



RECENT NEWS

Welcome to the LMCSN Newsletter!

The LMCSN team will keep you updated on key topics, provide regular summaries of discussions from the Whatsapp group and forum, and share recent additions to the website

WhatsApp Roundup - 3 November - 24 November 2025

Government Policy, Political Climate & Threats to the GP Partnership Model

- Strong consensus that the current government is actively pursuing policies aimed at dismantling or weakening the independent contractor model.
- MPs are perceived as poorly informed about real-world general practice. There were calls to increase local MP engagement to correct misconceptions.
- Members felt that NHSE/DHSC civil servants—rather than ministers—have been driving anti-partnership sentiment for decades, particularly since the 2004 contract.
- Concerns that comparisons of GP partner pay with the PM's salary are misleading and weaponised to fuel negative press narratives.
- Discussion about the Treasury potentially being the only part of government that fully understands the value and cost-efficiency of general practice.

Deficit, Economy, NHS Funding & Public Finances

- Intense debate around claims of no money in the pot.
- Some argued the UK is constrained by debt and global economic pressures; others felt the government chooses what to fund and uses financial arguments selectively.
- Comparisons with countries like Norway highlighted failures in long-term strategic planning and lack of national investment infrastructure.
- General scepticism about the scale of public-sector waste, PFI repayments, pension policy, and the political reluctance to tackle long-term structural issues.

Media Narrative & Public Perception

- Several articles shared criticising GPs (e.g., cancer diagnosis delays, access issues).
- Participants expressed frustration that general practice is used as a scapegoat despite massive hospital backlogs and 62-day cancer treatment delays.
- Moral injury was openly described—for example, from GPs witnessing poor cancer care pathways in secondary care while still being blamed publicly.
- Ongoing difficulty in getting balanced GP stories into mainstream media despite efforts from LMC/GPC leads.





RECENT NEWS

WhatsApp Roundup - 3 November - 24 November 2025

Online Consultation (OC), Same-Day Triage and Safety Risks

- Major concern that the contractual requirement for same-day triage of all on-the-day requests is unsafe and impossible during surges.
- Numerous examples shared of unsafe OC presentations (e.g., chest pain, SAH symptoms) arriving digitally and risking delayed escalation without receptionist navigation.
- Debate around BMA legal guidance suggesting practices cannot redirect to 111, which many described as unworkable and contradictory to prior BMA safe-working advice.
- GPs shared locally-agreed scripts and SOPs for “at capacity” telephone messages and diversion processes.

111 Redirection, DOS Amber/Red & Contractual Grey Areas

- Detailed discussion of when practices can legitimately divert patients to 111.
- Confusion caused by conflicting BMA vs. NHSE interpretations.
- Broader issue raised: “responsibility without autonomy”—practices hold liability for triage outcomes but cannot control demand.

WhatsApp Group Security & Transparency

- Members were reminded to change their WhatsApp profiles to include full names for transparency.

GPCE-LMC Relations

- Concerns raised between GPCE and LMCs, particularly around communication, guidance clarity and representation.
- GPCE representatives reassured colleagues that significant pushback is happening behind the scenes, even if not publicly visible.
- Debate about motion wording relating to GPCE’s mandate, support and accountability.

Collective Action (CA), Industrial Action (IA) & Conference Motions

- Several motions discussed across 7 November conference sessions:
 - Motion 260 (shared care prescribing) described as one of the most important:
 - Strong support for declining new shared care requests as a form of CA.
 - Debate over whether wording needed amendment to avoid appearing to abandon existing patients.
 - Concerns over motions implying GMS negotiation transfer to “new partners group”.
 - Debate on the wisdom of undated resignations vs. graduated CA.
- General theme:
 - The profession must first demonstrate widespread capacity for coordinated CA before escalating to IA.
- Shared care refusal discussed as one of the safest, high-impact forms of CA.





RECENT NEWS

WhatsApp Roundup - 3 November - 24 November 2025

Shared Care Prescribing & LES/CBS Contracts

- Many advocated no new shared care agreements, citing clinical risk and workload burden.
 - Recognition that some areas include shared care within wider Community-Based Services (CBS), making opt-out more complex.
 - Legal clarity:
 - Shared care is never mandatory and responsibility always lies with the specialist unless GP explicitly accepts it.
 - LES contracts are usually patient-specific and can be terminated with notice.
-

Estates, Workforce & System Sustainability (Deloitte “Rejuvenating General Practice” Report)

- Deloitte report summary shared with detailed statistics:
 - Demand up 22.5% post-pandemic.
 - Only 5.5p per NHS £1 goes to general practice.
 - GP workforce shrinking + ageing; fewer partners, more burnout.
 - Premises outdated—33% considered unfit for purpose.
 - Digital maturity inconsistent; systems lack interoperability.
 - Report emphasises general practice as essential for a functioning NHS but now at critical tipping point
-

Vaccinations, PSD/PGDs & Legal Changes

- Discussion about Green Book changes stopping HCAs obtaining consent under PSDs.
- Anxiety from practices because this affects vaccination workflows mid-season.
- Further issues around mass prescribing:
 - Influenza outbreak management in care homes—ICBs pushing practices to prescribe Tamiflu for entire homes.
 - LMCs arguing this should be a commissioned service, not core GMS.
- Similar debate around rabies prophylaxis:
- Not contractual, but NHSE/UKHSA push practices regardless.



Helping LMCs easily access practice data

- **Search** for practice data in one central place, clearly, quickly and easily
- **Review** the latest data against the previous update, highlighting rises or falls
- **Compare** individual practice data alongside PCN, ICB and NHSE averages

Searchable data includes:

Practice Selection:



- Registered patients
- Number of practices
- Partner headcount
- FTE qualified GPs
- Total appointments

Practice Overview:



- Practice, PCN & ICB
- Registered patients
- Number of partners
- CQC Rating
- List Size

Appointments:



- Total number
- GP & Non-GP
- Same day
- Face-to-face
- Online consultations

Workforce:



- GP Partners
- All GPs
- Nurse
- Direct patient care
- Management
- Admin

Finance:



- Global Sum
- QOF
- National ES
- Local ES
- Total payments

Patient Survey:



- Surveys distributed
- Response rate
- Overall experience
- Ease of contact
- Rating of professional
- Patient choice

How to access:

- Access is for LMC Office/Secretariat team members for internal use only
- Visit the **LMC Support Network** website: <https://lmcsn.co.uk>
- Enter your log in details at the top right of the homepage
- If you do not have a log-in, you can register via <https://lmcsn.co.uk/join-us> (If eligible, you will be sent an email to create a password)
- Go to **Analytics > LMC DataBank**
- Search by: NHS Region > LMC Consortium > LMC > PCN > Practice Name
- Reset each time and reselect to view a different search



LMC Support Network: Best practice resources and support for Local Medical Committees

The LMC DataBank has been funded with thanks to [GPDF](#) and is designed by [Beds & Herts LMC](#) for LMCs. For any queries or reporting any errors, please contact BHLMC on 01438 880010, lmcadmin@bhlmc.co.uk.

RECENT NEWS

Recent Website Uploads

25.11.2025

- [GPC Update 13th November](#)
- [Rejuvenating General Practice - Deloitte](#)
- [CQC Consultation Document](#)
- [Notts ICB letter to practices re transgender prescribing](#)

[See the LMCSN Website here.](#)



Recent Forum Posts

[See the LMCSN Forum here.](#)



LMCSN Steering Group

The LMCSN Steering Group plays a key role in guiding the work of the Support Network. You can see the Steering group members on the website:

[Meet the Team here](#)

