NEWS FROM YOUR LOCAL MEDICAL COMMITTEE

LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

March 2026

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

Dear Colleagues

LLRLMC NEWSLETTER

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

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

MARCH PODCAST
GRANT INGRAMS, FAHREEN DHANJI AND CHARLOTTE WOODS IN CONVERSATION
(38 MINUTES)

SUMMARY OF THIS MONTH'S MUST DOS:

- Undertake your own risk assessment and consider turning back on sharing with LPT
- Read the fantastic citations for winners and runners up of the annual LMC Awards
- Consider whether or how much to participate in next year's MOF
- Consider how to increase self and practice esteem by changing your name

Topics in this newsletter:

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

IMPORTANT MESSAGE TO ENSURE OUR GP VOICE IS HEARD, AND WE ARE PROPERLY REPRESENTED

IF YOU ARE A BMA MEMBER, PLEASE VOTE FOR:

- **ANY GP STANDING FOR THE BMA UK COUNCIL.**
- **Dr FAHREEN DHANJI (DEPUTY CEO, LLRLMC) IN THECURRENT ELECTION TO THE GENERAL PRACTITIONERS COMMITTEE ENGLAND (GPC E).**

VOTE EARLY, VOTE OFTEN!

1. LMC MEETING – MARCH 2026.

The LMC Board met on 11 March 2026. Richard Mitchell (CEO, UHL) attended the meeting. We had a frank discussion about how general practice and secondary care can have an impact on each other's workload. Richard made it clear that he believes General Practice and Secondary Care must continue to foster a **strong bilateral relationship** for the whole health economy to survive the current upheaval caused by another poorly thought out and even worse executed reorganisation of the NHS.

Richard also noted that they had seen a step wise **increase in low acuity ED attendances** following the imposed changes to the GMS contract from 1st October 2026. Of course, **next year's imposed contract changes are likely to result in a further increase in ED attendances**. The increase was directly related to last year's imposed contract which we predicted in advance but which the DHSC and NHS E seemed to have been oblivious to.

We discussed the ongoing issue of **duplicate letters**, and the impact this is having on general practices. We discussed that ideally the LMC want the situation to be resolved and not recur, but that GPs should be reimbursed for the additional workload which is out of their control.

TCS was discussed. This is an ongoing tension for all parts of the local health economy but is still better than the 'nothing' present in other areas. As the ICB continues to implode, the future of TCS is uncertain and we agreed the need to work closely together to find an ongoing solution.

Board members raised with Richard regarding the increased number of **unreported potassium results or spuriously raised** due to delay in processing samples. LMC Board members have been told that this was due to path laboratory staff shortage and Richard agreed to investigate this.

Finally, we had a further discussion about how to improve Consultant/GP relationships, and Richard has proposed to co-ordinate a cricket match (come better weather) as another spoke to this.

The LMC Board discussed other issues including:

- Unsent Letters from LPT to practices. This was discussed again, first with Dr Sam Harmer (Associate Medical Director, LPT) and then amongst the board. The outcome of the discussion can be found in the next section of this newsletter.
- Advice & Guidance/Single Point of Access. See section 5 of this newsletter.
- Medicines Optimisation Framework for 2026/27. See section 6 of this newsletter.

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

Return to top of letter

2. LPT WRITE TO SYSTMONE.

In the past two months' newsletters we included details about the ongoing patient safety issue due to letters being written and visible on SystmOne but not formally sent so practices are unaware that the letters are there.

Following Tanya Hibbert (Service Director, LPT) and Dr Sam Harmer (Associate Medical Director) attending the February 2026 LMC Board meeting, LPT has continued to keep in contact and to develop a process to close this Patient Safety risk. Dr Sam Harmer attended the March LMC Board meeting to provide an update.

LPT are now confident that they have trained all staff and that this patient safety risk will no longer happen. In essence, when a letter is created on SystmOne it will remain 'private' and not visible to general practices until it has been finalised and sent.

The Board were further advised that LPT had audited all unsent letters from the previous 3 months, and these have now been sent.

LPT are now looking for unsent letter over the previous one year. These letters will only be sent to practices if they include important clinical information. The LMC has requested to be given the number of unsent letters identified in the preceding 12 months with information about how many include vital clinical information (e.g. change in medication, new or revised diagnoses, notification of discharge, or any other proposed change in management plan).

The Board resolved that with the caveat of LPT providing up-to-date and ongoing information from audits to ensure that the changes have been fully embedded, we now advise practices **TO TURN SHARING WITH LPT BACK ON**. We ask practices to remain vigilant and to inform the LMC if you spot any recurrence of this issue in the future.

The LMC noted that the preamble used in repeated LPT presentations is inaccurate. It states "We have been made aware that some GPs in LLR have concerns that draft letters produced by LPT clinicians are visible to Primary Care. Their concerns relate to the use of the draft letters to inform clinical decision-making when they may be subject to change before being finalised." The reality was that many GP practices had identified letters containing important clinical information which had been written, had not been sent for consideration by general practice, but were visible in the patient record. This created patient safety risk, transferred some of this risk to practices, and led to complaints from patients. Further, this patient safety risk had been allowed to continue for 8 years without resolution.

The LMC remains concerned that during the 8 years that we were raising this patient safety risk the ICB and LPT seemed unable to prioritise this and find a solution. Within one day of advising practices to turn off sharing, the ICB started to send repeated messages to practices to dissuade them from stopping sharing as a "**patient safety risk**"! My irony meter has been working overtime …

However, once practices started to turn off sharing LPT were able to find and start implementing a solution within days. This is a testament to a) how little respect the NHS demonstrates towards general practice compared with trusts and b) the power that general practices can wield if they work together.

For comments or queries please email the LMC.

Return to top of letter

3. LLR LMC AWARD CEREMONY AND AGM.

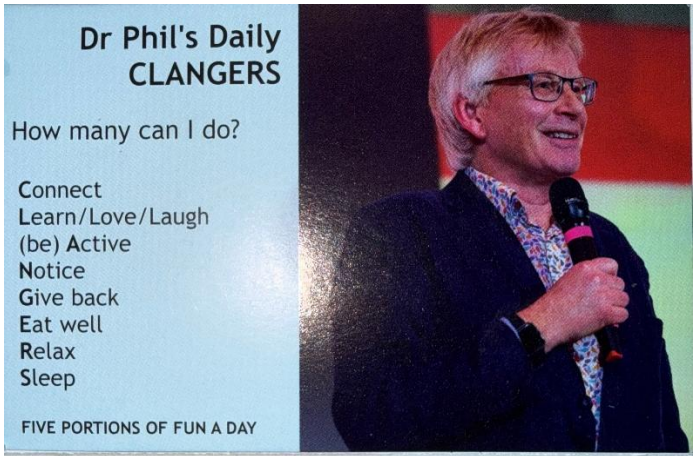
"I've been waiting for this moment for all my life."

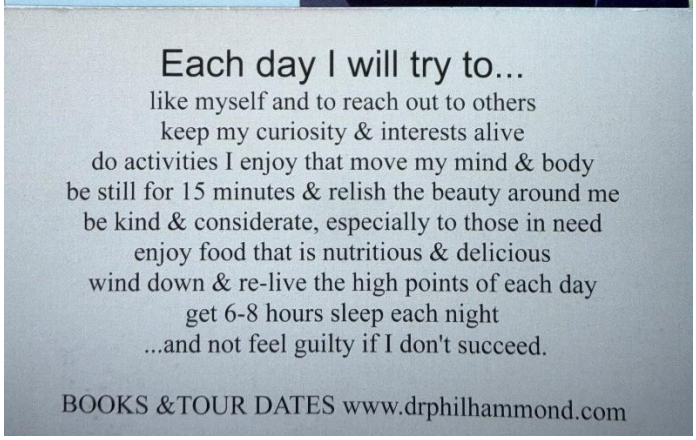
If you did not attend, you missed a fantastic evening enjoyed by all the 75 GPs, Practice Managers and other team members who attended.

A huge shout out and thank you to Charlotte Woods (Operations Manager) and Meera Tailor (Administrator) for organising another successful event. Each year seems to just get better, and if you missed it this year, make sure you come to the next one!

The evening started with the formal Annual General Meeting of LLR LMC Limited. The Annual Report and accounts were presented and questions asked of the members present. If you have not read the annual report, I would encourage you to do so as it is a summary of your LMC's work over the past year.

Dr Phil Hammond provided an entertaining and extremely funny talk, based upon his background and upbringing. He also talked about his joint work with Dr Michael Moseley, which led to him developing his "Daily Clangers" campaign to live a more fulfilled and enjoyable life:





The winners and runners up of the three award categories were announced and presented with an award by our celebrity guest, Dr Phil Hammond. There was a strong field again this year with 21 nominations. LMC Board members were all given anonymised copies of the citations to score out of 10. It was difficult to weight up all the incredible nominations all of whom deserve to be recognised and should be proud to have been nominated.

Outstanding Contribution to General Practice

WINNER: Vicky Hill

I would like to nominate Vicky Hill for the Greatest Leader and Outstanding Contribution to General Practice award, as her leadership, commitment, and impact on general practice management are truly exceptional. As a young, upcoming Practice Manager at 25 years old, I can confidently say that my development in this role has been significantly shaped by Vicky's guidance and mentorship. She consistently supports me in real-world, complex scenarios that practice managers face daily — from managing difficult staff issues, responding to patient complaints, navigating HR challenges, overseeing finance and budgeting, to ensuring compliance and safety around premises management. What sets Vicky apart is not just her knowledge, but her ability to explain, guide, and empower others to make confident, informed decisions independently. Vicky leads with calmness, clarity, and integrity. She never takes over, but instead encourages learning, reflection, and growth — which is invaluable for developing managers. Her leadership style builds confidence, resilience, and professionalism, particularly for those newer to general practice management. Beyond her direct mentorship, Vicky has made a wider contribution to general practice across Leicester City. She co-led the admin training programme, which had a huge positive impact on local GP surgeries struggling to recruit, train, and retain competent administrative staff. This training improved staff capability, consistency, and confidence across multiple practices, directly strengthening operational performance and patient experience city-wide. Vicky has been in post for 12+ years and during this time has led Fosse Medical Centre with dedication and excellence, achieving two consecutive GOOD ratings in CQC inspections. This reflects not only regulatory compliance, but strong leadership, safe systems, effective teamwork, and a well-run practice culture. Perhaps most importantly, Vicky is an inspiration to practice managers at all stages of their careers — both young and experienced. She is widely respected, approachable, and generous with her knowledge. Her influence extends beyond her own practice, shaping the standards, confidence, and professionalism of general practice management as a whole. For her outstanding leadership, mentorship, service longevity, and significant contribution to general practice locally, Vicky is more than deserving of recognition as a Greatest Leader and for Outstanding Contribution to General Practice.

RUNNER UP: Darren Jackson

Dr Darren Jackson has been an exceptional Partner for more than twenty years, embodying the very best of what general practice strives to be. His optimism, dedication, and unwavering belief in the value of primary care have inspired colleagues and reassured countless patients. His love for general practice is evident in every interaction, and his commitment to patient-centred care remains a constant source of motivation for those around him. Beyond his clinical responsibilities, Jackson has contributed an extraordinary amount of his own time to strengthening the profession. His additional work is so extensive and varied that it is impossible to highlight just one area. He singlehandedly designed, delivered, and managed the entire training programme for the practice, supporting ST doctors and ARRS staff with remarkable skill and patience. Through his guidance, numerous clinicians have achieved independent prescribing, a testament to his belief in developing others and investing in the future of general practice. His dedication extends further still. Recognising unmet need, Dr Jackson helped establish and continues to run men's-only clinics, offering a safe and accessible space for patients who might otherwise avoid seeking help. Dr Jackson's contribution is profound, far-reaching, and deeply felt. He is an outstanding candidate for this award.

Greatest Leader

WINNER: Dave Englefield

Dave Englefield is an outstanding leader who has transformed our organisation through courageous decision-making, people-centred leadership, and a relentless focus on sustainable improvement for both staff and patients. Taking over a service facing a significant £440,000 loss in 2023/2024, he led a remarkable turnaround, steering the organisation to a £250,000 profit by 2025/2026. This achievement was not delivered through short-term cost cutting, but through strategic investment, service redesign, and a deep commitment to supporting people at every level of the organisation. Unlike traditional primary care models, he introduced a full, multi-disciplinary support team to Primary Care, fundamentally reshaping how practices operate. This innovative approach reduced the heavy reliance on the traditional Practice Manager role, creating resilience, consistency, and capacity for positive change across services. He is a passionate advocate for employee engagement, wellbeing, and recognition. Understanding that motivated teams deliver the best outcomes, he introduced monthly Employee of the Month awards with vouchers, alongside quarterly Employee of the Quarter prize draws, including the opportunity to win a weekend away. These initiatives have significantly improved morale, engagement, and staff retention. Despite ongoing financial pressures across the sector, he has consistently introduced pay increases year on year, ensuring staff are rewarded fairly and competitively. Notably, he made the difficult but principled decision to challenge external pressure to focus pay awards solely on GPs, instead spreading increases across the workforce. This decision demonstrated moral courage and a commitment to equity, prioritising the collective good over the interests of a select few. Investment in people development is central to his leadership philosophy. He introduced CPD leave for all

clinicians, not just GPs, reinforcing the message that every role is valued and deserving of growth opportunities. Crucially, he listens. Staff feedback directly informs system and service improvements. This is exemplified by the introduction of a total triage model, designed to improve working conditions for staff and access for patients. The model eliminated the traditional 8am rush that placed undue pressure on reception teams, reduced patient frustration, and created safer, calmer working environments. As a result, the organisation's Friends and Family Test score increased by 18 points. He also extended GP appointment times to 15 minutes, allowing for more meaningful patient interactions and reducing clinician pressure. A further testament to his leadership emerged during the early stages of his tenure, when significant organisational change was met with understandable resistance. At one practice, more than half (54%) of the staff chose to leave rather than adapt to the new direction. Throughout this challenging period, he remained calm, consistent, and principled. He focused on rebuilding trust, setting clear expectations, and modelling the behaviours he wanted to see. His steady approach not only stabilised the service but ultimately created stronger, more cohesive teams who now recognise the value of the changes he introduced. His leadership has been genuinely pioneering. By implementing a total triage model at scale across seven practices, he achieved a 116% increase in patient access in just two years, halved call queue times, and reduced abandoned calls by 52%, outcomes that demonstrate both operational excellence and a deep understanding of patient need. These achievements represent only a snapshot of his impact. He leads with integrity, compassion, and bravery, consistently making difficult decisions in the best interests of patients, staff, and the long-term sustainability of services. His ability to balance financial recovery with staff wellbeing and service quality makes him an exceptional leader and a truly deserving winner of the Greatest Leader.

RUNNER UP: Stephanie Wightman

I am honoured to nominate Stephanie Wightman for Outstanding Contribution to General Practice in recognition of her exceptional leadership, integrity, and sustained impact on patient care, organisational quality, and staff development at X, the LLR ICS and the NHS system as a whole. With almost 30 years of dedicated NHS service, beginning her career at the General Hospital, X has built her leadership on deep operational knowledge, compassion, and an unwavering commitment to excellence. As Head of Operations and Organisation Manager, she oversees the delivery of care to more than 70,000 patients across 12 sites, leading a workforce of over 200 staff. Managing services at this scale requires not only strategic vision but also consistent attention to quality, safety, and people — qualities X demonstrates every day. Stephanie has successfully led some of the most complex and challenging programmes in the organisation's history. She directed the highly successful Covid vaccination clinics, ensuring safe, efficient delivery at pace during unprecedented national pressure. She led a complex six-site practice merger, bringing teams, systems, and cultures together with clarity and stability. She has also overseen three site takeovers and driven the centralisation of back-office functions, significantly strengthening organisational resilience, governance, quality assurance, and patient safety. Beyond core operations, Stephanie oversees community services across the city and county, including wound care provision for much of the city and coordinated the Hot Hubs across LLR during the pandemic. Her leadership ensures equitable access to care for diverse populations, maintaining high standards across varied demographic and socioeconomic groups. She also champions student education, supporting the development of nurses, physician associates, and medical students — ensuring the future workforce is nurtured within a culture of excellence and support. What distinguishes Stephanie is not only her ability to manage complexity at scale but the way in which she does so. She leads with calm authority, professionalism, and empathy. During periods of sustained system pressure, organisational change, and operational challenge, she remains solution-focused and reassuring. Staff consistently describe her as approachable, fair, and deeply supportive. She balances organisational priorities with genuine care for individuals, creating an environment where people feel

valued, respected, and empowered to perform at their best. Stephanie is truly the glue that holds General Practice together. She fosters collaboration across multidisciplinary teams, encourages diverse perspectives, and builds trust through clear communication and accountability. Her leadership has strengthened governance frameworks, enhanced quality assurance processes, and maintained patient safety through significant transformation. At the same time, she has preserved the friendly, inclusive culture that underpins the organisation's success. Her commitment to developing others is equally impactful. She invests time in mentoring colleagues, encouraging growth, and recognising achievements. Many within the organisation attribute their own professional development and confidence to her guidance and belief in their potential. This investment in people has directly improved team morale, retention, and ultimately the quality of care delivered to patients. Stephanie's contribution to our practice and to General Practice more broadly has been profound and enduring. Her leadership combines strategic oversight with humanity, resilience with warmth, and operational excellence with compassion. She embodies the very best of NHS leadership and is richly deserving of recognition for her outstanding contribution.

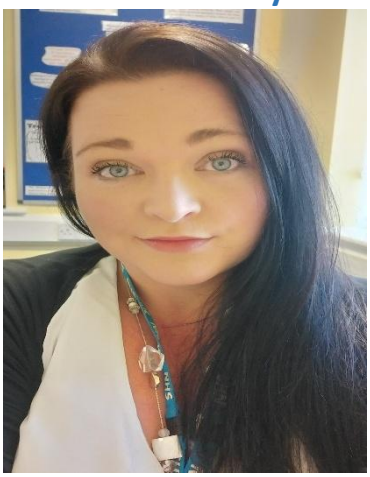
Rising Star

WINNER: Sarah Carter

Ms. Sarah Carter exemplifies resilience, compassion, and unwavering dedication to general practice. Hers is a true fairy-tale story of progression—from leaving school to become a receptionist, gaining an NVQ, advancing to Health Care Assistant, and now qualifying as an NMC-registered Nurse Associate. Every step of her journey has been characterised by hard work, humility, and a deep desire to help others. In October 2024, when she was just 34 years old, Sarah's life was turned upside down when she was suddenly and tragically widowed. Left to raise her two children—one at university and one still at school—while continuing her demanding Nurse Associate training, she faced unimaginable challenges. Yet through sheer determination, courage, and the support of her family, she persevered with her studies and successfully gained NMC registration. Throughout this time, Sarah served as an inspiration to all who knew her, showing that strength and compassion can coexist even in the face of personal tragedy. Undertaking multiple modules, assignments, and clinical projects, X demonstrated not only her academic ability but also her persistence, focus, and belief in lifelong learning. She is particularly passionate about developing the workforce in general practice and nurturing the colleagues who will carry primary care forward into the future. Since qualifying, Sarah has returned to the Medical Centre with renewed purpose and enthusiasm for patient care. She has broadened her clinical skills, training in cervical cytology and childhood immunisation—both vital services for the local community. Her passion for quality improvement led her to contribute to anticoagulation management, NHS Health Checks, and cardiovascular disease prevention, as well as to champion innovative projects that benefit patients and clinicians alike. Notably, she led the introduction of near-patient testing for D-dimer and CRP, initiatives that have improved diagnostic efficiency and supported antimicrobial stewardship. Sarah plays a vital role in promoting sustainable, team-based primary care across Leicester, Leicestershire and Rutland. She values collaboration, mutual respect, and inclusivity, and she understands that the heart of general practice lies in teamwork. As an informal mentor to Healthcare Assistants and students, she offers encouragement, guidance, and reassurance, helping others grow in skill and confidence. She naturally influences and uplifts those around her through her example, empathy, and professionalism. Sarah loves general practice and champions it every single day. She builds trusting relationships with patients and their families, providing care that is both personal and evidence-based. Her compassion and approachability make her a valued member of the multidisciplinary team, while her vision for

future practice reflects ambition balanced with humility. Her goal to progress to Practice Nurse and ultimately Advanced Nurse Practitioner is not only a career aspiration but a testament to her belief in continuous improvement and service to others. Behind every successful GP and every thriving practice are heroes who provide invaluable support—heroes like Sarah. Her dedication, integrity, and passion embody the very best of modern general practice. I strongly commend her for the Rising Star Award, recognising her exceptional contribution to patient care, her outstanding personal journey, and her lasting commitment to the future of sustainable, team-based primary care in Leicester, Leicestershire and Rutland.

RUNNER UP: Lucy Moore



I am proud to nominate Lucy Moore, Senior Social Prescriber, for the Rising Star category of the 2026 LMC General Practice Awards, in recognition of her outstanding contribution to the Federation and her tireless commitment to advancing social prescribing across the locality. Lucy has played a pivotal role in setting the gold standard for social prescribing within our area. Through her vision, leadership, and relentless dedication, she has helped shape and embed high-quality, person-centred social prescribing services that truly make a difference to patients' lives. Her work has not only strengthened the offer within individual practices but has also ensured a consistent, collaborative approach across all three PCNs. Lucy has been instrumental in the successful implementation of the Joy Marketplace, working proactively to embed this resource into everyday practice and ensure it is used effectively to support patients and communities. She has also demonstrated innovation and leadership through the development of a new scheme for LD and SEND CYP and their families. Lucy worked tirelessly to design, implement, and refine this role, ensuring the service was responsive, inclusive, and impactful, and her efforts have been central to its success. Lucy's influence extends beyond our local networks; her expertise and commitment to social prescribing have been recognised on a national platform. The team appeared on BBC News to discuss social prescribing work in Leicestershire, raising awareness of its positive impact and showcasing best practice to a wide audience. This public recognition is testament to the value and reach of her work. Lucy has built and leads a strong, well-established social prescribing team across our three PCNs. She puts her heart and soul into supporting her team, advocating for patients, and continuously improving services. Her passion, professionalism, and drive make her a true rising star, and her contribution deserves to be celebrated and recognised

LMC ANNUAL QUIZ

In addition, there was the annual LLR LMC Quiz (see Appendix One for questions and answers). The scoring was done by the LMC team who handed me two papers with 6, 7 written on them which confused me for a short while (if you know, you know).

Quiz Winner: Matthew Riley

Quiz Runner Up: Sian Sykes

Your LMC Board chill with Dr Phil Hammond at the end of AGM and Awards ceremony.

For comments or queries please email the LMC.

Return to top of letter

4. CONTRACT IMPOSITION FOR 2026/27 AND BMA ACTION.

In last month's final thoughts I included our first take on the contract imposition for 2026/27.

At the GPC England meeting on Thursday Feb 26th the proposed changes to the contract were scrutinised, debated and the offer from Government was voted on. Not unsurprisingly, the GPC overwhelmingly expressed their opposition to the changes. The GPC is now holding a referendum of all GP BMA members regarding whether you accept or reject the contract proposals. If you are a BMA member and have not received an email from Civica with a voting link please email: *GPContract@bma.org.uk*.

The LMC is not a trade union – this function is fulfilled by the British Medical Association. The LMC also has no direct affiliation to the BMA – we are an independent representative body. However, our assessment of the imposed changes is that they are bad for practices, bad for our patients, and bad for the health of the public. We encourage every BMA member to vote and express their views.

GPC E have been holding further webinars where they will discuss the new contract and what the next steps are for the profession. There is one more which you can register to participate in:

- Wednesday 18 March, 12-1:30pm – register here

These discussions are vital to the whole profession, and GPC E want your feedback and to bring you along with them so please feed in any queries you have to info.gpc@bma.org.uk.

Until we have the wording of the changes to the regulations/contracts it will not be possible to provide an interpretation or detailed advice.

Please note:

1. Details of the change to Advice and Guidance/Single Point of Access is included in section 5 below.
2. Until your practice has been provided with the Contract Variation Notice (revised wording of the contract) and you have either signed it or 14 days have passed then you do not need to make any changes. In previous years the notice has not been sent out until June or even as late as October.

THE LMC ADVISES PRACTICES NOT TO SIGN THE CONTRACT VARIATION NOTICE WHEN IT ARRIVES
THERE IS NO CONTRACTUAL REWQUIREMENT TO SIGN AND IT MAKES NO DIFFERENCE AS THE CHANGES ARE IMPLEMENTED AFTER 14 DAYS, BUT IT HIGHLIGHTS THAT YOU DO NOT CONDONE ANOTHER POORLY THOUGHT-OUT CONTRACT IMPOSITION.

Last year's contract imposition had the effect of causing a 5% step wise increase in attendances in ED. The imposition for 2026/7 will require increased clinical triage but also coding of what requests are and are not clinically urgent. This will further reduce GP availability, reduce access for non-urgent patients, and **further increase ED attendances**.

The funding for additional GPs is not new money but is recycled. As most practice money is used for staffing the irony is that practices are likely to have to reduce other staff (including clinical) to be able to utilise the funding.

For comments or queries please email the LMC.

Return to top of letter

5. ADVICE & GUIDANCE/SINGLE POINT OF ACCESS FOR REFERRALS.

In the 2026/27 imposed contract Advice and Guidance will no longer be a separately funded Enhanced Service but becomes part of 'core.'

The next proposed step is to move away from Advice and Guidance to a Single Point of Access. This will provide just one route for a GP regardless of whether there is a barn-door requirement for a referral or not.

As part of this NHS England has issued the document: "Elective Single Point of Access: Technical Guidance for 2026/27" which for reasons which may or may not be clear is unavailable on the NHS England website.

The guidance implies but does not explicitly state that the main purpose is to reduce the number of referrals (and therefore the secondary care waiting list) although it does include the statement: "We must evolve how outpatient care is delivered: how clinicians across settings work together, where care is delivered, and who is best placed to provide it." The document also makes it clear that the Referral to Treatment 'clock' does not start at the time of the GP SPoA referral, but only when the patient is "accepted onto a waiting list."

The guidance includes "this creates an early opportunity for primary and secondary care clinicians to discuss and review the patient's case and **agree** the most appropriate next step." It must not become a method of further dumping of unfunded or clinically inappropriate work onto general practice.

It also states that "a general practice clinical enquiry or referral is clinically reviewed and may result in advice, straight-to-test diagnostics, referral to an alternative service, or acceptance onto a consultant-led elective pathway." My reading is that this clearly states that if the referral needs to be redirected to a different speciality, then the hospital should do this.

The guidance states that "Commissioners should consider engaging with local medical committees (LMCs)." So far, the LMC has not been approached by the ICB, but we have raised with them.

The guidance clearly states that "Local guidelines should be discussed and agreed between the commissioner and primary … care providers." I only became aware of revised local guidelines when I was sent an email by the ICB telling me of the changes to both Gastroenterology and HPB Advice and refer model from 1st April 2026. We have made it clear to the ICB that no such change should be announced without prior agreement with the LMC about the pathways.

It appears that NHS England do not understand their policy and have not thought it through. On 12th March we learned that Dr Amanda Doyle (NHS England's Director for Primary Care) stated that she recognised that using the SPoA will mean "additional work in core general practice" and that this was funded via transfer of the A&G Enhanced Service funding into core funding (whilst conveniently forgetting that this funding was never meant to cover transfer of additional unfunded work from secondary to primary care but purely the admin costs), that Jess' rule should be recognised by trusts but "does not … create an automatic right to referral," whilst at the same saying that it "does not impact the referrer's decision to refer." But she did note "It also means the onus is not on the GP to decide whether a referral should be for advice and guidance or an outpatient appointment, or simply to obtain diagnostics that aren't accessible in the community," and I am so glad that she is worried about my befuddled GP state of mind and inability to decide whether my patient just needs advice or a referral.

We previously advised regarding wording that practices could add to the end of every A&G/Referral letter in our May 2025 Newsletter. We now suggest that practices consider using the revised wording as below:

The purpose of Advice and Guidance or Single Point of Access is not to act as a method of transferring hospital work to general practice, and we ask you to respect this.

If you believe that the patient should be considered by a different speciality then as per NHS England and local LLR Consultant to Consultant guidance please arrange directly without requiring the GP to arrange this.

Any pathway which includes an expectation that general practices must carry out additional investigations etc - in line with NHS England guidance - must be agreed with the Local Medical Committee in advance.

This A&G request includes preauthorisation to convert it to a referral. If your advice is that the patient needs to be referred, please convert without sending back for the practice to do this.

For comments or queries please email the LMC.

Return to top of letter

6. MEDICINES OPTIMISATION FRAMEWORK 2026/27.

The LMC Board considered the proposed MOF for 2026/27 and resolved to advise practices to consider not participating in view of the work involved compared with the amount of remuneration available. This article has been written by Dr Reema Parwaiz (LMC Board member and lead for medicines):

As part of the CBS, practices are automatically signed up to the Medicines Optimisation Framework (MoF). However, it is important to be aware that practices are not obliged to participate. You may choose not to engage with the MoF elements, but in doing so, you would not receive the associated £0.92 per patient payment which is proposed for the 26/27 scheme.

This year, the LMC has carried out a modest costing exercise to understand the true workload implications for an average practice. We deliberately used very conservative assumptions, including low hourly rates for staff and minimal time estimates, so the actual cost to practices will certainly be higher.

Below is an illustration for an 8,000-patient practice:

- Proposed MoF payment: £7,360
- Estimated cost to complete MoF requirements (excluding on-costs): £4,375.75. Estimated cost including standard employer on-costs (59.08%): £6960.94

- When you factor in that clinicians, pharmacists, and reception/admin teams would otherwise be completing core, income-generating work in these hours, the real financial impact is even greater. This gives a "headline gain" on paper: £300.06

This does not reflect the opportunity cost, the clinical pressures, or the staff time diverted away from essential patient care.

After reviewing the proposed MoF for 2026/27 in detail, the LMC cannot support it.

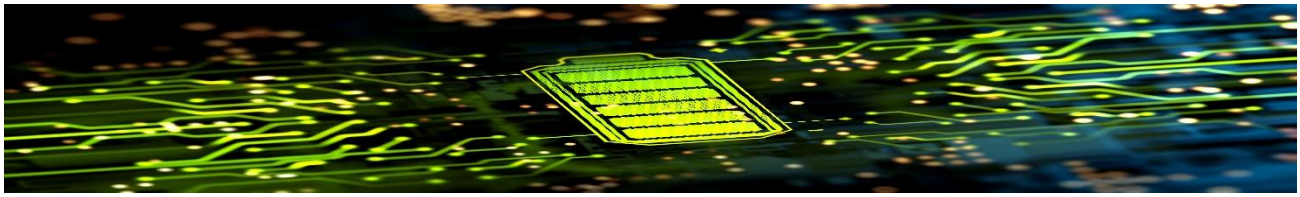
The workload expected of practices and their teams continues to rise, yet the associated payment does not come close to recognising the true cost, time, or professional expertise involved. GP practices and their staff deserve fair remuneration, realistic workload expectations, and a model of medicines optimisation that genuinely supports high-quality patient care.

We will be feeding this back strongly on behalf of all practices and will continue to advocate for a more sustainable and properly funded approach for the year ahead.

For comments or queries please email the LMC.

Return to top of letter

7. GENERAL PRACTITIONER MEMBER OF ICB BOARD.



Nominations for this post closes 5pm Tuesday 17th March.

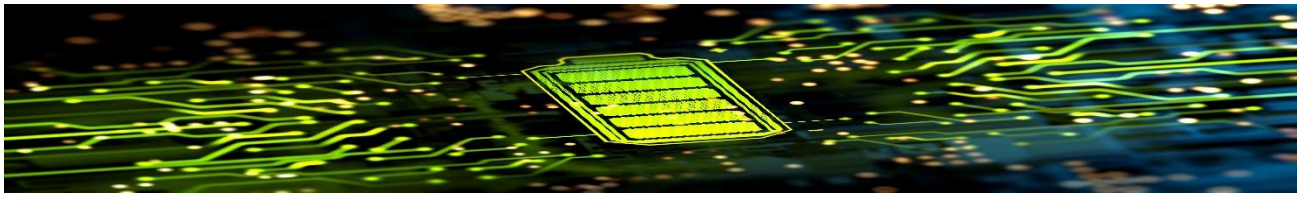
The LMC will be sending out a survey. This can be completed by any GP provider who is also a contractor (i.e. named on a GMS, PMS or APMS contract). The requirement limiting it to GP contractors is due to NHS England Guidance and the LLR ICB Constitution.

THIS IS NOT A VOTE FOR WHO YOU WANT TO BE APPOINTED. There is a requirement that whoever the ICB appoints, must have the support of wider general practice in LLR. The question is therefore for each individual nominated GP whether you would support them as being the 'voice' of general practice on the ICB Board. You may believe that all of them would have your support, none of them, or some of them. So, you can indicate 'yes' to as many of the nominated candidates as you feel appropriate.

For comments or queries please email the LMC.

Return to top of letter

8. HEALTH EQUITY PAYMENTS.



Health Equity payments were initially started in Leicester City CCG over a decade ago and then continued LLR-wide when the three CCGs merged into one ICB.

The payments are designed to try and partially ameliorate the Carr-Hill Formula which has been recognised for many years and in many national reports as no longer fit for purpose (ever Prof Roy Carr-Hill agrees with this). It does not distribute general practice core funding fairly to recognise workload, and due to this increases health inequalities.

The Health Equity payment has been externally reviewed and considered to have the potential to be beneficial in reducing Health Equities, and was lauded in the Fuller Stocktake.

The LMC is therefore disappointed that in addition to the payment being eroded over time as no inflationary increase has been provided, this year in addition to the reduction in value due to inflation, the ICB has resolved to reduce the overall amount by 10%. Due to the nature of the payment some practices will lose more than this in reals terms. This money is not coming back into general practice but shoring up other debts.

Yet again the Department of Health has promised a much-needed review of the funding formula, but as previously reported the GPC is being kept out of the discussions, and no progress has been reported.

If you have a chance, please raise this retrograde step with patients, local councillors or your MP.

For comments or queries please email the LMC.

Return to top of letter

9. 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.

All LLR LMC podcasts and other video content can be found on our YouTube channel.

Featured Podcast

- 2025 05 21 Interview with Louise Pinder, HM Senior Coroner, Rutland, and North Leicestershire.
- December 2025 An LLR LMC Christmas carol

Monthly Podcasts

- March 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams
- February 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams
- January 2026 LLR LMC Podcast - Conversation between Charlotte Woods and Grant Ingrams
- December 2025 LLR LMC Podcast
- 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

- 2026-02-09 TPP Automate Induction
- 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 December 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.

Return to top of letter

10. UPCOMING LMC EVENTS.

Please find below confirmed LMC events. Book early to avoid disappointment as they are often over-subscribed.

If you have any suggestions about any additional topics that the LMC could cover in future, please let the LMC know.

An up-to-date list of all upcoming LMC Training and Events is available on the LMC Website.

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

Tuesday 17th March 2026, 12.30pm to 2pm
Meet the new CQC Team

THIS MEETING HAS BEEN CANCELLED BY CQC, DUE TO A DECISION TO CHANGE THE ASSESSMENT PROCESS.

Return to top of letter

11. 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.

Return to top of letter

12. 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

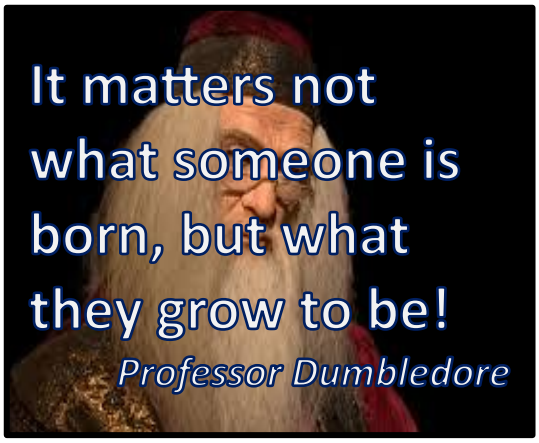
Return to top of letter

13. FINAL THOUGHTS

What's in a Name?

I have always been proud of being a General Practitioner.

For years I have ignored comments like 'we thought you were better than that' (from my mother, other relatives and non-GP medical colleagues), and comments from patients including 'you are only a GP,' and 'couldn't you pass the exams to be a consultant.' I am in the position to be able to regularly ripost that I was previously a consultant but changed as I wanted to be a proper doctor. Only a fortnight ago on telling a hospital HCA that I worked as a GP she replied 'so you chose the easy job then.'



Having done the job for more than 3 decades I am comfortable in my work skin, but still find such comments irksome, especially when used to imply that GPs have a lower status than other specialists.

It is only in very recent times that the BMA been able to negotiate the same rate for DVLA reports for consultants as GPs (see January Newsletter), but there are still asignificant differences for other fees (eg Criminal Legal Aid hourly Remuneration – £79.20 for GPs compared with £108.00 for a medical consultant.)

The term Consultant is not a reserved term and for a long time I, like I suspect all of you, have been bemused to be written to in condescending terms by Nurse Consultants, Physiotherapy Consultants and even Consultants in Podiatry.

A study many years ago compared the job weight of various medical specialities and general practice came within the middle of the pack with a higher job weight than many hospital specialities (I cannot find a citation for this at the time of writing – does anyone have this?).

For many years I have recommended that GPs should refer to themselves as Consultants. My own practice have changed our letter heading and notices to use the name 'Consultant in Primary Care' and I have noticed that a growing number of GPs include a similar title (eg Consultant in General Practice) at the bottom of their emails etc.

So what happens when you do this? From experience, not a lot. The sky did not fall in and there were no challenges. My staff say that they have noticed a positive difference in the way some patients interact with the practice – showing a modicum of increased respect. Interestingly, the staff also appear to feel more proud when telling patients that they work for a Consultant or the patient's appointment is with a consultant.

So why do it? A powerful-sounding job title can be considered by the public as signifying higher status. Nobel Laureate economist John Harsanyi concluded that, **aside from economic reward**, social status "seems to be the most important incentive and motivating force of social behaviour."

Daniel Cable et al (University of Pennsylvania and the London Business School) asked hospital workers to give themselves new job titles. The workers reported lower levels of emotional exhaustion after five weeks, and an 11% decrease in reported burnout.

Sociology professor Jeffrey Lucas **found** that giving high-performing employees a high-status job title could stop them from leaving. He carried out two experiments and discovered that workers with important-sounding job titles "displayed greater satisfaction, commitment, and performance and lower turnover intentions" than those who did not.

This is the same reason why most Local Medical Committees have changed from having a 'Medical Secretary' to Chief Executive and 'Lay Secretary' to 'Operations Manager' or similar. I noticed a difference in the way others have approached me in meetings and corespondence since LLR LMC changed the title of my role.

It would be better if we could educate colleagues and the public to properly respect the title 'General Practitioner' and our specialist role, but despite the absolutely super things you achieve I think that battle is well and truly lost.

So I recommend that all practices adopt a change in name for their GPs to 'Consultant' and win back some of the lost public respect, and increase the self-esteem of your GPs and the whole practice team. JDI!

Best wishes.

Grant Ingrams

Dr Grant Ingrams

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

P.S. As some of you already know I have an operation planned for the week commencing 16th March, so will not be around for a while. Our fantastic LMC office and team will still be fully operational and holding the fort. This is not farewell but purely au revoir until I am back.

APPENDIX ONE:

Quiz of the Year 2025/26

No medical or other expertise needed. All the questions are taken from the LMC newsletters and/or podcasts. There is one from each month between March 2025 and February 2026

FIRST PRIZE: £30.00 in Vouchers

SECOND PRIZE: £20.00 in Vouchers

TICK **ONE BOX** FOR EACH QUESTION.

PRIZE AWARDED TO THE 2 PEOPLE WITH HIGHEST RESULTS. IF MORE THAN ONE PERSON GETS 100% CORRECT, THEN WINNER AND RUNNER UP WILL BE CHOSEN AT RANDOM.

LMC BOARD MEMBERS SHOULD COMPLETE BUT WILL NOT BE AWARDED ANY PRIZE AS THEY SHOULD KNOW ALL THE ANSWERS ANYWAY.

Your Name: ..... Contact Number: .....

1 MARCH 2025: This month the LMC announced a change due to implementation of Section 57 of the Environment Act 2021. What was this?

a) All new or extended practices must install solar panels ❑
b) Food waste must be separated from other recycling ❑
c) ICBs must recycle hot air generated in meetings for heating ❑

2 APRIL 2025: The LMC reported the launch of a new service called PSS. What does this stand for?

a) Practitioner Specific Support ❑
b) Personalised Service for Specialist-GPs ❑
c) Pastural Support Service ❑

3 MAY 2025: This month we included advice about the use of Artificial Intelligence. It included a reference to an article written by Dr Ingrams in 2017 where he concluded that GP work could not be replaced by an AI EMH. What does EMH stand for?

a) Emergency Medical Hologram ❑
b) Extra-Material Hallucinations ❑
c) Encryption Medical Heuristics ❑

4 JUNE 2025: The LMC advised practices about two patient safety issues. What were they?

a) Letters from other providers and NHS App ❑
b) NHS App and Delayed letters from UHL ❑
c) TCS service and Letters from other providers ❑

5 JULY 2025: This month the LMC gave their critique of the NHS 10-year plan using the name of a film to describe it. Who starred in the 1966 film?

a) Cary Grant ❑
b) John Wayne ❑
c) Clint Eastwood ❑

LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

6 AUGUST 2025: In his final thoughts, Dr Ingrams quoted work by Barbara Starfield in which she included the relationship between primary care physicians and?

a) Improved mortality associated with cancer and heart disease, neonatal mortality and life expectancy ❑
b) Reduced health care costs, and more efficient hospitals ❑
c) Competent Departments of Health ❑

7 SEPTEMBER 2025: The LMC reported that the GPCE had voted to be in formal dispute with the government on what grounds?

a) Patient Safety, Underfunding, and Contract Imposition ❑
b) NHS 10-Year plan is likely to lead to Extinction of GPs ❑
c) Patient Safety, Workforce Wellbeing and GP Risk ❑

8 OCTOBER 2025: This month we highlighted that NHS England had made one or more errors regarding the Autumn Covid Vaccination campaign. How many errors had they made?

a) One ❑
b) Two ❑
c) Five ❑

9 NOVEMBER 2025: We reported on a strange case of Artificial Intelligence Hallucination. What was it?

a) AI sent a supportive letter to Wes Streeting from the LMC ❑
b) AI made appointment for patient which did not exist ❑
c) AI diagnosed severe case of premature tinsillitis ❑

10 DECEMBER 2025: The LMC released a spoof on A Christmas Carol as a seasonal special Podcast. What champagne did Ebeneezer Streeting drink?

a) Taittinger ❑
b) Louis Roederer ❑
c) Don Perignon ❑

11 JANUARY 2026: This month we reported that the BMA had negotiated an increase in the DVLA payment for completing reports. Which of the following statements is true?

a) General practices can charge the DVLA any reasonable fee ❑
b) General practices must charge only £62.50 from 1/4/2026 ❑
c) General practices will be paid less than consultants ❑

12 FEBRUARY 2026: The LMC AGM and Awards evening was publicised with the byline "I've been waiting for this moment for all my life." Who did the LMC plagiarise this line from?

a) Professor Dumbledore ❑
b) Phil Collins ❑
c) Wes Streeting ❑

Now hand in your Quiz with the feeling of satisfaction that you have made it to the end. Sit back and network with those around you.