

“Current national governmental health policies will continue to erode general practice leading to even further reduction in the health of the nation” said LLR LMC.

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Immediate Release

LLR LMC supports the call by the British Medical Association for General Practice to reject the imposed contract changes for 2026/27 which are bad for practices, bad for patients, and will lead to further reduction in the health of the nation.

General Practitioners owe it to their patients to yet again take a stand on their behalf.

Until the Secretary of State for Health and Social Care and their policy makers start to read, understand, and then implement policies in line with the massive amount of national and international research showing that investment and support of general practice is the only policy which leads to better quality, higher productivity and lower cost health care, no improvement will ever be experienced by our patients and the greater population in their healthcare services and outcomes.

Leicester, Leicestershire and Rutland Local Medical Committee is the only independent body that has a statutory duty to represent the 700 general practitioners and 126 practices in Leicester, Leicestershire and Rutland currently by virtue of the NHS Act 2006.

We have on multiple previous occasions raised the same issues, including writing to local Members of Parliament and the Secretary of State for Health and Social Care. However, our previous concerns have been ignored and our predictions about further deterioration in services and the health of our patients continues to suffer have proved to be an accurate forecast.

Dr Grant Ingrams, Consultant in Primary Care, and Chief Executive of the LLR Local Medical Committee said “There is a huge undeniable amount of national and international data that shows that supporting and investing in general practice is the only national policy which leads to increased productivity, better financial control, and better health outcomes. It therefore beggars belief that once again imposed changes onto the NHS for 2026/27 is deaf to this evidence, and indeed undermines it even further.

Dr Ingrams added, following last year’s imposed changes to the General Practice contract the LLR LMC predicted decrease rather than improvement in services.



From the 1st October 2025 locally we experienced a 5% stepwise increase in patients attending Leicester Royal Infirmary Emergency Department, and outcomes like neonatal mortality within Leicester City dropped to the second worst in England, which can be directly attributed to Leicester City having the second lowest ration of GPs per head of population in England.

These changes did not represent an example of Rumfeld's unknown unknown, as they were completely expected outcomes of the national policy when put into context with the known evidence base.

Dr Ingrams said: "it becomes harder and harder to ignore that our current Secretary of State and their national health policy makers appear to be unable to read, assimilate, understand, and act upon the evidence from previous research and indeed reports that they have commissioned. Whether this is due to an innate stupidity, stubbornness to change their mind set, or, as we suspect, due to an underlying unjustifiable hatred of general practice is hard to say."

Dr Ingrams concluded that what is needed by our patients, the general population and for the health of the nation is the following:

The DHSC must immediately reverse the trend as included in their own initial stocktake of the NHS, and deliberately, over a planned period of time, increase the amount of NHS resources invested in general practice from the current 5.9% to the previous 12% when the NHS most recently led all international studies as being the most efficient health service with best outcomes.

The DHSC must undertake never again to implement changes to the General Practice contract which has the ability to save or sink the NHS without consultation and agreement with our nationally elected representatives who know what they are talking about.

The DHSC must also agree within the next year to negotiate and agree a changed formula for distribution of funding to individual practices which recognises the different workload, challenges and health inequalities created by different demographics.

Finally the DHSC must abandon the increasing amount of micro-management of general practices and give them the flexibilities to be able to treat their patients as they have been trained and understand how to do so. For avoidance of doubt this must include abandoning the requirement that GPs can no longer refer patients to see a specialist when this is needed with the DHSC wanting to see at least 25% rejected, and that NHS Trusts as the least productive, most financially insecure part of NHS must be barred from taking over general practice contracts which at present are the most productive and financially robust. Healthcare must never descend into 'the computer says no' scenario.

Once again the NHS stands before a great abyss. The evidence is that investing and supporting general practice will allow a large step to be taken backwards to save the NHS and benefit the whole population. However, without change, LLR LMC predicts that current DHSC policy will just take the NHS on one further large step forward with the inevitable and completely predictable result of a failed NHS, and further reduction in healthcare and the health of the nation.

Dr Adam Crowther, General Practitioner and Chair LLR LMC said: “The DHSC must listen and act upon the asks of general practitioners to save the NHS. In essence it is really very simple - resource general practice appropriately and the rest will follow. The difficulty that we face at the moment is that the longer DHSC procrastinates the longer it will take and the more the difficult it will be to resolve. Patients deserve much better than this.”

Notes to Editors:

1) The Leicester, Leicestershire and Rutland Local Medical Committee is an independent elected representative body with a statutory function to represent NHS GPs in this area. First established in 1911, they currently work under the NHS Act 2006.

2) See letter attached

3) All statistics and data are from NHS Executive or Government sources.

4) Dr Grant Ingrams, is a Consultant in Primary Care at Oakmeadow Surgery, Glenfield, Leicestershire and LLRLMC Chief Executive and Press Officer, 07973 630838.

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5) Dr Adam Crowther is a General Practitioner at Oakham Medical Practice, Oakham, and LLR LMC Chair.