



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

LMCSN Actions

2026 LMC Network Survey

We're inviting LMCs to take part in our 2026 membership survey. Your feedback will help shape how the Network supports you—particularly our WhatsApp community and member resources.

We know some colleagues have felt hesitant to engage on the WhatsApp group, so we want to ensure it remains a safe, supportive space for everyone. Your views will guide how we improve this.

The Network exists to provide peer support, shared learning, and practical resources for LMCs. We're also expanding tools like the LMC Databank to better support your work.

Please take a few minutes to complete the survey (one response per LMC):

<https://www.surveymonkey.com/r/WLLTGFF>

Help us to help you survey

[Please complete the following survey](#), which is designed to gather information that will benefit the LMC community. It consists of three sections: Directory of Services, Occupational Health, and Practitioner Health.

LMC Databank

The DataBank will be offline for a few days starting 30 March for essential upgrades. The work is timed for the Easter holidays to minimise disruption.

If you're finding the DataBank helpful, and you've got any neighbouring LMCs who you think might find it useful, please contact lmadmin@bhlmc.co.uk so they can get your practices added in.

Rebuild General Practice Petition

General practice is the front door to the NHS — but it is under increasing pressure. Patients are finding it harder to access care, and GPs are struggling to provide the continuity and quality of care they were trained to deliver.

Rebuild General Practice has launched a petition calling on government to restore capacity, protect continuity of care, and secure the future of the family doctor model. You can sign the petition at <https://www.change.org/RebuildGeneralPractice>





RECENT NEWS

WhatsApp Roundup - 9th March 2026 - 23rd March 2026

GP Contract & Referendum

- Urgent push to increase voting turnout (<50% at time of discussion).
- Some advocating voting strategically to strengthen negotiating position.
- Concerns were raised around issues with the voting process such as missing voting links. Incorrect email addresses on accounts which may contribute to low turnout.

Funding and workload mismatch

- Significant concern that new responsibilities (e.g. weight management drugs) are underfunded:
 - Estimated delivery costs far exceed QOF income.
 - Risk that practices will deliver complex care at a financial loss.
- Debate over whether practices should adapt, refuse, or exception report where funding is inadequate.

Increasing operational and administrative pressures

- Frustration with new requirements such as:
 - Same-day urgent appointment expectations.
 - Detailed appointment data recording (GPAD).
- Concerns these demands are unrealistic, increase admin burden, and may conflict with safe working guidance.

Wider operational issues and practical discussions

- Shared views on:
 - AI tools and concerns about over-reliance and impact on clinical thinking.
 - IT systems (e.g. Docman outages, EMIS alternatives).
 - Non-core work (e.g. CHC forms) – general consensus to decline where unfunded and inappropriate.

Advice & Guidance (A&G) and Referral Pathways

- Strong concern about the requirement to use A&G before referrals “where clinically appropriate.”
- LMCs emphasising:
 - Clinical judgement must remain central.
 - Patient safety and quality of care are non-negotiable.
 - Risk of workload shift from secondary care into general practice without resourcing.
- Call for:
 - Firm negotiation of locally agreed pathways.
 - Collaboration with secondary care clinicians (not just managers).
 - Collective LMC/GPC pushback where pathways are unsafe or inappropriate.

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Meningitis (MenB) Outbreak Response – Kent

- Rapidly changing guidance causing confusion and workload pressure.
- Key tensions:
 - Whether GP practices should prescribe chemoprophylaxis or deliver vaccines.
 - Mixed messaging nationally vs locally.
- Concerns raised:
 - Significant surge in patient demand (including in non-affected areas).
 - Difficulty verifying patient eligibility → risk of long consultations and conflict.
 - Public messaging likely to drive inappropriate demand.
- Positive note:
 - Strong system-wide collaboration (LMCs, ICBs, public health, community teams).
- Clear ask:
 - Better national coordination, communication, and resourcing.
 - Clear signposting to alternative services (e.g. helplines, hubs).

Unilateral Contract Changes

- Frustration over retrospective changes to the Statement of Financial Entitlements (SFE).
- Recognition that Government can enact changes via secondary legislation in emergencies.
- Debate on clinical support for interventions (e.g. MenB vaccination) vs opposition to how changes are imposed.

IT & Infrastructure Issues

- EMIS outage reported nationally → major disruption.
- EMIS Web dispensing module:
 - Central funding ending April 2026.
 - Practices may face new local costs.
- Broader concerns:
 - Interoperability issues (APIs, system integration).
 - ICB influence over system choices (e.g. Medicus vs EMIS/SystemOne).

Workforce & LMC Operations

- Discussion on staff benefits across LMCs such as Pensions, cycle-to-work schemes, car leasing, EAPs.
- Suggestion LMCs could collaborate to secure better “at scale” benefits.

NHS App Proxy Access (Children 11+)

- Query raised about proxy access for children over 11.
- Variation in local approaches:
 - Some areas have defined processes.
 - Others include it within locally commissioned/supplementary services.
- Takeaway:
 - No consistent national approach → reliance on local policy.





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GP Connect & Data Sharing

- Clarification on what external organisations (e.g. care homes) can access:
 - Two levels:
 - HTML (limited access) – non-clinical staff.
 - Structured access – clinicians (more detailed).
- Key points:
 - Can include recent consultations, meds, allergies, coded data.
 - Requires patient consent (unless emergency).
 - Cannot see full documents or detailed results.
- Concerns:
 - Whether access was locally agreed vs “switched on” centrally.
- General view:
 - Potentially beneficial, but must be used proportionately and transparently.

Private vs NHS Care Boundaries

- Case discussed: private gender care + NHS-funded fertility preservation.
- General consensus:
 - Blurring private/NHS pathways is problematic.
 - IFR rejection expected (no “exceptionality”).
 - Shared care only appropriate in limited, safe circumstances.
- Key principle:
 - Maintain clear separation between private and NHS care pathways.



RECENT NEWS

Recent Website Uploads

23.03.2026

- [GPC updates](#)
- [OPD Rejection Referral template - Templates](#)

[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](#)

