



Communiqué – March 2025

GPCe Update

Last week, the GPC England [voted to agree in principle the proposed amendments to the 2025/26 GMS contract for GP practices](#), contingent upon written assurance to the profession from the Secretary of State Wes Streeting around a new substantive GP practice contract being negotiated in this parliamentary cycle. We have [written to the Secretary of State for Health and Social Care](#) seeking confirmation of the Government's intention to negotiate a new substantive NHS General Medical Services contract within this parliament. The Secretary of State has subsequently written to the profession to confirm his intention to negotiate a new contract in the lifespan of this parliament.

We will be producing new updated guidance accordingly in the coming weeks with FAQs and webinars. The NHS sees 1.7million patients every day – [1.5 million of them in our GP surgeries](#). If the Government wants to transform the NHS, it must work with us to deliver a new practice contract with new funding agreed by the Treasury.

2024/25 Declaration of Completion for 'Simpler Online Requests'

GPC England has previously advised practices and primary care networks (PCNs) to defer signing up to 2024/25 PCN DES CAIP "simpler online requests" which may request the enable patient access to e-consultations every working day from 8am to 6.30pm (as part of the PCN voluntary contract incentives).

Whilst GPC England recognises the aspiration in relation to the on-line consultation platform and its role as one part of patients' opportunity to contact practices, we do not agree this element of the CAIP proposal was properly communicated during the 24/25 Contract consultation and remain very concerned about the potential implications of this issue for practices.

However, now that agreement has been reached for the 2025/26 contract, we would advise practices with outstanding claims for this part of the CAIP to submit their claims well in advance of Friday 28 March 2025, but citing the caveats of the above information from the BMA and GPC England. We will be publishing further guidance shortly.

Calderdale LMC Update

HbA1c Inaccuracies Update

The LMC have been in discussion with Calderdale ICB to reach an agreement on the reimbursement to practices for the additional work required to address the impact and clinical needs of all patients affected during the period September to December 2024.

Upcoming Events

LMC Meeting

The next LMC Meeting will be held on **Wednesday 14th May at 7:00pm.**

Contact Us

Calderdale LMC

E139 Dean Clough
Halifax, HX3 5AX
Tel: 01422 330011

Email Contacts:

marcus.beachamlmc@nhs.net
davina.mcdonald@nhs.net

Website: www.calderdalelmc.com

Calderdale LMC Limited

Registered in England
No. 13326597

The current position is that Calderdale ICB are now developing a specific proposal to finalise with the LMC. It is expected that this proposal is being developed on the patient lists most recently developed that include all affected patients. The intention is to base the offer on the funding level proposed in the LMCs letter to the ICB. The offer will be made at a practice level and will be an upfront amount based on the data and funding noted above. If we can agree to the proposal, this will not require practice invoices or detailed activity returns.

In recognition of the intention to resource this work, we are asking practices to move forward with the activity required and will ensure you are all kept fully informed once any proposal is considered and supported.

LES Negotiations 2025/26

Calderdale LMC has now concluded negotiations with our ICB on the new specifications and funding for all the existing LES agreements for 2025/26.

Through this process, we have continued to provide advice to our practices on the clinical specification and funding levels with an indicative RAG rating to support you in making your decision regarding sign-up.

Overall, this has led to a positive process with the ICB and the LMC believe the process led by the Executive has resulted in positive outcomes for our practices. In summary, the following final offers have been made to our practices:

Community Phlebotomy: **9.2% uplift**

Anticoagulation Monitoring: **13% uplift**

Ring Pessary: **5% uplift** plus funded training for PNs

Gonadorelin Analogues: **2.8% uplift**

Diabetes Level 3: **4.5% uplift**

The previous Treatment Room LES which was established as a 'basket' Les has been withdrawn and replaced by two separate activity agreements:

Wound Management: Funded on a per capita basis, based on the costs per appointment proposed by the LMC Executive.

Ear Wax Removal: An activity-based payment, again agreed at the costs provided by the LMC.

Shared-Care (Amber drugs) LES: Following lengthy discussions, practices have now received this specification and our separate advice on both the clinical specification and financial elements. This has been a process that has had its difficulties in being part of an initial West Yorkshire process but latterly a place-based process with our ICB.

Essentially, the ICB are confident that the new specification will see an **increase in funding, averaged across Calderdale, of 26%**. (Practice level will vary).

Our concerns within the clinical specification will continue to be discussed with the ICB with potential to review at agreed times.

LMC Statutory Levy Update

The substantial increase in workload associated with contract negotiation process, practice representation at partnership boards/meetings, additional meetings and working groups to support the implementation of the Interface Agreement and new pathway developments and the increase in individual workloads for our Executive members has led to significant budget pressures for the LMC.

Our first level of response to this has been to fully review our operational budget and take immediate actions to achieve the aim of a balanced budget. These actions have included fully reviewing staffing and infrastructure costs with specific efficiencies implemented, ceasing in-year additional reimbursements for LMC Officers above agreed sessions, this has resulted in a large number of hours being provided without pay, reviewing operational costs and securing reduced costs for IT and communication requirements.

To ensure that the LMC can move forward into future budget planning that will enable the security of a cash balance that covers three months operational costs, the Committee and Executive have agreed to increase the statutory levy by 12% requiring 10p per patient.

The voluntary levy will remain at 1p per patient.

Calderdale LMC New Committee

LMC Committee members 2025/28:

Dr Sajid Khan – Church Lane
Dr Sangeetha Ganeshamoorthy – Rastrick
Dr Raheem Mukhtar – Boulevard
Dr Majid Azeb – Spring Hall
Dr Imran Hussain – Brig Royd (**new member**)
Dr Richard Loh – Spring Hall
Dr Asif Yaseen – Boulevard
Dr Geetha Chandrasekaran – Plane Trees
Dr Ijabel Raymond – Brig Royd (**new member**)
Dr Seema Nagpaul – Calderdale
Dr Nathan King – Northolme
Dr Michaela Mensah – Keighley Road
Dr Dinesh Kumar (co-opted) – Plane Trees

“Calderdale LMC are here to support you in whatever professional role you undertake, whether in general practice, out of hours services, for the CCG, the Primary Care Network or any other setting. We are the first port of call if you have any concerns or queries related to work”