC continues to advertise vacancies associated with General Practice/PCN in LLR – this is a free service for LLR practices, and we hope extends reach outside the usual mailing groups.

The LMC regularly receives **negative feedback** about adverts on the LLR global Listservers, so we would encourage everyone to use the LMC facility instead.

This platform is open to everyone to view; including the public, and other organisations who may be interested in reviewing the vacancies.

All we require is the relevant details relating to the vacancy e.g. advert and any supporting information you wish to be included like Job Description, person specification, how to apply and a contact person for role.

To advertise please email the LMC.

Looking for a role? All our open vacancies are available -click here.

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16. AVAILABLE TO WORK

There is an increasing workforce crisis in General Practice, with many GPs unable to find a job or being underemployed.

The LMC has been continuing to spread the word on our local 'Available to Work' initiative. This is a free service which is open to LLR practices and GPs, Nurses and Practices and allows clinicians/practices the opportunity to share:

- availability of locums (GPs, practice managers, nurses)

- details of people looking for a more substantive post with LLR practices e.g. salaried GP, Salaried with view to partnership.
- to provide practices with details that could potentially fill such roles.

It is important to note that, the LMC does not endorse any adverts for vacancies (GP, PM, or Nurse), availability or opportunities which have been included on our website, and it remains the responsibility of interested parties for conducting relevant checks.

- FOR INDIVIDUALS: I am an individual who is available to work and wish to share my details with interested LLR practices
- FOR LLR PRACTICES: I am a LLR practice looking for role to be filled

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17. FINAL THOUGHTS

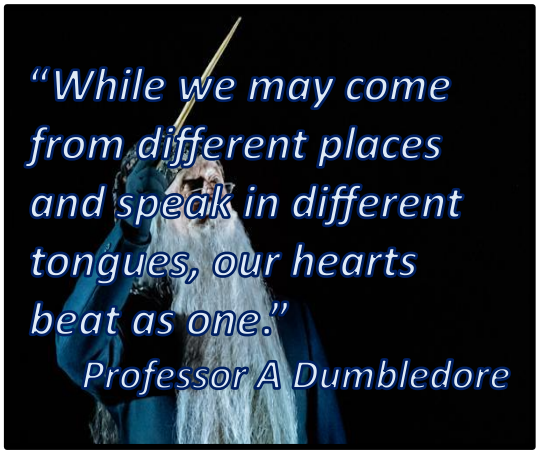
NHS IT policy is a mess. There – I've said it.

For over two decades I worked on various national IT projects, injecting the commensense that is needed to ensure that national IT policy and projects delivered the tools that clinicians need to provide safe and efficient clinical services to patients.

Not everything works as designed or hoped for, but projects that myself and fellow GP clinical informaticians were involved in the design and delivery worked well for general practice. Examples that I can recall working on include N3, NHSmail, RFA, GPSOC, HSCN, and GPES.

Systems where we jobbing GP clinical informaticians were not involved from the start have, on the whole failed, or had rocky starts. Complete, costly failures have included NPfIT (waste: £10billion), GPDPR (waste not known), Care.Data (at least £16million).

The Summary Care Record had a rocky start, but they approached us to sort out the consent model and it has worked well since.



IT in hospitals is still immature with paper records still the norm.

In general practice the current national framework (GP IT Futures) expired 31 March 2023 with the replacement still not finalised. The document laying out the responsibilities of GPs and the NHS is still the CCG-Practice agreement which has not been updated since 2019.

Information governance and clincial safety for general practice remains a mess leading to the recent debacle of AI Scribes, described as a collegaue as an IT 'Wild West.' Although most practices have implemented DPIAs and Data Privacy Notices, few have even heard of the clinical risk management standard DCB0160 which was mandated by the Health and Social Care Act since 2018. A recent poll of LMCs in England found that none of the areas replying had access by GPs to Clinical Safety Officers which are needed to meet this standard. The LMC does not believe that it is practical or achievable for every practice to develop and/or maintain this expertise in house and are petitioning nationally for this to be provided similar to Data Protection Officers. But this should have been thought through and a solution found prior to initial implementation.

Over wider areas we have a plethora of different data schemes for assisting clinical care include the Summary Care Record, the Shared Care Record and the nascent Single Patient Record announced in the 10 Year Plan.

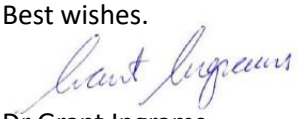
The Shared Care Record is provided on regional basis, but because of a lack of central foresight and planning, with no agreed common architecture or interoperability, the data cannot be shared across borders or if a patient is seen in a different area. Locally, the data is only provided in a very basic HTML format, and not using the clinician assisted designed FHIR API which allows data to be shared quickly in a format easy to provide views useful to clinicians.

The concept of a single patient record could be beneficial if it allowed an easy to access portal with the ability to view pertinent patient information in an easy to manipulate and understand way. But if the plan is to replace the GP and Hospital records with this, it would be a disaster for healthcare and patient safety.

Since the first digital general practice in 1970, the first GP Clinical Systems in the 1980s, and all practices being digitalised from the end of the 1990s, general practices have embraced modern technology, and have been world leaders in using advances to improve patient safety and efficiency of health care.

What is now holding back general practice and the NHS, is not laggard GPs, but the lack of central investment, support, planning and national engagement with clinical informaticians. The challenge is on NHS England and the DHSC to sort this out and give practice the tools that they need.

Best wishes.



Dr Grant Ingrams
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Previous Chair of the BMA GP IT Subcommittee
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