NEWS FROM YOUR LOCAL MEDICAL COMMITTEE

LOCAL LEICESTERSHIRE MEDICAL COMMITTEE LEICESTER RUTLAND

November 2025

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

Dear Colleagues

LLRLMC NEWSLETTER

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

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

NOVEMBER PODCAST (24 MINUTES)

SUMMARY OF IMPORTANT INFORMATION:

Are you aware of Vicarious Liability and other risks you should consider ensuring you are insured for?
Did you know that AI can hallucinate?
Sub-contracting for Christmas Eve and New Years Eve

Topics in this newsletter:

Do you know that you can include reading these newsletters as part of your CPD?

The LMC has created a WhatsApp group to promulgate messages from GPC England and BMA, as well as sharing key LMC information, events and on occasions get a snapshot view from the profession 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 - NOVEMBER 2025.

The LMC Board met on 8 November 2025. Dr Andrew Furlong (Medical Director, UHL) attended and provided an update:

- A 5th LINAC has been installed which has helped to significantly improve treatment time for breast cancer although there is still a delay for treatment of prostate cancer.
- UHL have a cost improvement plan of more than £90 million with a current deficit of £30million.
- As mentioned before there will be significant job losses and initially 120 members of staff are leaving voluntarily.
- Maternity and Neonatal services are now paper free (Badgernet – see Newsletters passim).
- UHL are still having problems relating to installation of the new Patient Administration System (PAS) and Nervecentre. This has affected ERS and TWW referrals.
- A proposed £80million extension to the Windsor Building has reached the last stage of approval.
- A new £18million 6 room endoscopy suite has been opened on the General Hospital site.
- UHL remains busy with 50 to 60 patients waiting for a bed at any one time.
- UHL has bought a 28 bedded care home for patients needing reablement to improve discharging.
- There is a shortage of ultrasonographers leading to delays for non-obstetric scans.

The LMC Board discussed many issues including:

- Ten Year Plan/Contract Changes
- Ophthalmology/Delayed review of patients with Glaucoma (see October Newsletter)
- eLearning Platform
- LMC Awards evening
- Primary Care Provider Collaborative

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

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2. CARE OPINION.

A practice contacted the LMC as they had been contacted by Care Opinion regarding feedback that had been left for them on this website.

This organisation has transferred all the previous feedback and responses from the NHS Choices website to their own. NHS Choices no longer provides ability for patients to feedback to them, and the website now promotes Care Opinion as a route to provide feedback.

GPC E was unable to provide more information, so I asked some direct questions of Care Opinion and received the replies below:

1: What is the relationship between Care Opinion and the NHS?

The relationship varies by UK nation. In Scotland, Care Opinion is funded by Scottish Government to provide a service to all health boards. In NI, we are funded by the Public Health Agency to provide a service to all trusts and some other bodies. In England and Wales, we have no formal national relationship. Instead, a range of NHS bodies and services subscribe to Care Opinion and use our service. In addition, a large number of NHS trusts and many practices use Care Opinion without charge, since we enable free registration.

You can see our largest subscribers on this live chart: https://www.careopinion.org.uk/listening

2: Did Care Opinion receive formal permission/agreement with the NHS to transfer all comments and replies from the NHS website?

Yes, we have a formal agreement. In addition, note that feedback posted on the nhs.uk was licensed under the Open Government Licence https://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/

3: How is Care Opinion funded?

Through subscriptions from local and national NHS bodies, universities, and others.

4: How are GP practices informed when there is a new posting?

If the practice is already registered with us, they receive an automated email alert. If they are not, we seek out an email address and send a different kind of alert. Sometimes we are unable to find any email address and will call the practice. Sometimes this works and sometimes we can't get through.

5: What process do you have to check for personal data or defamatory comments before posting comments?

All stories on Care Opinion are moderated according to a mature and evolving policy and process, which is kept under constant review. When we alert a practice to a story, we provide an opportunity for the practice to ask for review by a senior moderator if they have any concerns about publication.

One goal of moderation is to assess and mitigate the risk of harm to either feedback author or healthcare staff. We have clear procedures to avoid defamation and to refer to a safeguarding authority if required.

6: Can you please provide your policy how you identify and handle vexatious complaints?

Our policy is to allow one story (i.e. feedback about experience) for any given episode of care. Further accounts of the same experience will be rejected, so that feedback on Care Opinion is unlikely to become vexatious. All responses on Care Opinion are also moderated, and an exchange will be closed if it is clear there is no further benefit to both sides.

7: How do GP practices raise with Care Opinion if the comment is inappropriate (patient not registered with the practice, includes personal data or defamatory data, subject to legal and/or safeguarding proceedings, vexatious)?

Practices may contact us at any time by email or phone, or by using the contact page on our website. In addition, practices are provided with an automated way to raise a concern via our alerting system as noted above.

8: What insurance does Care Opinion have for claims of defamation?

Care Opinion has appropriate insurance covering product, professional, public and employer's liabilities.

In summary, there is no requirement for practices to engage with Care Opinion including providing response to feedback. If you have any concerns relating to this service email the LMC.

For any comments or queries click here.

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3. CONFERENCE OF LMCS ENGLAND.

The LMC sent 6 delegates to represent our views at the Conference of LMCs England. This conference debates motions, and those that are passed become policy to be delivered by GPC England. Expenses for delegates is paid for by the GP Defence Fund.

GPC chair address to LMC Conference - 7 November 2025 | British Medical Association

Seven of the motions submitted by LLR LMC have helped form policy.

Our Motions added to two 'composite' motions, both of which were passed in all parts:

> That conference is deeply concerned that the 2025 / 26 contract variation requires practices to maintain continuous online, telephone and physical access throughout core hours (08:00–18:30). Conference:
> (i) rejects the government's contractual requirement for GP practices to guarantee universal patient access throughout all core hours, condemning it as a cynical political stunt that is unfunded, unsafe, and knowingly undeliverable in the context of current workforce collapse
> (ii) insists that practices must retain flexibility to deliver access in ways that reflect the needs and demographics of their patient population
> (iii) insists that online consultations may be curtailed when safe working limits have been reached
> (iv) demands the immediate removal of these access mandates, which reduce care to box-ticking targets and put patients at risk
> (v) mandates GPCE to prepare options for action, including non-compliance with access requirements, should government refuse to revise the 2025 / 26 contract variation.
>
> That conference believes the current exposure of GP partners to a wide range of personal liabilities is unsustainable, and calls on GPCE to secure protection for GP partners by ensuring state backed indemnity is extended to cover claims associated with:
> (i) vicarious liability, where GP partners may otherwise be personally exposed for the actions of their staff or associates
> (ii) data sharing and information governance
> (iii) failures in AI triage, assessment, documentation, and management leading to delay in treatment or direct patient harm
> (iv) the Equality Act 2010 and the Human Rights Act 1998

(v) patients seeking compensation from general practice having paid for private medical assessment due to excessive secondary care waiting lists.

We had one lead motion which was proposed by Dr Reema Parwaiz and passed unanimously:

That conference believes that the current system where GP practices receive monthly and ad hoc payments from NHS bodies in a manner that is opaque, archaic, and without clear breakdown or reconciliation is unacceptable. No such system would be acceptable in any other sector of work or business, where clear itemisation and transparency of income are standard practice and calls:
(i) for clarity and itemisation for payments as the current lack of clarity creates unnecessary administrative burden for practices, hinders effective financial planning, and undermines confidence in the accuracy of payments
(ii) on NHSE and integrated care boards to modernise payment systems urgently, ensuring that all practice payments are accompanied by a full, timely, and comprehensible breakdown, in line with contemporary accounting standards
(iii) on GPCE to prioritise this issue in national negotiations, recognising that transparent payment systems are fundamental to the financial viability and accountability of general practice.

We had two motions that were accepted to be GPC policy without debate48 (GP employment), 56 (CSOs/data safety)

That conference is deeply concerned that the growing number of GP resident doctors due to qualify in the next 2-3 years will face limited job opportunities, leading to loss of talent from UK general practice. The ARRS funding for recruiting newly qualified GPs is significantly insufficient. This conference calls on GPCE to:
(i) press NHS England to ensure adequate substantive GP posts are created to match the output of the GP training scheme
(ii) negotiate funding for nationally supported salaried roles and portfolio opportunities for newly qualified GPs
(iii) develop incentives for partnerships and long-term GP career structures to retain the future workforce.

That conference believes that it is disproportionate to expect every general practice to have a clinical safety officer and to have the internal expertise to develop Data Protection Impact Assessments and clinical risk management to DCB0160 standard. NHSE must undertake to fully fund these services system wide for general practices and GPCE should advise practices not to implement any further information technology transformation until this has been implemented.

Drs Reema Parwaiz, Fahreen Dhanji, Grant Ingrams, Nutan Kumari

Dr Katie Bramall (Chair GPCE)

One motion included a speech from an LMC Officer who is also one of the partners in the practice which is being sued by a student paralysed after skydiving accident. Although a salaried GP completed the form, the partners are being sued vicariously.

For details of the claim see Student paralysed after skydiving accident sues for £15m and GP partners facing £10m legal claim warn of 'vicarious liability' risks - Pulse Today

The conference was told that as the form was a private service there was no cover by the NHS CNSGP scheme. As the salaried GP's Medical Defence Organisation would not confirm that they would provide cover for the full amount, the patient's lawyers had extended the claim to the partners.

The partners' MDO (different from that of the salaried GP) advised that they do not cover vicarious liability, meaning that the partners are exposed to the possibility of having to pay £10million + which could ruin the partners as well as the practice. We will watch this case with interest, but advise practices to urgently assess the following:

1) **Does your practice have a policy regarding completing private certificates (in particular if a patient is fit to carry out a particular activity) and if all clinicians are aware?**
2) **Does the amount you charge for private services reflect the risk associated?**
3) **Do you ensure that all GPs (partners, salaried, locums) are a member of a Medical Defence Organisation?**
4) **Have you checked with your MDO whether they cover for vicarious liability?**
5) **Does your practice have insurance (as part of business insurance or separate) to cover other incidents not covered by CNSGP/MDOs, including (but not exclusive):**
   a. **Data breaches**
   b. **Cyber breaches**
   c. **Human Rights Act/Equality Act breaches**

Dr Grant Ingrams (CEO, LLR LMC)

Drs Nutan Kumari, Shiraz Makda, Fahreen Dhanji, Reema Parwaiz, Ebrahim Mulla

For comments or queries please email the LMC.

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4. PRIMARY CARE PROVIDER COLLABORATIVE.

A Primary Care Provider Collaborative (PCPC) has been formed in LLR with support from all Federations and PCNs. Six representatives have been elected to form the first board.

- James Ogle
- Raj Than
- Nicola Atkins
- Helen Rose

- Ricky Badiani
- Fahreen Dhanji

The PCPC will act as a single body for the commissioners to contract with for services from general practice.

The Local Medical Committee has provided support during the development process and will remain a stakeholder and critical friend.

The PCPC will always recognise subsidiarity – i.e. any contract which can be provided at a practice level will be subcontracted in that way.

The main benefit of a PCPC approach will be for services that can be transferred out from secondary care but could not be delivered at an individual practice basis in line with the government's aspirations in the 10 Year Plan.

Whilst the PCPC will initially only be formed from, and contract for primary medical practice services, in the future it could be expanded to also include other primary care services (optometry, dentistry, pharmacy etc).

For comments or queries please email the LMC.

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5. TPP AUTOMATE (AUTO-REVIEW).

As per our August Newsletter, the LMC Board has commissioned local support for practices wishing to use the Auto-Reviewing tool provided by TPP for SystmOne. To learn more about this new tool click here. Click here for details of the SystmOne Auto-review Rules Engine

This Tool will free up administrative and clinical time for all practices as results which are completely normal will be filed automatically with no human intervention.

Some practices have already indicated to the LMC that they will be avail themselves of this service. Practices that have signed up for this service will be provided with an easy-to-follow guide on how to set it up and pre-designed 'rules' to work with results provided by the UHL laboratory. Every time UHL change their ranges etc revised rules will be issued.

How to implement the tool will be supported by a Webinar.

The service has been commissioned by Mustafa Musaji (please do not contact Musaji directly but direct any queries etc to the LMC. The LMC liaised with the ICB regarding this service and they are aware.

If your practice also wishes to use this service or you have any questions about it please email the LMC.

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6. MEDICAL EVIDENCE FOR SCHOOLS.

Now schools are back for the year the LMC has again been receiving queries from practices regarding schools asking for medical evidence about their students.

GPs are often requested to provide short term sickness certification 7 days when children are absent from schools usually from parents who are misinformed by their school or the local education authority.

- This guidance is designed to help you to deal with such requests.
- GPs do not provide short term sickness certification for children. The child's school is advised to accept a note from the pupil's parent or guardian during this period.
- GPs are unable to issue medical certificates for longer periods of sickness absence unless the patient was seen by the GP at the time of the illness, or there is written evidence from another professional (e.g. hospital or physiotherapist).
- GPs are not contractually required to undertake this work.
- GPs are not obliged to provide a view on a pupil who has missed a higher-than-average number of school days. It is the responsibility of the parent and school to ensure that this absence is legitimate. GP input into this process should not be necessary.
- GPs are not obliged to provide sickness certification for pupils who may miss an external examination (e.g., GCSEs or A levels).
- GPs can request a fee under regulation 25 of the NHS (General Medical Services Contract) Regulations 2015 from the school for providing medical evidence, including for the cost of a routine medical examination if required for this purpose. GPs can charge the patient/parent/guardian to issue a certificate.
- Other than if a child is in work, children are not entitled to be issued with a Med3 (Statement of Fitness to Work) as these are to enable an individual to access health-related benefits or evidence eligibility for Statutory Sick Pay.

The Department of Education makes it clear that parents should not normally be required to provide medical evidence for children off sick. DoE statutory guidance "Working Together to improve school attendance" (August 2024) makes this clear and includes the following two paragraphs:

> Schools are not expected to routinely request that parents provide medical evidence to support illness absences. Schools should only request reasonable medical evidence in cases where they need clarification to accurately record absence in the attendance register – i.e. making a decision that code I is the absence code that accurately describes the reason the pupil is not in school for the session in question. In the majority of cases a parent's notification that their child is too ill to attend school will be that evidence and can be accepted without question or concern. Only where the school has genuine and reasonable doubt about the authenticity of the illness should medical evidence be requested to support the absence.
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> Where medical evidence is deemed necessary, schools should not be rigid about the form of evidence requested and should speak to the family about what evidence is available. Schools should be mindful that requesting additional medical evidence unnecessarily places pressure on health professionals, their staff, and their appointment system, particularly if the illness is one that does not require treatment by a health professional. Where a parent cannot provide evidence in the form requested but can provide other evidence, schools should take this into account. Where a parent cannot provide any written evidence, the school should have a conversation with the parent and pupil, if appropriate, which may in itself serve as the necessary evidence to record the absence.

Ensure your practice has a clear approach to dealing with requests for letters to support a child's absence from school. Ensure everyone in the practice team adheres to the practice's approach.

Consider adopting or adapting one or more of the following standard messages to send to parents/school when requested.

> ***To School:***
> You have requested medical evidence regarding illness of {INSERT NAME OF CHILD}.
> The DoE makes it clear that you should not normally be asking for this. If there are specific circumstances, please let the practice know and we will inform you of our fee to provide this.

> ***To Patient/Parent:***
> ***OPTION ONE***
> You have requested medical evidence for your child's school.
> The DoE makes it clear that schools should not normally be asking for this. If there are specific circumstances, please ask the school to contact the practice and we will inform them of our fee to provide this.
> ***OPTION TWO:***
> You have requested medical evidence for your child's school.
> The DoE makes it clear that schools should not normally be asking for this, and our practice policy is not to provide this. Please forward this message to the school.
> ***OPTION THREE:***
> You have requested medical evidence for your child's school.
> The DoE makes it clear that schools should not normally be asking for this and we advise you to inform the school. If you still want a certificate, we can provide this, and the fee will be £XXX. Once you have paid this the certificate will be sent to you/be available to collect from reception in XX working days.

For comments or queries please email the LMC.

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7. MESSAGES FOR PATIENTS ON REFERRAL.

We previously advised practices to consider sending standard Text messages to patients when they are referred, to confirm that they have been referred and where to contact if they have any queries about the process.

Probably related to the ongoing increased waiting times, we are having more contacts from practices again about this.

Practices have found it helpful to send messages similar to those below to every patient who is referred. These are examples – please feel free to adapt for your practice, particularly if you use other providers:

TWO WEEK WAIT REFERRAL
Following your recent consultation we have referred you to the hospital URGENTLY. The link provides the necessary information. If you need to chase this referral or have not heard anything then please contact the service directly: 0116 250 2543 (option 1) PLEASE WAIT 28 DAYS. DO NOT CONTACT THE SURGERY UNLESS YOUR SYMPTOMS BECOME WORSE.

ROUTINE REFERRAL UHL
Following your recent consultation, I confirm that your routine referral has been sent.
The average waiting time can be found on this website: https://www.myplannedcare.nhs.uk/mids/leicester/
If you have a question about your appointment please phone 0300 3031563 or email bookingcentre@uhl-tr.nhs.uk. We cannot help any further with your hospital appointment unless your symptoms become much more severe.

DIAGNOSTIC WORLD
Following your recent consultation with the surgery we have referred you for an Ultrasound. You will be contacted by Diagnostic World to make an appointment. If you have not heard anything in 14 days please call: 0121 726 7117

24 BP/ECG
Following your recent consultation with the surgery you have been referred for the investigation discussed . They will contact you directly regarding an appointment. If however you have not heard from them please call 0116 250 2913 . This number can be used to chase up appointments and/or enquire regarding results.

If you have any suggestions how practices can control workload or patient expectations, please let us know.

The LMC has a list of Practice Protocols and Template letters created by local practices – please let the LMC know if you have developed a protocol that other practices may find helpful which you are willing to share.

For comments or queries please email the LMC.

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8. MEDIATION SERVICE.

In our August 2025 Newsletter, we reported that the LMC had launched a mediation service. Our team has now undertaken their first successful mediation for a partnership dispute resulting in a signed agreement enabling the practice to move forward.

The LMC has trained and accredited five LMC Board members in line with the Civil Mediation Council (CMC) so we are pleased to confirm that can offer a formal Mediation service.

WHAT IS MEDIATION?
Mediation is a way to mend relationships when there is a disagreement.

It is held by a 'mediator' (neutral person). The mediator is impartial. This means they do not take sides. They are there to help everyone involved find a solution they can all agree to.

Mediation is not about judging who was right or wrong in the past. It looks at how to agree on working together in the future.

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Mediation is a quick way to resolve disagreement at work. It is also:

- less formal than a legal process
- flexible
- voluntary
- confidential

HOW MEDIATION CAN HELP

Mediation helps to mend relationships within practices by:

- finding solutions that everyone agrees to
- improving communication
- allowing everyone involved to have control of what's finally agreed.

There are many benefits of mediation. For example, it can help to:

- reduce stress.
- prevent a practice from closing.
- avoid more formal processes, such as court proceedings.
- avoid paying high costs, for example, legal costs.

Mediation outcomes are decided by everyone involved and can be flexible. Outcomes might include:

- an acknowledgement of each party's views
- a commitment to change behaviour.
- a commitment to regularly review the agreement reached.
- an agreement to review policies and procedures.
- an agreement to share work more fairly and provide more responsibility.
- an agreement to improved transparency.

A voluntary and confidential process

- If you do not want to take part in mediation, you do not have to.
- Mediation is voluntary and confidential. The mediator will agree with everyone involved what information can be shared outside the mediation and how. If you do not reach an agreement, anything that's been said during the mediation must be kept confidential and cannot be used in future procedures.

WHEN MEDIATION CAN BE USED

Mediation can be used to resolve disagreements around relationships at work including within a partnership.

For example, you can use mediation to resolve:

- bullying and harassment
- communication problems
- personality clashes
- relationship breakdowns

HOW TO ACCESS LMC MEDIATION

If you have a situation within your practice/partnership where you feel formal mediation may help, please contact the LMC.

For comments or queries please email the LMC.

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9. ELEARNING SERVICE.

In our August Newsletter we highlighted that the ICB had decided to axe the Training and Development programme for General Practice. This included Bluestream that most practices were using for staff training including tracking.

Since then, we held an online seminar including demonstrations from different providers – see recording 2025-10-01 eLearning Platforms presentation

We then held a snapshot ballot of which system practices preferred. This was overwhelmingly in favour of Bluestream (94.4%).

At the November meeting the LMC Board approved contracting with Bluestream on behalf of all LLR practices, initially for a 3-year period.

The LMC has negotiated an 11% discount, and the amount can be comfortably afforded from current LMC income with no requirement to increase the levy.

Unless the LMC receives any feedback not to progress, this will be implemented from 1st April 2026.

For comments or queries please email the LMC.

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10. LMC AWARD EVENING.

It is here again!

Once more the LMC is holding an awards evening as part of our AGM on the evening of 4th March 2026.

I am constantly pleasantly surprised to hear about all the incredibly good work done by local GPs, practices, and their teams. Unfortunately, all this good work is normally ignored and goes unrecognised by the system. But you now have the chance to ensure that a colleague receives the recognition they deserve.

The nominations will be for individuals working within general practice (GPs, Practice Managers, Nurses, Pharmacists etc) in the following categories:

1) Outstanding Contribution to General Practice
2) Greatest Leader
3) Rising Star

Up to 3 people will be shortlisted for each category and the nominees 'plus one,' and their nominator will be invited to attend the evening event.

The winners will be presented with an award and certificate by a celebrity doctor.

The full details including how to nominate an awesome colleague will be sent in an email – please keep an eye out for this.

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

For comments or queries please email the LMC.

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11. ACCURX.

The LMC have been raising concerns regarding unsafe features relating to use of the AccuRx Online Consultation Tool directly with AccuRx as well as the ICB.

Patient safety issues raised with the LMC mainly fall into the following two areas.

i) That patients can insert free text into Routine Care requests, and at times, despite the warning that it should not be used for worrying or significant problems, patients have used this box to then include worrying history or symptoms. Two examples raised locally was of a child where the free text included symptoms which may have represented sepsis, and an adult who added in the free text that they thought their abdominal pain may be related to a ruptured aortic aneurysm.

ii) That anyone can complete the form regardless of whether they are registered with the practice. Various examples have been raised, which create additional work for the practice and potentially can cause patient safety issues due to the delay, or if the practice is unable to contact the patient (due to error in phone number and that the practice will have no other information).

We recently had a meeting with both AccuRx and the ICB, and the representative from AccuRx has summarised the conversation and their responses as below:

Free Text Concerns:

We talked through the issue around free text, particularly within the Admin flow and the new routine care form we released as part of the October GP contract changes. The concern was that there was a free-text box within the routine form, which allowed patients to submit potentially more acute concerns that presented clinical risk. I've listed the mitigations below, as this has now been resolved:

- *Removed Free text option from Routine Care Appointment*
- *Red Flagging Confirm - Patient has to manually click confirm; no red flag symptoms are showing.*
- *Multiple Headers warnings on each of the different Admin form options advising patients not to submit*
- *Visibility given to the patients throughout the flow.*

General changes coming to Patient Triage can be found here.

Patients submitting forms not from home practice:

This was the second concern raised. Specifically, around patients being able to submit without any checks

that the patient is registered there and allows them to submit to any practices regardless of whether they are registered. We've fed back to the teams on the concerns and will come back with any updates from our side. We currently try and surface as much information throughout the form to avoid the above.

- *Surface practice details throughout the form process*
- *Giving unique links per practice so they can surface where they want and which forms*
- *Promoting NHS APP usage for submitting requests, as this route will only allow them to submit to their registered Practice.*

Suggestions:

- *Have a confirm click-through button similar to the red flagging before the patient fills in all details.*

I will come back as mentioned in the feedback above, as well as to provide more information around how Proxy works with AccuRx and how we are supporting NHS APP uptake.

The LMC is concerned that the proposed changes may be insufficient to mitigate the patient safety risk, and we will continue to monitor. Please contact the LMC if you have experienced any concerns like this, or if any other issue arises.

A CURIOUS CASE OF AI HALLUCINATION

It is a well-recognised problem that AI can 'hallucinate.' This is akin to confabulation in a chronic alcoholic with Korsakoff psychosis.

AI mainly depends upon Large Language Models, but hallucination happens when the AI tries to predict a reply when it does not have accurate information to fall back on, so improvises on what it feels a human is most likely to say next (see this article if you want to learn more and add to your CPD).

The case: A patient turned up to a practice for an appointment at 8.30am. They had a text message confirming this – giving the name of the practice, the name of GP and the time. The only problem was that the GP had left the practice, and there was no record of an appointment ever being requested or given.

After looking into it, the error was caused as the patient had used 'Meta AI' with their phone SMS text messages to ask for an appointment. The AI clearly did not have this information, so just made it up!

This kind of problem is likely to become more common as we increasingly rely on AI technology.

For comments or queries please email the LMC.

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12. NHS HEALTH CHECKS – UPDATE FOR CITY PRACTICES

Following the communication in the September newsletter regarding the new NHS Health Checks contract with Leicester City Council. The council has informed us that they have now completed their internal governance approval process for this service, and are looking to issue the documents onto the Proactis portal on Friday 21st November 2025.

Unfortunately, there have been some delays with this programme, but once the documents have been published the City Council representatives will begin holding the support sessions, along with support to help practices register onto the Proactis portal, where practices will be able to express interest in the NHS Health Checks service and download the documents for completion.

Click on this link for a copy of the revised slides. Slides 13, 14, 15 and 16 have been updated.

The NHS Health Checks service is on the East Midlands Tender Portal. GP Practices can now express their interest and gain access to the full suite of documents if they have already registered onto the portal by clicking on this link: FEW1486 - NHS Health Checks Service. GP Practices have until **12:00 noon 09th January 2026** to submit their expression of interest form.

Technical Support Sessions will be in place from week commencing 24th November, for those who require support to register onto the portal.

Updated timeline below and information included in the September newsletter is available here.

No.	Activity	Start	End
01	Documents to be published onto the Proactis Portal	**21/11/2025**	
02	Drop-In Support Sessions	**24/11/2025**	**19/12/2025**
03	Deadline for submitting the Expression of Interest response document	**21/11/2025**	**09/01/2026**
04	Expression of Interest Response document reviewed by LCC Procurement and supporting teams	**24/11/2025**	**30/01/2026**
05	Award of Contract Notice	**02/02/2026**	
06	Contract distribution & contract signature	**02/02/2026**	**31/03/2026**
07	NHS Health Checks Contract Commencement	**01/04/2026**	

To discuss anything regarding the City Health Check Changes, contact Liane Pereira Liane.Pereira@leicester.gov.uk

For comments or queries please email the LMC.

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13. SUB-CONTRACTING FOR CHRISTMAS EVE AND NEW YEARS EVE

Thank you for your patience regarding the sub-contracting arrangements for Christmas Eve and New Years Eve (16.00-18.30) facilitated by the LMC with DHU.

We are now in a position to confirm and share the LMC offer for practices that wish to use this service. The LMC will fund all LLR practices that choose to sub-contract during the following periods via DHU:

- **Wednesday 24th December 2025 (16.00 – 18.30)**
- **Wednesday 31st December 2025 (16.00 – 18.30)**

The 1st October contract changes have made it more complicated, but we have been working collaboratively with the ICB to support practices who wish to sub-contract, whilst at the same time supporting practices to provide assurance how they will meet the contractual requirements when completing ICB template.

The ICB requires every practice which wishes to subcontract during these hours to notify the ICB individually using this online form: https://forms.office.com/e/4dKdNgnKpm. The ICB have requested that practices complete this form by 5:00pm on Monday 1st December 2025. We encourage practices to comply with this request wherever possible, but if there is an individual reason why a practice cannot comply with this, could you please advise the ICB primary care contracting team when you will be able to respond by. The ICB needs sufficient time to amend the Directory of Service (DOS) profiles for all practices when sub-contracting, to ensure patients or health care professionals using services such as 111 or Clinical Navigation Hub are directed to the most appropriate service.

In addition to the ICB template, if you wish the LMC to fund the subcontracting with DHU, please complete the LMC link: https://www.surveymonkey.com/r/M2FRYX2

When completing the ICB template please have regard to the advice below *(Sections in italics require personalisation to your practice)*:

Questions 1-4: Self Explanatory

Question 5: Name of sub-contractor(s):
DHU via LLR LMC sub-contracting arrangement

Question 6: The address of any premises to be used for the provision of services under the proposed sub-contract:

- Derbyshire Healthcare CIC, situated at Fosse House, 6 Smith Way, Grove Park, Enderby, Leicester, LE19 1SX. (the main address of the provider)
- Merlyn Vaz Health Centre, 1 Spinney Hill Rd, Leicester LE5 3GH
- Oadby Urgent Treatment Centre, 18 The Parade, Leicester LE2 5BJ
- Loughborough Urgent Treatment Centre, 53 Goods Yard Close, Loughborough LE11 5EB

Question 7: Start and end time of proposed sub-contract arrangement
Wednesday 24th December 2025 (16.00 – 18.30)
Wednesday 31st December 2025 (16.00 – 18.30)

Question 8: Assurance:
Tick "Yes"

Question 9: Assurance regarding attending
The practice will notify patients in advance using the follow channels *{Adapt to what your practice will be using}:*

- Practice Website
- Posters in waiting areas and on *windows/notice boards* facing outside of building
- Facebook *{+ other social media if the practice uses it}*
- *Electronic message sent to all patients*

On the two days when sub-contracting is in place, the practice will prominently display a notice*(s)* on the outside of the premises which will state that:

- In an emergency the patient should phone 111 or 999

- That the practice is being covered by DHU and advise that on phoning the practice their call with be diverted to DHU, or patients can phone DHU directly on 0300 323 0671.
- The patient is able to put a request via a patient post box or letterbox of the practice, which will be acted on during the next working day.
- Patients can attend the below sites *{Highlight which is closest to your surgery}*.
    - Merlyn Vaz Health Centre, 1 Spinney Hill Rd, Leicester LE5 3GH
    - Oadby Urgent Treatment Centre, 18 The Parade, Leicester LE2 5BJ
- Loughborough Urgent Treatment Centre, 53 Goods Yard Close, Loughborough LE11 5EB
- During 4pm to 6.30pm patients can send non-urgent electronic requests via NHS App or *practice website*, which will be responded to during the next working day.

Question 10: Assurance regarding telephone access

The LLR LMC has commissioned DHU to provide the responsibility of managing and triaging practices phones. We will re-direct our telephone lines to DHU from 16.00 to 18.30 (0300 323 0671) and will ensure that at 18.30 the call diversion is changed back to the normal practice message/diversion.

Patients will be informed as per answer to Question 9.

Cover supplied by DHU will include:

- clinical triage service patients who call DHU
- provide the necessary telephone advice
- face to face reviews in LLR local hubs
- prescriptions including FP10 prescription collection
- home visits

Question 11: Assurance regarding Online access

The practice online tool will remain available (non-urgent) throughout the core hours and we will highlight via our website that any requests will be managed during the next working day in line with Your and Your General Practice charter.

Patients will also be informed as per answer to Question 9.

Question 12: Please provide assurances that the sub-contractor is suitably qualified and able to meet patient needs.

DHU are a reputable and known provider within LLR system providing general medical services for many years and well known to the commissioner.

Additional Guidance

The following additional suggestions may help the smooth running of sub-contracted and out of hour's services during the holiday period and to ease pressures on your practice on days when the practice is open:

- arrangements are in place to ensure that repeat prescriptions are ordered and collected in a timely matter to avoid requests over the period of practice closure.
- Extend repeat prescriptions so they do not fall due during the period from 24th December to 2nd January
- Ensure patients on opiate substitution prescriptions have enough to cover practice closure periods and collect their prescriptions before closing.
- answer phone messages should be changed at 6.30pm on the afternoons of 24th & 31st December 2025 for the duration of the Bank Holidays
- Minimise or avoid pre-booking advance appointments, particularly for non-essential services, from 24th December to 2nd January
- Minimise or avoid appointments for routine consultations, i.e. non-essential services from 24th December to 2nd January
- Ensure during any sub-contracted periods that a GP from the practice is contactable by the covering service in case of unforeseen queries.

- Ensure urgent lab tests carried out during this period have the clinical condition and phone number of the patient clearly on the form.
- Ensure special notes are sent to the out of hours organisation on vulnerable patients e.g. those without mental capacity, those with complex or terminal conditions and those where special arrangements are in place (e.g. GP to be informed during the out of hours period if patient dies).
- Ensure residential and nursing home patients have repeat prescriptions, know the opening times and any sick patients have been reviewed before closing the practice.

Any questions, please don't hesitate to contact the LMC office by email (enquiries@llrlmc.co.uk) or by telephone 0116 296 2950.

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14. 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

- November 2025 LLR LMC Podcast
- 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 November 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 Bramall

- 2025 03 05 BBC East Midlands Today re Migration
- 2025 07 08 NHS 10 Year Plan Dr Katie Bramall
- 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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15. UPCOMING LMC EVENTS.

The LMC has completed its events schedule for 2025, we hope that you have enjoyed them and found them useful.

If you have any suggestions what to include in our 2026 programme, please let the LMC know.

The only confirmed event so far for next year is the AGM and Award ceremony and I look forward to seeing you all there.

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

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

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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16. 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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17. 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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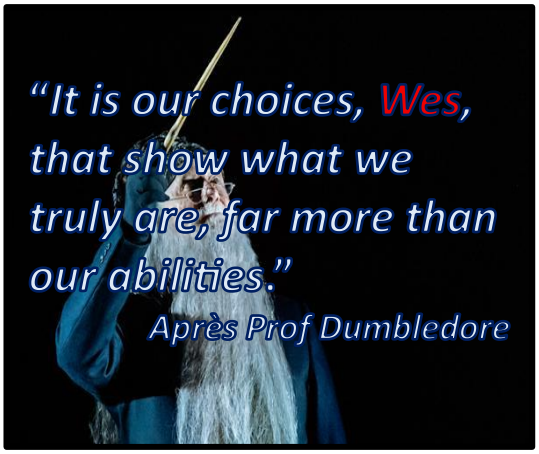
18. FINAL THOUGHTS

I am so sorry. I apologise unreservedly.

A constituent GP mentioned in passing that all of these final thoughts were negative. So this month I planned to be upbeat – looking at the positives, recognising the great things that general practices do, looking back on the past awards that the LMC have facilitated and the winners, and highlight that we will be having another award ceremony at our next AGM in March 2026.

But I cannot do it. I cannot possibly let the current crisis in general practice go unrecognised this month, including the shennanigans between GPCE and the DHSC, and the existential threat posed by this government's policies.



But where to start? After the previous 14 years of disinvestment in general practice with increasing need, decreasing workforce, and a feeling that everyone in NHS E and DHSC hated general practice I was looking forward to a new government with new ideas, a new approach and new hope for general practice.

An old colleague and mentor sent me a picture from a presentation that I gave more than twenty years ago to LMC officers from across the West Midlands. I named it 'The Rise and Fall of Doctor Finlay' and noted that general practuce was a "british success" with one slide noting that at the time:

- General practice provides 90% of healthcare for 12% of funding
- Approx 350million consultations per year (for UK)
- 91% patient satisfaction
- One complaint per 70,000 consultations

But at the time, I predicted dark times ahead for general practice – particularly due to recruitment and retention, and the loss of continuity of care. Prior to the pandemic I used the nickname 'Kassandra' on my Zoom account which led to a interestiing situation when I was interviewed live by the BBC with the tagline at the bottom of the screen …

So what is the situation now?

- General practice provides 90% of healthcare for 5.5% of funding[1]
- Approx 370 million consultations per year (for England alone) – 22.5% increase since 2019[1]
- 75% patient satisfaction
- One complaint per 3000 consultations.

But putting this into context,

- the number of GPs has reduced by 14.4%[1]
- each GP is looking after 304 more patients (15.7% increase) [Leicester City has the second worst ratio of GPs/Patients in England],
- the percentage of the NHS budget spent on general practice has reduced by half
- the funding for general practice has reduced by 20% in real terms
- the workload due to increased complexity and multi-morbidty increases about 6% per year

I hope we are all familiar with the oudles of evidence that the more a country invests in a primary care doctor-led system the better health outcomes with the lowest cost? If not, please read my Final Thoughts in the August Newsletter.

Since my August article the Institute of Health Policy Research has published "OUR GREATEST ASSET THE FINAL REPORT OF THE IPPR COMMISSION ON HEALTH AND PROSPERITY" which says that England is now the 'Sick man of Europe' saying:

"The term the 'sick man of Europe' is often used to describe countries going through severe economic turmoil or social unrest. In Britain today, it has become a more literal reality. We lag our peers on health outcomes,

[1] Rejuvenating general practice | Deloitte UK

the number of people with a long-term condition is rising, and people are spending longer in poor health. And health is worsening throughout the life course – bringing real challenges for children, adolescents, working-age adults, and those who have retired."

It concludes that PCNs have failed and that there should be a hub and spoke arrangement for general practice.

In summary, the evidence is that the more you invest in general practice the better health outcomes are, and our lived experience is that as you disinvest, health outcomes decrease and patient satisfaction plummets (who would had thought this?).

Like many others I looked forward to the new Labour Government bringing fresh ideas to revitalise general practice, but what have we got? A complete car crash!

The Labour Government started by commissioning a report from Lord Ara Darzi which concluded that

- There had been a drift of funding from general practice to hospitals which must be reversed.
- The UK has 15.8% fewer GPs per 1000 population than the OECD average
- The number of GPs per 100,000 population had declined by 1.9%
- There was 7% shortfall in funding for practices in deprived areas
- General practices have the best financial discipline in the NHS
- Productivity was rising
- GPs have made significant shifts towards a digital model, introduced impressive approaches to triage, and boosted responsiveness to patients
- The primary care estate is "plainly not fit for purpose"

But instead of recognising the strengths of general practices and taking action to remedy the weaknesses since then the government has:

1) Not commited to any significant transfer of funding from secondary care to general practice.
2) Increased micro-management of general practice, including forcing unsafe IT changes as a one size fits all (see above for local experiences with the AccuRc OCT).
3) Castigated and blamed general practices as laggards and out of date, despite the evidence that general practices have embraced modernisation more than any other part of the NHS.
4) Produced a 10 year plan which repeatedly castigates the whole of the NHS for poor productivity, despite the evidence that general practuce continues to significantly become increasingly more productive (so much so that in May 2022 the increase in general practice appointments alone had a significant effect on the Gross Domestic Product)
5) Said that the lowest performing GP practices should be stripped of their contracts (note these are not poorly performing practices, just the lowest).
6) Said that Hospital Trusts should take on the budget for the whole of the local NHS, including general practice (despite Hospital Trusts being the poorest performing NHS organisations with regard to finances and productivity, and that the evidence from the 1990s is that this will lead to primary care services being deprioritised and sucked dry of resources).
7) Stated that everty area should move to Neighbourhood Health Services without a scooby of what this will look like in the long run (a recent report by the Public Accounts Committee noted that they "have significant concerns that the reform of NHSE and DHSC, as well as local NHS services, has been announced without either delivery plans or funding in place."
8) Said that Neighbourhood Health Services could be funded by removing all the non-core funding from general practice (PCN funding and Local Enhanced Services) without any recognition or impact assessment of how many practices this will cause to close due to financial destabilisation.
9) Decided to review the Carr-Hill formula cutting the representative body of jobbing GPs out of the dscussions.
10) Having a 'toy out of the pram' moment after disagreeing with the GPCE, refusing to talk to them (is this grown up politics?).

11) Decided that all future GP contracts will not be negotiated but imposed following consultation with a rag-tag group including Healthwatch, National Voices and the NHS Confederation.
12) Decided to further decrease GP funding by providing below inflation increases for the next two years (1.41% in 2026/27 ans 1.35% in 2027/28).
13) Whilst continuining to fail to provide the funding needed to make GP surgeries fit for purposed, finding enough money down the back of the DHSC sofa to fund 250 new Neighbourhood Health Centres.

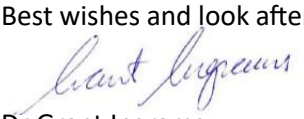
Wes Streeting, I am sure that you read this column so please listen up. How on earth do you think all the above is going to motivate the very clinicians that you need to deliver the transformation you are desparate to achieve? How on earth do you think that continuing to beat GPs similar to the previous government and put in place policies which could soon lead to the closure of many practices gives practices the motivation and confidence to continue to invest in their premises and services?

Wes, there is already a Neighbourhood Health Service – it is called General Practice. Instead of adopting untried, untested, and unknown bright ideas, how about following the evidence, and invest in core general practice, bringing about the modernisation you desire by agreeing with the GPCE a planned roadmap to develop general practice services in a safe way?

In my critique of the 10 year plan I included a section "What were you sniffing Wes?" and that there were "*many parts which I hope will be kicked into the long grass before permanent harm is caused to general practice*." As time goes by the focus seems to be more and more on these parts, and my concern now is whether core general practice can survive until we get another government or Wes is replaced by someone who can study and understand the evidence about what works to provide the lowest cost healthcare with best outcomes.

Wes, my door is always open if you want to talk …

Best wishes and look after yourselves.



Dr Grant Ingrams
Chief Executive Officer, LLR LMC
Grant.Ingrams@llrlmc.co.uk