NEWS FROM YOUR LOCAL MEDICAL COMMITTEE

LOCAL LEICESTERSHIRE MEDICAL LEICESTER COMMITTEE RUTLAND

November 2026
To All Leicester, Leicestershire, and Rutland General Practitioners and Practice Managers.

Dear Colleagues

LLRLMC NEWSLETTER

Welcome to our **November** Newsletter which includes feedback from our LMC Board meeting, and other current issues.
No time to read this newsletter? Then listen to the Podcast:

NOVEMBER PODCAST
CHARLOTTE WOODS, FAHREEN DHANJI AND GRANT INGRAMS
21 MINUTES)

SUMMARY OF THIS MONTH'S MUST DOS:

- **Continue to engage in Collective action. The actions do not breach the contract or any other requirement but puts your practice in better control**. SEE SECTION 6 FOR MORE INFORMATION.
- Ensure anyone involved in HR are aware of the new legal requirements
- Christmas and New Year are coming soon – read about the LMC offer to once again subcontract

TOPICS IN THIS NEWSLETTER:

1) LMC Meeting November 2026
2) Christmas and New Years's Eve Subcontracting
3) New LMC Board
4) Employment Rights Act 2025
5) Legal Requirement to Share Communications with LMC. SAR Requests and other legal requirements.
6) Contact Imposition for 2026/27 and Collective action
7) LMC Broadcast Group – IS YOUR PRACTICE SIGNED UP?
8) Prescribing Tirzepatide/Mounjaro / Quality & Outcomes Framework
9) Conference of LMCs England 2026
10) Update from LMC meeting with CQC
11) Update loc Claim Forms for Maternity Paternity and Sick Leave
12) Podcasts
13) Upcoming LMC Events
14) Advertise your Job Vacancies Free with the LMC
15) Available to Work
16) Final Thoughts

Insanity is doing the same thing over and over again and expecting different results.
***Read this month's final thoughts*.**

1. LMC MEETING – NOVEMBER 2026



The LMC Board met on 11 November 2026. For the first time in for a long time there were no senior UHL executives who could attend.

The Board discussed various other topics including:

- Contract changes and Collective Action
- LMC Elections
- Advice and Guidance/SPOA
- Ongoing concerns about glaucoma service and prescription of associated drops.

If you would like more information about what is discussed at Board meetings, please contact the LMC Office, or consider attending as an observer (please contact the LMC office to advise when you would like to attend).

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2. CHRISTMAS AND NEW YEAR'S EVE SUBCONTRACTING.

Once again, the LMC has agreed to facilitate those practices that wish to do so, to subcontract services on Christmas and New Year's Eves from 4pm to 6.30pm.

We will contact you closer to the time to ask practices to sign up.

We have made it clear to the ICB that practices have a contractual right to be able to subcontract services if due process is followed. This is included in the regulations The National Health Service (General Medical Services Contracts) Regulations 2015. SCHEDULE 3, PART 5, Section 44

IMPORTANT: PLEASE NOTE THAT THE ARRANGEMENT IS TO SUBCONTRACT FOR THESE PERIODS. PLEASE ENSURE THAT ANY NOTICE AT THE PRACTICE OR ONLINE DOES NOT INCLUDE ANY REFERENCE TO THE PRACTICE BEING CLOSED. PLEASE ENSURE THAT ANY SUCH NOTICE JUST SAYS THAT FOR THOSE PERIODS THE SERVICE HAS BEEN SUBCONTRACTED TO AN ALTERNATIVE PROVIDER.

The practice must notify the ICB that they will be subcontracting and will need to include:

(a)the name and address of the proposed sub-contractor.
(b)the duration of the proposed sub-contract.
(c)the services to be covered by the proposed sub-contract; and
(d)the address of any premises to be used as practice premises under the proposed sub-contract.

The ICB has extremely limited grounds to object to the subcontracting which are that the sub-contract would:

(i) put the safety of the contractor's patients at serious risk, or
(ii) put [ICB] at risk of material financial loss,

Christmas Eve and New Year's Eve have always been noticeably quiet times for general practice with low levels of patient demand for services. In addition, practices have subcontracted for these periods with the LMC being advised of no related significant events or patient complaints. The LMC is therefore confident that the ICB has no grounds to object to the subcontracting.

However, a sticking point has been that when subcontracting the practice must continue to meet all the contractual obligations, and the area that the ICB has previously highlighted is allowing patients the ability to contact the practice via all routes outlined in the contract which is currently included in Regulation 32 which states:
"The contractor must take steps to ensure that all the following means of contacting the contractor are available for patients throughout core hours—
(a) by attending the contractor's practice premises.
(b) by telephone; and
(c) through the practice's online consultation tool within the meaning given in regulation 71ZD(2)."

So, the practice will need to demonstrate how they are complying with this, and currently we believe you will be able to meet the requirements by the following, although this is subject to agreement with DHU:

a) DHU will provide a list of premises that patients can attend, and practices should include information to patients that they can attend the closest premise to you but also advise that this should not be used for routine requests, or for requests for clinical services/appointments.
b) We will provide practices with the DHU telephone number to divert the practice phone number for the subcontracted periods.
c) Practices must leave on the online consultation tool until 6.30pm on both days where there is subcontracting, but you do not need to respond until the following working day.

The ICB will only be able to challenge a practice after the event to claim that the practice was in breach of the contract (assuming that the practice has advised patients appropriately of the sub-contracting arrangements, and HAS NOT referred to the practice being closed), but as long as practices have put in place the arrangements as above the LMC will support any practice contacted by the ICB advising of breach of contract. However, we would finally note that by the time the ICB raises any concern it is likely that the subcontracting period will have passed and the practice will be working normally, and therefore no longer in any potential let alone actual breach of contract.

THE LMC WILL PROVIDE AN UPDATE AND MORE DETAILED GUIDANCE SOON, AND A REQUEST FOR PRACTICES TO SIGN UP.

For comments or queries please email the LMC

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3. NEW LMC BOARD AND OFFICERS.



Since last month, the LMC advertised again for a GP representative from Rutland and only received one nomination: Dr Alex Prettyman (Salaried GP, Rutland), so they have been elected unopposed.

The whole Board for the next two years in alphabetical order is therefore:

- Dr Rakesh Choudhary (GP Partner, Leicester City)
- Dr Fahreen Dhanji (Sessional GP, Leicestershire County)
- Ms Sarah Gibson (Practice Manager, Leicestershire County)
- Dr Dhianna Hindocha (Resident Doctor/GP Registrar Representative)
- Dr Grant Ingrams (GP Partner, Leicester City)
- Dr Nutan Kumari (Sessional GP, Leicester City)
- Dr Shiraz Makda (GP Partner, Leicestershire County)
- Dr Ebrahim Mulla (Leicester City, Sessional GP, Newly Qualified GP)
- Dr Reema Parwaiz (GP Partner, Leicestershire County)
- Dr Alex Prettyman (Sessional GP, Rutland)
- Dr Neha Popat (GP Partner, Leicestershire County)
- Dr Amit Rastogi (GP Partner, Leicester City)
- Ms Jessica Robinson (Practice Manager, Leicester City)
- Dr Sakshi Sadhu (Sessional GP, Leicestershire County / Newly Qualified GP)

LMC Officers:

At the November Board meeting, the officer posts were elected. We do these every 2 years when there is a change in the Board to ensure that the officers have the confidence of the whole Board. The outcome was:

Chair:	Dr Reema Parwaiz (new appointment)
Chief Executive:	Dr Grant Ingrams (continues in post)
Deputy Chief Executive:	Dr Fahreen Dhanji (continues in post/appointed by Chief Executive)
Treasurer:	Dr Amit Rastogi (continues in post)
Pastural Support Officer	Dr Shiraz Makda (continues in post)

If a member would like more information regarding the LMC elections, please contact the Returning Officer, grant.ingrams@llrlmc.co.uk

For comments or queries, please email the LMC
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4. EMPLOYMENT RIGHTS ACT 2025.

The LMC was recently asked if it was true that organisations had to promote/allow trade union membership. This is one of the many requirements of the Employment Rights Act 2025.

- This was covered in our February 2026 newsletter, and we also arranged two webinars to cover the changes which were recorded and can be listened to again:
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- **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

I recommend that this is brought to the attention of all staff involved in and any partner who leads on employment or HR issues in the practice, and they are encouraged to watch the webinars and to access the resources below:

- ACAS has provided a recorded webinar regarding key measures and employer actions that can be accessed here.
- The provisions are being implemented over time, and the current timeline can be seen here.
- A summary of the changes can be found on this government Factsheet.

If you have any queries about this, please email the LMC

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5. LEGAL REQUIREMENT TO SHARE COMMUNICATIONS WITH LMC. SAR REQUESTS AND OTHER LEGAL REQUIREMENTS.



The LMC recently received a Subject Access Request from a patient who had been told that the LMC had provided a practice with advice regarding them.

The LMC has the same legal requirement to respond to Subject Access Requests pursuant to the Data Protection Act 2018 as any other company. The LMC must provide access to all records that relate to the data subject. The ICO has provided previous advice that this does not only include any record that specifically includes identifiable information about the data subject (e.g. name, address, date of birth, NHS number etc) but also any record where what is recorded would allow the data subject to be able to identify themselves – for example if there was a meeting discussing a complaint from a patient even if it did not name the patient if the information about what the complaint was about was sufficient for the patient to be able to identify that the record was about them this must also be included.

The LMC does have the right to, and has before, redact any third-party information. The ICO guidance is clear that we cannot redact the names of anyone named in a professional capacity (e.g. GP, nurse, practice manager etc) but we can redact other information like personal mobile telephone numbers, home address etc.

In addition to Subject Access Requests, there are other circumstances where the LMC may be required to share information, and this would include if we received a court order.

This should not stop anyone contacting the LMC regarding any problem or issue, just if it is about an individual just be sure that you would be happy with that communication being shared with the data subject, or being read out in a court etc.

If any practice or anyone is concerned about this or has any further queries, please email the LMC.

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



The LMC hopes that your practice held out on signing and returning the Contract Variation Notice. If any member of staff was put under any pressure by the ICB to sign, please email the LMC.

COLLECTIVE ACTIONS – *NO NEW ACTION ADDED FOR NOVEMBER*

The BMA remains in dispute with the government regarding the proposed contract changes for 2026/7. **THE LMC STRONGLY ADVISES PRACTICES to PARTICIPATE IN THE BMA COLLECTIVE ACTIONS AS BELOW. PLEASE REMEMBER THAT THE BMA RECEIVED KC OPINION THAT NONE OF THE ACTIONS BREACHES THE GP CONTRACT, REGULATIONS OR ANY OTHER REQUIREMENT, AND SO AS PER THE LAST COLLECTIVE ACTIONS CAN BE CONTINUED EVEN AFTER THE CA IS STOPPED**. FULL DETAILS OF THE COLLECTIVE ACTIONS ARE AVAILABLE IN PREVIOUS NEWSLETTERS AND ON THE BMA WEBSITE.

1. GP COLLECTIVE ACTION MAY 2026 – DATA SHARING AGREEMENTS

2. GP COLLECTIVE ACTION JUNE 2026 – MEDICINES OPTIMISATION SOFTWARE

3.GP COLLECTIVE ACTION JULY 2026 – DECLINE UNFUNDED OR UNDERFUNDED SHARED CARE AGREEMENTS.

4.GP COLLECTIVE ACTION AUGUST 2026 – RAISING PUBLIC AWARENESS OF THE CHALLENGES FACING GENERAL PRACTICE.

7. LMC BROADCAST GROUP – IS YOUR PRACTICE SIGNED UP

Love it or loath it, WhatsApp is a fast and convenient way of communicating amongst groups.

In our fast-changing world, the LMC frequently wishes to provide information to practices in a timely manner. To facilitate this a while ago the LMC set up a Broadcast Group through which we distribute important information to practices. This includes messages from the GPC, guidance from the LMC, notification of incidents that have occurred or expected etc.

We do not limit how many people from a practice may be a member, but we encourage every practice to ensure that they have at least one person who is signed up to the WhatsApp group, and in preference I would recommend that this should include every executive or managing partner, practice manager and business manager as a minimum.

To join the Broadcast group click here (TIP: did you know that there is a version of WhatsApp that can be more conveniently accessed via your computer (click here for download), and it is not just limited to accessing only via the small screen on your phone.)

For comments or queries please email the LMC.
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8. PRESCRIBING TIRZEPATIDE / QUALITY & OUTCOMES FRAMEWORK



The LMC continues to receive concerns about prescribing Tirzepatide (Mounjaro) in general practice. We continue to raise our concerns with the ICB that there is no locally commissioned service to provide this.

I reiterate the LMC's view that as the Quality and Outcomes Framework is a voluntary, incentivisation scheme which was never designed to pay for clinical activity, the QoF Obesity indicators cannot be used as a competent method of commissioning a service across an area.

The ICB, in breach of their legal obligations, refuses to even consider commissioning a service, and we therefore recommend that practices consider carefully before commencing a service to provide Mounjaro, as any such service would need to be at least in part funded out of the partners' pockets or by reducing other services that the practice is contracted to provide.

We have received a reply from NHS England which included the paragraph "ICBs remain responsible for meeting NICE TA1026, ensuring sufficient delivery funding and taking account of the agreed funding variation for tirzepatide (Mounjaro®) in primary care. Nothing in the FAQs should be interpreted as suggesting that ICBs may disregard their statutory responsibilities in relation to NICE Technology Appraisals." We have raised the ICB's position with NHS England.

I have previously tried to be helpful regarding SNOMED CT Code for Exception Reporting (Personal Care Adjustment) I had erroneously advised practices to use the SNOMED CT Code 999037061000230108 from the most recent Datasets and Business Rules (D&BRs). I have looked into this and although the code appears in the D&BRs, it is a PCD 'refset' with the snappy name of: United Kingdom National Health Service primary care data extraction – "General practice data extraction - weight management service unavailable simple reference set" (foundation metadata concept)."

Included within that 'refset' is the individual SNOMED CT Code: 1326221000000105 "Weight management service not available." This code should work to except patients from the Obesity QoF Indicators. To be able to gain 100% of the points you only need one patient to tick all the QOF boxes, and we believe that for most practices there are likely to be patients who practices prescribe Tirzepatide for diabetes that also meet the QoF criteria for weight loss for the purpose of the Obesity indicators.

We will continue to advise practices regarding developments in this area.

Sources

- NHS England – QOF guidance 2026/27
- NICE TA1026 – Implementation and funding variation
- NHS England – Interim commissioning guidance for TA1026
- Primary Care IT – OB005 business rules summary
- Primary Care IT – Understanding QOF exclusions and personalised care
- Datasets and Business Rules v51

SUGGESTED PATIENT LETTER

Patient letter – weight-loss injections (tirzepatide)
26 Oct 2026 ·
For practices: replace the text in square brackets before sending. This can also be shortened for SMS or a website notice.

[Practice name and address]
[Date]
Dear [Patient name],
Weight-loss injections (tirzepatide / Mounjaro)
Thank you for asking about weight-loss injections. We know managing your weight can be hard, and we want to help you get the right support.

Our practice does not currently prescribe tirzepatide for weight loss. This is not a decision about you or your health. Starting and monitoring this medicine safely needs regular appointments, checks, and follow-up support. GP practices in Leicester, Leicestershire and Rutland have not been given the funding or resources to provide this service safely.

NHS Leicester, Leicestershire, and Rutland Integrated Care Board (the ICB) is responsible for making sure eligible patients can access this treatment locally. At the moment, it is being offered in stages to people with the highest health needs first, so not everyone with a high BMI is eligible yet.

What you can do

- **Weight management support:** we can refer you to a free NHS weight management programme. Please contact the practice if you would like a referral.
- **Questions about access to tirzepatide or to complain about the lack of service:** please contact the ICB.
  - **Address:** NHS Leicester, Leicestershire and Rutland Integrated Care Board (ICB), Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB
  - **Phone number:** 01604 476777 – Monday to Friday 8:30am to 4:00pm
  - **Email:** llricb-llr.enquiries@nhs.net
- **Your other health conditions:** we will keep supporting you with these as usual.

A note on buying weight-loss medicines online.
If you are thinking of buying weight-loss injections privately, please only use a registered UK pharmacy or provider. Medicines bought from unregulated websites or social media may be fake or unsafe. Tell us if you start any weight-loss medicine, so we can keep your records up to date and check it is safe with your other medicines.

Yours sincerely,
[Name] [Role] On behalf of [Practice name]
”

Please let the LMC know if you have any further questions or concerns about this.

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9. CONFERENCE OF LMCS ENGLAND 2026.



On Friday 20th November a delegation from your LMC Board attended the annual England wide LMC Conference in London. This annual conference sets the policy for GPC England to implement during the following year. As usual your LMC had sent many motions which helped shaped the debate and thereby policy. This is an important part of our work to ensure that our national GP Body has policies which are developed by LMCs representing our constituent GPs and practices. It also gives a chance for networking – getting to meet colleagues from across England, so that it becomes easier to communicate and collaborate on issues throughout the years.

Photo of your LLR LMC delegation:



Your team from the left DR Rakesh Choudhary, Dr Amit Rastogi, Dr Ebrahim Mulla, Dr Fahreen Dhanji, Dr Grant Ingrams, Dr Reema Parwaiz, Dr Neha Popat, Dr Nutan Kumari, Ms Sarah Gibson, and Dr Shiraz Makda.

A couple of speeches by Dr Ingrams were recorded informally by Dr S Makda for posterity.
Dr Ingrams' speech to motion 6
Dr Ingrams' speech to motion 7

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10. UPDATE FROM MEETING WITH CQC.

The LMC continues to meet regularly with the local CQC inspectors, with CW and AR recently met with Vanessa Twigg. The inspection team has expanded across a wider regional geography (covering Leicester, Northampton, Hereford, and Worcester) without dedicated portfolios, making trend analysis

and caseload coordination difficult. Alongside internal capacity constraints, leadership and ICB structural changes have temporarily disrupted regular risk-sharing liaison meetings.

Vanessa provided an update on the process for CQC Inspection Formats, Scope, Scheduling, and Pre-Inspection Requirements. The current format is that CQC conducts both lighter-touch "return to good" inspections (assessing 10–12 quality statements across five key questions) and comprehensive inspections. While "enhanced return to good" inspections include clinical searches, standard lighter-touch visits without searches are utilized when specialist medication advisors are unavailable. Currently looking at practices that were last inspected in 2017, while comprehensive inspections for long-standing "Requires Improvement" (RI) practices are expected for early next year.

Pre-inspection document requests are strictly capped at five items to minimize provider burden.

- Practice organisational chart.
- Practice staff list and roles.
- Copy of the practices IPC audit
- Practice business continuity plan.
- staff immunisation and PPG records

There have been a number of recent local inspections which have generally resulted in "Good" overall ratings, however 1 received warning notices under Regulation 12 due to clinical oversight and monitoring deficits. Inspection planning now integrates expanded metric datasets, and inspectors emphasised the importance of maintaining accessible emergency medicines, monitored cold chains, and updated portal registrations.

GP Patient Survey Impact and Equity & Access Mitigations Post-COVID declines in GP Patient Survey (GPPS) scores frequently lower ratings under the "Equity and Access" quality statement. However, CQC takes a pragmatic view: practices will not be penalised if they present proactive mitigation, internal survey validations, telephone access audits, or positive direct feedback gathered during on-site patient interviews.

There was also a discussion around MythBusters, Safeguarding, DBS, and Oliver McGowan Training as Inspectors and practices continue to face ambiguity due to outdated or delayed CQC MythBusters regarding safeguarding training levels, dispensary deliveries, and DBS document retention. Some key areas they were highlighted from inspections:

- emergency medicines and equipment: are they accessible to staff? Do they know the code? Tamper proof seals?
- Practices should not get complacent with the usual searches on (Ardens) as these might change.
- staff files and having them organised.

if you have any questions regarding an upcoming inspection, would like us to raise an issue with CQC on your behalf – please contact the LMC. Practices can also access our guidance at https://www.llrlmc.co.uk/guidance/practice-managers-support/

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11. UPDATED LOC CLAIMS FORMS FOR MATERNITY, SICKNESS AND PATERNITY LEAVE



The Locally Agreed (LOC) templates for maternity, sickness and paternity leave have recently been updated and can be accessed below for practices to use as required: Claims for Sickness Locum, Maternity & Paternity - Leicester, Leicestershire, and Rutland Local Medical Committee

If you have any comments about this, please contact the LMC.

12. 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

- November 2026 LLR LMC Podcast– Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams
- October 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams
- September 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams
- August 2026 LLR LMC Podcast Grant Ingrams flying solo
- July 2026 LLR LMC Podcast – Conversation between Charlotte Woods, Fahreen Dhanji and Grant Ingrams
- 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

- 2026-10-15 IGPR Webinar. If you have any questions following the webinar or would like to arrange a separate Teams meeting to discuss iGPR further, Kevin James would be happy to assist. His contact details are: **Kevin James,** Sales Manager / Senior Product Consultant, Email: kevin.james@igpr.co.uk, Website: iGPR
- 2026-09-10 LMC pensions webinar with Chase De Vere
  - How to estimate the level of income you may need in retirement—and whether you're on track.
  - The key features of the NHS Pension Scheme

○ Options such as partial retirement and "retire and return."

  - How your NHS Pension fits alongside other pensions and investments
  - What the McCloud judgment could mean for your retirement planning
  - Considerations for drawing benefits in a tax-efficient way
  - Family and dependant benefits before and after retirement
  - Your questions, answered during a live Q&A
- 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

- 2026-07-31 Video for Patients about List Cleansing by Dr Adam Juanja
- 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.

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13. 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.

MAXIMISING NHS PREMISES REIMBURSEMENT FOR GP PRACTICES WEBINAR – THURSDAY 26TH NOVEMBER 2026
THIS SESSION WILL FOCUS ON NOTIONAL RENT REIMBURSEMENT AND EXPLAIN WHY MANY GP PRACTICES MAY BE SIGNIFICANTLY UNDER-REIMBURSED BY THE NHS.
THE WEBINAR WILL COVER:

- ***HOW NOTIONAL RENT REVIEWS WORK***
- ***COMMON CAUSES OF UNDERFUNDING***
- ***THE IMPACT OF SURGERY IMPROVEMENTS AND EXTENSIONS***
- ***REVIEW TIMESCALES***
- ***PRACTICAL STEPS PRACTICES CAN TAKE TO MAXIMISE THEIR PREMISES REIMBURSEMENT***
- ***THE PRESENTATION IS INTENDED TO GIVE PRACTICES A CLEARER UNDERSTANDING OF HOW TO PROTECT AND ENHANCE AN IMPORTANT SOURCE OF PRACTICE INCOME.***

DETAILS OF THE WEBINAR:

- ***DATE: THURSDAY 26TH NOVEMBER 2026***
- ***TIME: 1.00-2.00PM***
- ***LOCATION: MICROSOFT TEAMS***

THE WEBINAR WILL BE DELIVERED BY WILL ELLIS FROM BWH SURVEYORS AND TO RESERVE A PLACE, PLEASE EMAIL US AT ENQUIRIES@LLRLMC.CO.UK

TOP TIPS FOR GP PRACTICE PREMISES WEBINAR – THURSDAY 3RD DECEMBER 2026
THIS PRACTICAL AND INFORMATIVE SESSION WILL COVER KEY PREMISES-RELATED ISSUES CURRENTLY AFFECTING GP PRACTICES, INCLUDING:

- ***THE 2024 PREMISES COSTS DIRECTIONS CHANGES***
- ***NOTIONAL RENT REVIEWS***
- ***GP SURGERY LEASES***
- ***WAYS TO MAXIMISE RENTAL REIMBURSEMENT AND PREMISES VALUE***
- ***COMMON PITFALLS AND IMPORTANT DEADLINES***
- ***PRACTICAL ACTIONS PRACTICES CAN TAKE TO IMPROVE THEIR PREMISES POSITION AND FINANCIAL RESILIENCE***

DETAILS OF THE WEBINAR:

- ***DATE: THURSDAY 3RD DECEMBER 2026***
- ***TIME: 1.00-2.00PM***
- ***LOCATION: MICROSOFT TEAMS***

THE WEBINAR WILL BE DELIVERED BY WILL ELLIS FROM BWH SURVEYORS.

AN UP-TO-DATE LIST OF ALL UPCOMING LMC TRAINING AND EVENTS IS AVAILABLE ON THE LMC WEBSITE.

SOME WEBINARS ARE RECORDED – SEE THE FULL LIST IN OUR 'PODCASTS' SECTION.

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14. ADVERTISE YOUR JOB VACANCIES FREE WITH THE LMC.



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

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

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

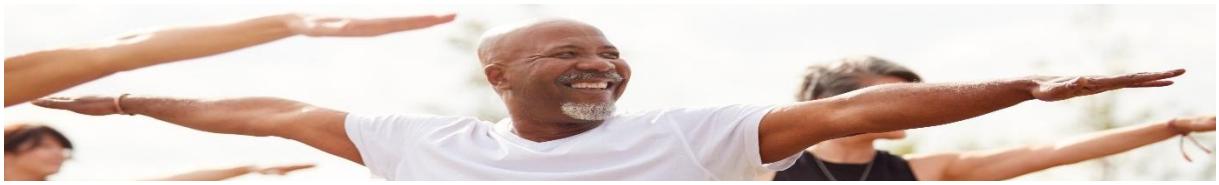
All we require is the relevant details relating to the vacancy e.g. advert and any supporting information you wish to be included like Job Description, person specification, how to apply and a contact person for role.

To advertise please email the LMC.

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

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15. AVAILABLE TO WORK



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

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

- availability of locums (GPs, practice managers, nurses)
- details of people looking for a more substantive post with LLR practices e.g. salaried GP, Salaried with view to partnership.
- to provide practices with details that could potentially fill such roles.

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

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

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16. FINAL THOUGHTS

Insanity is doing the same thing over and over again and expecting different results

Anon – 1981 (often misattributed to Albert Einstein)

In my August 2026 thoughts I compared the current national health policy with Hans Christian Anderson's story about The Emporer's New Clothes. I was therefore intrigued but not surprised that the well respected health policy commentator, Roy Lilley, made the same comparison in his column dated 23rd November 2026.

The sooner that the government realises that the current 10YP including neighbourhoods is not going to achieve anything meaningful or long lasting the better. The government policy is supposed to be underpinned by two contracts for single and multiple neighbourhoods, but despite various promises and a consultation over the summer to which over a thousand people replied, there is still nothing delivered or apparently imminent.

As mentioned before there have been multiple national plans to shift care out of hospitals, including:

- **Barbara Castle** had her priorities, in the 1970s.
- **Patricia Hewitt** had her white paper 'Our health, our care, our say: A new direction for community services' in 2006.
- **Lord Ara Darzi** in 2008 in his report "High Quality Care for All" proposed polyclinics and GP-led health centres.
- **Simon Stevens** in 2017 poposed Vanguards and multispeciality community providers.

They all failed, and the common denominator for all of these and the current 10YP is that none of them built on the existing list based holistic general practice model, and moved the required funding from hospitals into general practice. Indeed during this time the percentage of the hospital share of the NHS budget increased from 47% in 2006 to 58% in 2021. In April 2026 the Health Service Journal reported that the share of the NHS funding spent on general practice had fallen over the previous 5 years from 9.2% to 8.3% which it noted was the lowest for at least a decade.

The national and international evidence is incontrovertible that the higher the spend on primary medical care services, and the higher the ratio of primary care physicians to patients the better and most cost effective the health outcomes are.

Until ICBs, NHS E and DHSC get over their unfounded and undeserved hatred of everything general practice the cost pressures and health oucomes will continue to decline. We need a government that has the wisdom and bravery not to come up with another whizzo scheme but to read and understand the evidence and once again make general practice the jewel in the NHS crown and thereby the NHS once again the envy of the civilised world

Best wishes until next month, and continue to be kind to each other.



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