



June 2026

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

Dear Colleagues

## LLRLMC NEWSLETTER

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

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

[JUNE PODCAST](#)  
[GRANT INGRAMS, FAHREEN DHANJI AND CHARLOTTE WOODS IN CONVERSATION](#)  
[\(25 MINUTES\)](#)

### SUMMARY OF THIS MONTH'S MUST DOS:

- THERE STILL HAS BEEN **NO CHANGE TO THE GP CONTRACT YET**, AND **DO NOT SIGN THE CONTRACT VARIATION NOTICE**. [SEE SECTION 6 FOR MORE INFORMATION](#).
- Ensure your practice is engaging with collective action – finding out about what data sharing you are signed up to, and the additional action of turning off/ignoring [Medicines Optimisation Software](#).

### TOPICS IN THIS NEWSLETTER:

- 1) [LMC Meeting June 2026](#)
- 2) [List Cleansing](#)
- 3) [Mounjaro for Weight Loss](#).
- 4) [Practice Managers Support Update](#)
- 5) [UHL Gala Awards Evening](#)
- 6) [Contact Imposition for 2026/27 and Collective action](#)
- 7) [Gastroenterology and TTO Letters](#)
- 8) [Joy App](#)
- 9) [Prescribing for Smoking Cessation](#)
- 10) [GP IT Operating Model / IT Support](#)
- 11) [Podcasts](#)
- 12) [Upcoming LMC Events](#)
- 13) [Advertise your Job Vacancies Free with the LMC](#)
- 14) [Available to Work](#)
- 15) [Final Thoughts](#)

Following on from last month's newsletter article on **fear of flying** the LMC has now developed a poster that can be displayed by practices or shared on social media. Click on this box to download.

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](#)

## 1. LMC MEETING – JUNE 2026



The LMC Board met on 10 June 2026. This was the first board meeting held in the meeting room associated with the new LMC offices which greatly reduces the cost of our meetings. Board members were given a tour of the new offices which are much more spacious, flexible and will future proof the LMC for a long time. Overall, the total revenue cost is less than before.

Mr Richard Mitchell (CEO, UHL) and Dr Gang Xu (MD, UHL) attended the meeting and gave an update on ongoing issues. The Board discussed the future of the LMC, business continuity, and how to fill executive positions as they become vacant (Chief Executive, Deputy Chief Executive, Chair, Treasurer). The Board resolved that this should be as per the constitution – i.e. that initially there should be consideration whether any current members of the board have the right knowledge and skills and would be willing to undertake the role. If this would not be possible the LMC would then advertise any unfilled post across LLR and wider afield. If someone was appointed there would be an expectation that they would also become a board member and director of the limited company.

The next routine elections to the board are scheduled for Autumn 2026. The board discussed that the timing of such a potential large organisational change should be postponed, but it was resolved that these elections which are for half of the board (6 places) should go ahead as planned. If you are interested in standing, please contact Charlotte, myself or one of the other board members for an informal chat and I would strongly encourage you to attend at least one LMC meeting as an observer before the election. We will also be electing a new GP Registrar board member at the same time, so please encourage any potential candidates who are currently working for you to apply. Finally our two Practice Manager positions will be up for re-election at the same time. **YOUR LMC NEEDS YOU!**

A final-year medical student who aspires to be a GP attended to observe the LMC Board ‘in action.’ If you have never attended an LMC Board meeting, but would be interested to see what happens, please email [enquiries@llrlmc.co.uk](mailto:enquiries@llrlmc.co.uk). This is open to any Medical Student, GP, GP Registrar or Practice/PCN manager working in LLR.

The board had a further discussion about practices who are not contributing to the voluntary levy. Many of those practices who were not paying have now agreed to pay but there is still a small minority of practices that are not. The LMC resolved to contact these practices individually again. The LMC resolved in the spirit of fairness that the LMC would need to be clear when practices who are not paying the voluntary levy ask for help from the LMC, that the LMC is transparent at advising what support is funded by the voluntary levy and therefore they cannot be provided with. If your practice has decided not to pay it would be very helpful for our understanding if you could tell us why you have reached this decision, and whether it would be helpful for one of our team to talk to your managers and partners.

The LMC has an ongoing concern about the advice and support practices are provided with regarding information governance. We had concerns about the quality of the previous ICB-provided DPO role and note that this contract has come to an end and the ICB has now provided details about the newly commissioned service which starts from 1 July 2026 (see below). Please provide feedback regarding the new service and the LMC will consider whether the new service is fit for purpose and whether there are still gaps in the service provided.

Information from the ICB about the replacement DPO service:

*Further to a recent tendering process, we are pleased to advise of the new provider for the DPO / Information Governance (IG) service for practices across both Leicester, Leicestershire and Rutland (LLR) ICB and Northamptonshire ICB.*

*This provision will replace the services currently provided by ML CSU, which many practices have utilised over recent years.*

**From 1 July 2026, the service will be provided by: MIAA**  
(Liverpool University Hospitals NHS Foundation Trust)

**Contact details for any Information Governance / DPO enquiries:**

Email: [infogov.nllr@miaa.nhs.uk](mailto:infogov.nllr@miaa.nhs.uk)

Telephone: 0151 285 4500

*This service will be accessible to all practices. However, practices may still choose to adopt their own DPO provision if they wish to do so, at their own cost. This will not prevent practices from accessing the central service for IG advice.*

*As this service is mobilising at pace, further details will follow. Please look out for additional communications. In the meantime, from 1 July 2026, if you require DPO / IG support, please contact MIAA using the details above.*

[Return to top of letter](#)

---

## 2. LIST CLEANSING.



The GP Regulations make provision for the NHS to remove patients from practice lists if they no longer believe that they are receiving services from the practice.

This 'list validation' is undertaken by the PCSE. They identify patients who may no longer be registered using the six groups below and then send this list to the practice for checking:

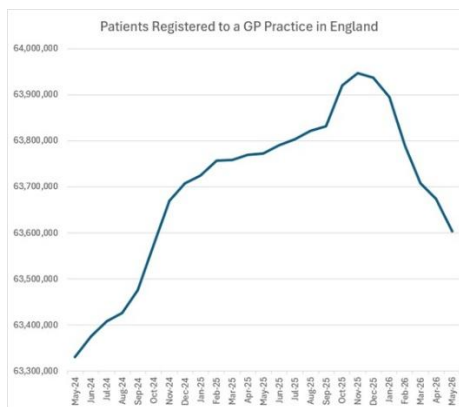
- patients aged over 100
- patients that migrated to England one year ago (transient)
- patients registered at an educational facility for four or more years (students)
- patients aged under 16 showing as the sole occupier of a property (orphans)
- properties the Royal Mail report as demolished (demolished properties)
- properties with eight or more registered inhabitants (multiple occupancy)

On receiving the information from the practice if they agree they will take no further action, other than deducting any patients that the practice identify using the usual process. However, they can start the 'FP69' process which places a flag on the record and then if they do not receive any update on the address etc, or re-registration they remove the patient regardless. The FP69 process used to give a 6-

month window to the practice to sort through the patients, but in 2025 this was shortened to a [3-month window](#).

From time to time the DHSC/NHS England has stepped up the process, to be more akin to a list cleansing mainly for the purpose of reducing NHS costs by reducing payments to practices and meaning that many patients are inappropriately removed from their GP's list.

Although we have not received any reports of this happening recently in LLR yet, it has resulted in significant list reductions for practices in other parts of England causing cash flow problems. It is estimated that the loss so far to general practice is about £100million which will be recurrent because on the total number of registered patients as per the graph below (courtesy of Dr Matt Meyer BBOLMC):



As [Dr Helen Salisbury recently observed in the BMJ](#), “While no one argues that practices should be funded for patients who have genuinely moved away, the consequences of large-scale list reductions cannot be ignored. These deductions translate directly into lost clinical capacity, reduced staffing flexibility and increased financial instability.”

[Read the GPC's 'focus on' guidance on patient list cleansing](#)

If you notice this affecting your practice, please [let the LMC know](#).

For comments or queries please [email the LMC](#).

[Return to top of letter](#)

---

### 3. MOUNJARO FOR WEIGHT LOSS AND QOF.



Just a reminder that the ICB has still failed to commission a service to provide Mounjaro (tirzepatide) for weight loss, which as per our previous newsletter we believe is unlawful.

Please advise your patients, especially those who meet the NICE guidance, that the ICB has made the decision not to provide this service, and they should direct complaints to the ICB and their MP.

Complaints can be submitted to the ICB via

- **By telephone:** 0116 295 3405
- **By email:** [llricb-llr.complaints@nhs.net](mailto:llricb-llr.complaints@nhs.net)
- **In writing:** Corporate Governance Team, NHS Leicester, Leicestershire & Rutland ICB, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester LE3 8TB

As per previously, as the ICB has not commissioned a weight reduction service, practices can add a Personalised Care Adjustment (Exception Reporting) by using the code [999037061000230108](#) to exempt patients from the Obesity areas. This is as per version [51 of the Datasets and Business Rules](#).

A template letter for practices to provide their patients can be downloaded from the LMC Website: [local-GP-Tirzepatide-Implementation-and-Management-Weight-Management-Service.docx](#)

For comments or queries please [email the LMC](#).

[Return to top of letter](#)

---

### 4. PRACTICE MANAGERS SUPPORT UPDATE

We have expanded practice templates and protocols so practices welcome to adopt as wish, and this now includes the CQC toolkit which we mentioned in the last newsletter, any feedback or support required on using this, please let us know

In the last LMC newsletter, we spoke about patient requests for medication for flying – we now have a poster available on link to say to patient to not ask for the medication

Our chaperone guidance is available following changes and practices are welcome to use to develop a policy, we have raised the impractical approach and cost this will have on practices.

We are aware that the Minor Surgery DES has still not been sent to practices with sign up but will be coming out from East Midlands Primary Care Team shortly.

## 5. UHL GALA AWARDS EVENING.



Once again UHL has kindly offered to host an award for general practice at their evening extravaganza award ceremony on the evening of Friday 3rd October at Athena Leicester, Queen St, LE1 1QD.

Nominations can be made by any general practitioner, practice or other manager, member of practice staff, or patient. The award will be to recognise the “GP who has made the greatest positive impact on General Practice in LLR in the last year.” THIS AWARD IS OPEN TO ANY GENERAL PRACTITIONER PERFORMER WORKING IN LLR.

**The nominator will need to provide a supporting statement of up to 300 words, which should indicate how the nominee has fulfilled one or more of the following criteria:**

- **Provided leadership to general practice.**
- **Developed new service(s)**
- **Supported the development of general practice.**
- **Supported diversity, inclusivity, and/or health equality.**

**Nominators should include specific example(s) of how the nominee has achieved one or more criteria, and what impact it has had.**

**The closing date for nominations is 31<sup>ST</sup> July 2026. The LMC with UHL will arrange shortlisting, and the three shortlisted nominees will be invited to attend the award ceremony with their nominator where the winner will be announced and presented with an award on Friday 2 October at a Gala Dinner at Athena in Leicester.**

**This is a great opportunity to celebrate a colleague whose great work has gone unrecognised**

[Click here to nominate a GP.](#)

My view is that we do not recognise and highlight the excellent work done by GPs and their teams enough, which is why I asked UHL for us to be part of their award ceremony and why I started the annual LMC awards.

I have been fortunate to have received various accolades over the years and was humbled earlier this month to be presented with an award by the British Medical Association for “distinguished service” and “sustained dedication to the working lives of doctors.” (See photo to right of me being presented with award by Professor Farah Bhatti OBE, BMA President) So, if you know a GP, or another team member who continues to dedicate themselves to general practice, please ensure you nominate them for this UHL award or for one of the annual LMC Awards.



*Dr Ingrams and Prof Bhatti*

For comments or queries please [email the LMC](#).

[Return to top of letter](#)

## 6. CONTRACT IMPOSITION FOR 2026/27 AND COLLECTIVE ACTION.



**FIRST IMPORTANT: AS OF YET THERE HAS STILL BEEN NO CHANGE IN CONTRACT FOR ANY PRACTICE (REGARDLESS OF THE RECENT ERRONEOUS NHS BULLETINS). PRACTICES DO NOT NEED TO MAKE ANY CHANGES AT PRESENT AND SHOULD CONTINUE TO WORK AS PER LAST YEAR'S CONTRACT AS IMPLEMENTED ON 1<sup>ST</sup> OCTOBER 2025.**

For the detail about what must happen before the contract changes become contractual, please see the [LLR LMC April Newsletter](#). The secondary legislation to update the regulations have now been laid in parliament: [The National Health Service \(General Medical Services Contracts and Personal Medical Services Agreements\) \(Amendment\) Regulations 2026](#). These regulations state that they come into force by 15<sup>th</sup> June 2026, but MPs and Lords have until 6<sup>th</sup> July to make objections to it. The parliamentary legislation website makes it clear that the NHS [\(GMS Contracts\) Regulations 2015](#) have NOT been updated with the changes in the amendments regulations.

Once the regulations have been updated NHS England/DHSC will then need to issue a Contract Variation Notice. The change in practice's contracts will only occur after they have either signed the notice, or a period of 14 days has passed since they were issued with it.

**THE LMC ADVISES PRACTICES NOT TO SIGN THE CONTRACT VARIATION NOTICE WHEN IT ARRIVES**

**THERE IS NO CONTRACTUAL REQUIREMENT 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.**

## COLLECTIVE ACTION

The BMA remains in dispute with the government regarding the proposed contract changes for 2026/7. Last year we predicted that the 2025/26 contract would make things worse rather than better, and this was borne out by an immediate 5% increase in attendances at ED of low acuity patients who could have probably been better dealt with in general practice if we were given the right level of funding and support. We predict that the 2026/27 contract changes will have a further deleterious effect in general practice. THE LMC THEREFORE STRONGLY ADVISES THAT PRACTICES PARTICIPATE IN THE BMA COLLECTIVE ACTION.

There are currently two quite straight forward parts to the Collective Action. If you have any concerns or there is any other reason why your practice has decided not to participate in collective action, please [let the LMC know](#) so we can feed this back. **The GPC intends to add an additional Collective Action each month.** The more practices join in the greater the pressure there will be on NHS E/DHSC and the more likely that the contract changes will be overturned.

## GP COLLECTIVE ACTION MAY 2026 – DATA SHARING AGREEMENTS

We are aware that some practices are unsure what benefit this action may bring. At present it is still in the ‘information gathering’ stage, with a view that at some point the BMA will be advising practices to disable some sharing, or not to sign up to new sharing. You will recall the almost instantaneous and massive effect we achieved when local practices turned off sharing with LPT which resulted in a solution being found for a patient safety issue which was also putting practices at risk within days when we had been told for 8 years previously no solution could be found.

Like our local action about sharing, this action has the capacity to reduce the liabilities on a partnership, and it will impact integrated care systems and the wider NHS Government agenda which is increasingly seeing a ‘left shift’ of work from hospitals into practices, without any commensurate resource to meet the challenge.

Action for practices:

- **If not already done so to write to the ICB’s CICO (Dr Rowan Sil) using the template advised by the GPC E. A localised version of the letter can be [downloaded here](#).**
- **Refer any new DSA requests to the BMA via [gpcontract@bma.org.uk](mailto:gpcontract@bma.org.uk)**
- **Carry out an audit of all existing DSAs that your practice is signed up to – see our [guidance >](#)**
- **Initiate a conversation with your PPG (patient participation group)**

Dr Rowan Sil (CCIO, LLR ICB) has sent a generic letter in response to the BMA letter to practices. His letter is correct in that the ICB may not know about every data sharing agreement every practice has in place. We recommend that once you have Dr Sil’s reply that you then contact your Data Protection Officer (DPO) and ask whether they are aware of any additional data sharing agreements that the practice has in place.

The GPC has prepared a [range of resources](#) to help practices understand the need to take part in this collective action.

Taking part in this action will both help your practice stay safe and put further pressure on the Government to build on the progress made and secure safeguards for practices to be able to deliver their GMS contract safely. The action is straightforward and does not breach your contract. As we have experienced in LLR if practices work together this is powerful and can force positive change for general practice. The ICB has recently sent a DSA for a process to switch inhalers – practices could consider declining this, on the grounds of being part of collective action (on grounds of DSA and medication switch).

Access the GPC's guidance on their [campaign page](#) with the latest updates and guidance about the 26/27 contract changes and our dispute with Government, to help support you and your practices

## GP COLLECTIVE ACTION JUNE 2026 – MEDICINES OPTIMISATION SOFTWARE

GPC E issued the following message about the next phase of Collective Action:

*“The next action, from 1 June, is where we ask you to remove or ignore any non-contractual medicines optimisation software and amend your choices of acute prescriptions which may fall outside the remit of the ICB formulary. For example, issuing a branded or liquid formulation may still be a perfectly acceptable and justifiable choice for the care of the patient in front of you in the consultation. This action would not go so far as to breach any regulations pertaining to you or your contract. We know some of you may have this software added onto your system as part of a locally commissioned service and we will issue more guidance in the first week of June, unless action can be averted by Government. Your LMC will also be able to advise further on this in due course. We are not asking you to take this action now, but will write to you again in June, if this planned escalation cannot be averted.*



*The LMC has considered how this year's MOF may be affected if practices stop using Optimize Software. There is no requirement as part of MOF or otherwise for practices to use the Optimize Software.*

*The LMC view is that this year's MOF is unviable with the cost of delivering the requirements likely to be more to practices than the funding available.*

*The only part of MOF which may be affected by turning off Optimize is reducing OTC prescribing. If your practice decides to keep Optimize turned on due to this, please encourage clinicians that for suggested changes which are not related to this goal, they should ignore changes on the basis of cost alone, but should prescribe the medication and formulation as they believe is on the best interest of the patient in front of them.*

After Wes Streeting's resignation, we have [written](#) to the new health secretary, James Murray, to request an urgent meeting to resolve the current dispute arising from the imposed 2026/27 GP contract. [Read the BMA response statement >](#)  
[Return to top of letter](#)

---

## 7. GASTROENTEROLOGY LETTERS AND TTO LETTERS

Thank you to those practices who raised with the LMC that gastroenterology letters had suddenly become many pages longer not least due to the inclusion of some at times very pretty photographs, but which are of no clinical importance to general practitioners or their patients. After much repeatedly pressure from the LMC the hospital identified the problem being with their software provider which has now been rectified, so practices should now only receive the summary sheet which includes the findings, clinical interpretation, and advice regarding management. Please let the LMC know if you notice any further similar problems.

Working closely with UHL means that frequently they now inform the LMC if there is an issue that may affect general practices. One recent example is that UHL noted a problem with TTO letters being issued following day cases due to an update in the UHL Nerve Centre software. This happened on 10<sup>th</sup> June and had been resolved by the 12<sup>th</sup>. 15 patients were affected and the correct TTO letters were sent electronically via MESH after a 36-hour delay. If this caused your practice any significant problem or even patient harm, please let the LMC know.

For comments or queries please [email the LMC](#).

[Return to top of letter](#)

---

## 8. JOY APP.



The LMC has become aware that the ICB is again recommending that practices enable the write back feature on the Joy Case Management Service (CMS).

As we have reported before the issue is that when this happens it records someone logged on within the practice as having made the entry which is erroneous. This has led to patient complaint who noted that when accessing their record via the NHS App it (erroneously) showed a GP had been in their record who they did not want to have access to their record. The LMC is also concerned regarding possible liability on the practice, if the advice recorded in the entry led to patient harm.

No change has been made to the software, so the above error still exists. Practices should ensure they gain advice from their DPO before enabling the writeback feature and should consider adding to their risk register.

In essence the LMC's view is that this still is a breach of the [4<sup>th</sup> data protection principle of article 5 of the UK GDPR](#) which requires data to be 'accurate,' and so if there were a complaint to the Information Commissioner's Office regarding this, the ICO could find the practice in breach and they have the right to fine the practice if they are so minded.

In summary we would advise practices not to take the risk and not to sign up to the Joy CMS Writeback feature.

For comments or queries please [email the LMC](#).

[Return to top of letter](#)

---

## 9. PRESCRIBING FOR SMOKING CESSATION.



Practices are still receiving requests to prescribe medication to assist in smoking cessation. As per newsletters passim, practices are neither contracted nor funded to provide this service.

We have contacted both smoking cessation services that cover LLR. They advise that they are still working on implementing Patient Group Directions once again to enable the services to be able to prescribe, but these are still being developed.

To aid practices the LMC has [produced a poster](#) explaining the situation to patients which you may wish to add to your Facebook or other social media, or print out to display in the surgery.

Please [let the LMC know if you have any further questions or concerns about this](#).

[Return to top of letter](#)

---

## 10. GP IT OPERATING MODEL AND IT SUPPORT.



The LMC regularly gets asked what IT are practices entitled to, and what support.

This is set out in the GP IT Operating Model which has been updated for this year.

The local details are supposed to be provided to practices in writing and updated yearly. This has been as schedules to the CCG-Practice agreement which was written in 2018 (DOI I was one of the authors). This was supposed to have been updated on at least a yearly basis, and we have raised that there has been no local review since 2019 with the ICB. However, NHS England has now issued an updated version. As the previous version there are schedules which need to be populated with local information, and we are chasing the ICB to complete the information and to issue to every practice.

Information about the Operating model can be [found here](#), and the ICB-Practice agreement can be [found here](#).

For comments or queries please [email the LMC](#).

[Return to top of letter](#)

## 11. PODCASTS.



The LMC continues to develop 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*

- [June 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams](#)
- [May 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams](#)
- [April 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams](#)
- [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*

- [2026-06-29 CQC Webinar](#)
  - [Copy of the presentation](#)
  - [Return to Good inspections](#) – CQC Quality Statements mentioned in the presentation
- [2026-04-23 Employment Law Update \(Session 1\)](#)
  - New legislation for 2025: updates and trends in employment law, including changes to flexible working, holiday pay, and protection from harassment

- The Employment Rights Bill update: a critical and current topic covering the impact on employers, including changes to “fire and rehire”
- Compliance considerations from a GMS and PCN perspective
- [2026-04-30 Employment Law Update \(Session 2\)](#)
  - Mental health in the workplace: supporting employee mental and emotional health, managing burnout, and creating an open culture
  - Supporting neurodiversity: understanding neurodivergent staff, making reasonable adjustments, and building an inclusive environment
  - Menopause at work: legal responsibilities of employers and guidance on creating menopause-friendly workplaces
  - Managing sickness absence, including long-term sickness
- [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

- [2026 05-27-Greatest Hits Radio interview about health in hot and sunny weather](#)
- [2026-05-13 Conference of LMCs UK Motion 5 proposed by Dr Fahreen Dhanji](#)
- [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](#)

## 12. UPCOMING LMC EVENTS.



Please find below confirmed LMC events. Book early to avoid disappointment as they are often over-subscribed. Where we can we are now recording Webinars, so if you can't remember what was said, or could not attend a session please check in the [Podcast section](#).

### **UNDERSTANDING PRACTICE CONTRACTUAL RESPONSIBILITIES AROUND IMMUNISATIONS & TRAVEL: MYTH OR REALITY?**

- **DATE: THURSDAY 30 JULY 2026**
- **TIME: 1:00PM – 2:00PM**
- **LOCATION: MICROSOFT TEAMS**

**DESIGNED TO PROVIDE CLARITY ON PRACTICE CONTRACTUAL RESPONSIBILITIES RELATING TO IMMUNISATIONS AND TRAVEL SERVICES, INCLUDING MYTH-BUSTING COMMON MISCONCEPTIONS AND PRACTICAL GUIDANCE TO SUPPORT DAY-TO-DAY DECISION-MAKING.**



### **COMPLAINTS EVENT**

- **DATE: TUESDAY 11 AUGUST 2026**
- **TIME: 1:00PM – 4:00PM (LUNCH FROM 12.30)**
- **VENUE: LEICESTER MARRIOTT HOTEL**

**FOLLOWING THE SUCCESS OF PREVIOUS COMPLAINTS EVENTS, WHICH WERE CONSISTENTLY FULLY BOOKED AND VERY WELL RECEIVED, WE ARE DELIGHTED TO WELCOME BACK LEE BENNETT AND CATHIE CUNNINGTON FOR ANOTHER SESSION FOR LLR PRACTICES.**

**THIS PRACTICAL AND ENGAGING EVENT WILL PROVIDE VALUABLE LEARNING AND DISCUSSION AROUND COMPLAINTS HANDLING, RESPONDING EFFECTIVELY TO CONCERNS, AND MANAGING CHALLENGING SITUATIONS IN PRIMARY CARE.**

**DUE TO ROOM CAPACITY, WE WILL BE OPENING TO 1 PERSON PER PRACTICE INITIALLY AND OPEN TO MORE ONCE WE GET AN UNDERSTANDING OF DEMAND**

### **SAFEGUARDING NETWORKING ADMIN LEAD WEBINAR**

- **DATE: MONDAY 24 AUGUST 2026**
- **TIME: 1:00PM – 2:00PM**
- **LOCATION: MICROSOFT TEAMS**
- **AUDIENCE: FOR SAFEGUARDING ADMIN LEADS**

**A NETWORKING AND LEARNING SESSION FOR SAFEGUARDING ADMIN LEADS, PROVIDING OPPORTUNITIES FOR PEER SUPPORT, SHARED LEARNING AND DISCUSSION AROUND THE ADMINISTRATIVE ASPECTS OF SAFEGUARDING WITHIN GENERAL PRACTICE.**

### **NHS PENSION & RETIREMENT PLANNING WEBINAR FOR GPs**

- **DATE: THURSDAY 10 SEPTEMBER 2026**
- **TIME: 1:00PM - 2.00PM**
- **LOCATION: MICROSOFT TEAMS**

**HOSTED BY THE LMC AND DELIVERED BY CHASE DE VERE, THIS FREE WEBINAR WILL PROVIDE PRACTICAL GUIDANCE ON NHS PENSIONS, RETIREMENT OPTIONS, TAX CONSIDERATIONS, THE MCCLLOUD JUDGMENT, AND RETIREMENT PLANNING.**

.

**TO RESERVE A SPACE, PLEASE EMAIL: [ENQUIRIES@LLRLMC.CO.UK](mailto:ENQUIRIES@LLRLMC.CO.UK)**

**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.**

[Return to top of letter](#)

---

## 13. 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](#)

---

## 14. 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](#)

---

## 15. FINAL THOUGHTS

### “DOING A RATNER”

Gerard Ratner was the Chief Executive of the British jewellery store chain Ratner Group. In 1991 in a speech, he said he was often asked how his stores could manage to sell their items so cheaply to which he said he replied because their products were ‘total crap.’ He then went on to say that one set of Ratner earrings were cheaper than an M&S Prawn Sandwich and that the sandwich was likely to last longer.

Overnight the value of the Ratner Group plummeted by £500 million, nearly causing its total collapse. Since then making a speech which undermines your own company is called ‘Doing A Ratner.’

This month Dr Penny Dash, the Chair of the rapidly becoming irrelevant NHS E Board made a similar gaffe. At an international conference in Amsterdam, after explaining that the NHS was going to be concentrating on AI and robots to provide medicine and surgery, and painting a picture of the future where patients may rarely, if ever, see a doctor or nurse (see box on the right).

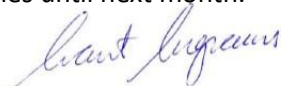
She said that most care would be delivered through smartphones, software, robotics and AI, but then went on to make the shocking statement “You will not want dirty, clumsy hands inside your body.”

I suppose at least on this occasion the city where she made the speech may give a clue to what she was smoking before writing this bizarre and damaging speech.

But, putting aside the fact that technology is a long way, if ever, from being able to replace actual doctors, her comment was an insult to every doctor working in the NHS, was arrogant and disconnected with the actual situation, and further undermines the crucial doctor-patient relationship.

Of course, Dr Dash was already in line to lose her job anyway, but this episode should surely mean that she has made herself unemployable in any NHS leadership role in the future?

Best wishes until next month.



Dr Grant Ingrams  
Chief Executive Officer, LLR LMC  
[Grant.Ingrams@llrlmc.co.uk](mailto:Grant.Ingrams@llrlmc.co.uk)

