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LINCOLNSHIRE LMC NEWSLETTER

BY LINCOLNSHIRE LMC SECRETARIAT

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NHS 10-YEAR PLAN

The NHS 10-year plan was published last week. This plan will likely land well with the public promising same day access, genomic profiling and a single patient record while also aspiring for a transition to seamless preventative community-based care and rapid hospital treatment which they can rate with performance linked to hospital payments in an aim to drive up quality.

While it will land well with the public, it has significant potential risks for general practice with the ability of non-general practice organisations to hold the financial budget for populations of 50,000 to 250,000 patients (or more) and deliver services for those patients. We believe this is not a direction of travel that will work and risks a great cost financially, to patient outcomes and to general practice.

While some may see opportunity in the plan, it may fundamentally change how and what general practice delivers, and we must be clear that it can not be permitted to adversely impact our great practices and profession.

We strongly encourage you to read the 11-page executive summary if not the full 168-page summary both found here to learn more and consider how you perceive the risks to you and your practice:

<https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future>

The plan has no costings, no mention of increased investment to undertake the transformation and much of it may not come to fruition. However, we must be prepared and ensure general practice is at the heart driving any change for the benefit of our patients and our practices. Afterall, we know our patients and our communities best, we never operate in deficit, we are agile, and patients want us at the core of their care.

Lincolnshire LMC is already having discussions with local, regional and national organisations as to what general practice needs to do next. We expect to know more in the next 2 weeks and GPC England will be producing a formal response.



Article written by Dr Reid Baker, Medical Director, Lincolnshire LMC.

OCCUPATIONAL HEALTH SERVICES AVAILABLE VIA ULTH OCCUPATIONAL HEALTH DEPARTMENT

The Occupational Health Department at United Lincolnshire Teaching Hospitals NHS Trust (ULTH) offers a professional and confidential occupational health service that is accessible to General Practice staff..

If you need to make a referral, the team can be contacted via ulth.occupational.health@nhs.net. A referral form must be completed and signed by the employee's manager before any appointment can be arranged. Referrals can be made for consultation with either an Occupational Health Nurse or Physician, depending on the nature of the case.

Referrals may be made for the following reasons:

- **Short-Term Absence:** Sickness absence with no identified underlying condition. Often the employee will only be absent for a few days.
- **Long-Term Absence:** Sickness absence with an underlying condition which causes the employee to be absent for 2 weeks or more, or sickness absence of less than 2 weeks where there is no prospect of a return to work in the near future (e.g., stress).
- **Present at Work with a Health Condition:** The employee is attending work but requires assessment and advice on managing a health condition in the workplace.

There is a cost for this service, and the current price list is available upon request by contacting the Occupational Health team directly. However, some services are provided free of charge for GPs, and this can be confirmed with the team in advance.

Additionally, the Occupational Health Department offers an Employee Immunisation Information service, including (but not limited to) vaccinations for:

- Hepatitis B
- MMR (Measles, Mumps, and Rubella)
- Hepatitis A

These services help ensure practice staff are protected in line with NHS and public health guidance. For further details, please contact the team at ulth.occupational.health@nhs.net

Article written by Nick Turner, Practice Support Officer



LINCOLNSHIRE LMC INTERFACE UPDATE

The first six months in my new role as LMC Interface Officer have flown by. It's been a great chance to meet many of you and dive into the real challenges practices face when working across services.

Since January, we've been recording the queries you've raised through the LMC interface database. While the data only offers a snapshot – and we know it likely underrepresents the true scale – it's already helping us identify clear patterns and areas for future work.

The issues you're flagging span a wide range of services. What's clear is that when pathways aren't in place, or aren't being followed, it causes avoidable problems in general practice. By sharing these concerns, you're helping us shine a light on where support or escalation is needed – and we can only do that with your input.

Thank you to everyone who's engaged so far – whether that's through meetings, emails, or simply reporting concerns. It's giving us a much clearer view of the pressure points. I'm especially grateful to those of you who've invited me along to PCN meetings – these conversations are helping shape our priorities and focus.

The queries you've raised are already influencing real change. Over the past few months, we've developed practical guidance on hospital 'expedite' letters, reviewed GP responsibilities for Med 3 (fit notes), and explored the onward referral processes. We're also continuing work on the recent midwifery survey and are in active conversations with the maternity services.

The detail you provide in each query really matters. The more specific you can be – especially when hospital issues are involved – the better. Please include hospital names, departments, and clinicians wherever possible. This helps us identify patterns and escalate appropriately.

Thanks again for your input so far. It's making a real difference. Let's keep the momentum going.

Jane

Jane.down4@nhs.net

Article written by Jane Down, Interface Officer, Lincolnshire LMC



USE OF ARTIFICIAL INTELLIGENCE (AI) SOFTWARE IN GENERAL PRACTICE

GPC have provided a brief note focusing on the use of artificial intelligence in general practice. They have developed this brief note ahead of more substantial guidance aimed at supporting practices to meet their regulatory obligations.

We recognise the importance evolving technologies can play in our day-to-day work, and with the recent availability of AI software tools being able to interface with our clinical systems, this has never been more apparent.

However, we feel it is important to make it clear that there are risks associated with the use of technologies, especially if they are to be considered medical devices, and appropriate regulatory approval must be in place before clinical use occurs.

It is important to have absolute clarity around the use of confidential patient data, where it is transferred, when being processed, and where it may later be stored, and if it is made available for secondary purposes.

We must maintain our patients' trust in us as GPs and so must take the utmost care in the processing of their medical data.

In summary, practices, as data controllers, need to understand the risks they may be taking on if using such AI technologies, particularly at this early stage when the regulatory landscape is in a state of flux.

In the coming months we will be working with external bodies to ensure any necessary regulation occurs at a national level and that GPs have the protections they require if these tools are to be adopted more widely, ensuring at all times that patients maintain their high level of trust in their GP.

[CLICK HERE FOR THE FULL ARTICLE](#)



Article written by Nick Turner, Practice Support Officer, Lincolnshire LMC

THE EXPERIENCE AND SUPPORT NEEDS OF GENERAL PRACTITIONERS FOLLOWING A PATIENT'S DEATH BY SUICIDE OR SUSPECTED SUICIDE

Ethically approved by the Life and Medical Sciences Research Ethics Committee (Project ID: 1100)

Professor Helen Killaspy from University College London, is seeking your support for an important survey to investigate the experiences of GPs following a patient's death by suicide or suspected suicide.

This survey aims to investigate the effects of a patient's death by suicide or suspected suicide on general practitioners (GPs). The results will help improve the training and support provided to GPs after such an event.

What are the potential benefits or advantages of taking part?

Although there is no immediate benefit to you for taking part in this survey, the results will help to understand the experiences of GPs who have experienced a patient death by suicide or suspected suicide. The aim is to use this knowledge to inform the development of support mechanisms for GPs who may experience a similar situation in the future.

You can find further information about the survey and the survey itself here: https://qualtrics.ucl.ac.uk/jfe/form/SV_24VSJ9ibyKk5KD4

The survey should take no longer than 20 minutes to complete and will close on 25 July 2025.

Thank you for considering this request. If you have any questions regarding the study, please contact the main researcher, Yuke Zhou (yuke.zhou.24@ucl.ac.uk).

Resources for Clinicians Affected by Patient Suicide

The Royal College of Psychiatrists have included a list of resources for clinicians who have experienced a patient death by suicide or suspected suicide that you may find helpful in their report: 'Supporting mental health staff following the death of a patient by suicide: A prevention and postvention framework (2022)'. Links to these resources can also be found on the [survey information page](#).

EXTENDED CERVICAL SCREENING INTERVALS FOR 24-49 YEAR OLDS

On 10 June, [Minister Dalton](#) announced the implementation of extended screening intervals for cervical screening participants.

From 1 July 2025, most women aged 25-49 who test negative for HPV – meaning they are at very low risk of developing cervical cancer over the next five years – will be invited at five-year intervals rather than three. This applies to samples taken on or after 1st July and next test due dates remain the same for any samples taken before this date.

This change is backed by clinical evidence and a recommendation by the UK National Screening Committee. A system letter outlining the change and guidance to support commissioners and programme providers can be found [here](#) and includes the communications toolkit and FAQ (NHS Futures Account required).

RSV VACCINATION PROGRAMME INVITATIONS

In July 2025, NHS England will launch a national RSV invitation campaign to support uptake of the vaccine.

Invitations will be sent to unvaccinated individuals:

- who were aged 75-79 on 31 August 2024
- who have turned 75 since 1 September 2024

The invitation will advise people to contact their practice to book an RSV vaccination appointment. Practices should ensure they have sufficient capacity and stock to meet the expected increase in demand for RSV vaccination appointments to provide maximum protection before the RSV season.

NHS TO ROLL OUT HPV SELF-TESTING FOR UNDER-SCREENED

This week, the UK National Screening Committee (UK NSC) recommended that women and people with a cervix who never or rarely attend their routine cervical screening appointments can be offered a HPV self-sampling test option.

The NHS Cervical Screening Programme will now accelerate its plans to roll out this option from early 2026. A Q&A for cervical screening staff is available on FutureNHS (login required).

ONLINE CONSULTATION REQUESTS AND THE ASK OF GP PRACTICES FROM 1ST OCTOBER 2025 FAQs

General Practice in England is facing unprecedented pressures. The average number of patients each full-time equivalent GP is responsible for has risen by nearly 17% since 2015, now standing at 2,257.

As part of the GMS Contract changes for 2025/26, practices will be required to ensure patients can use online consultation software for:

- Routine appointment requests
- Non-urgent medication changes
- Administrative requests, such as fit notes

This requirement comes into force on October 1st, 2025. GPC England is currently engaged in ongoing discussions with NHS England and software providers regarding its implementation.

They have consistently raised the risks of uncontrolled access with NHS England and the Department of Health and Social Care (DHSC) during negotiations earlier this year. They have been particularly vocal about their major concerns regarding the Government's insistence on making online consultations available to all patients throughout opening hours.

At a time when they urgently need to expand GP numbers and premises, they have frankly told NHSE, DHSC, and the Government that this contractual demand risks creating significant waiting lists within practices. Practices will have no option but to triage effectively as this new policy threatens to open the floodgates, at a time when they are already struggling to cope with current workloads.

There is no need to change how practices are working before October 1st, 2025. However, preparation may be needed in how practices work with their practice teams.

GPCE are awaiting further updates from system suppliers on functionality. It is crucial for this to be provided promptly to give time for practices to plan.

Please see the FAQ document [HERE](#) which may answer some Practice questions.



Article written by Nick Turner, Practice Support Officer, Lincolnshire LMC

GP PATIENT SURVEY

The 2025 [GP Patient Survey results](#), which includes information on patient experience of general practice has been published.

The results of the survey show improvements in patients' experience of general practice when compared with 2024.

Key findings include:

- 4% of patients had a good overall experience of their GP practice, an increase of 1.5% from 2024.
- Compared with 2024, more patients reported they had tried contacting their general practice using their website or the NHS App.
- Across all three contact methods that patients were asked about (phone, practice website, and NHS App), around 50% of patients reported they generally found it 'easy' to contact their general practice.
- 4% of patients had used online GP practice services, a 5.4% increase from 2024.

The results are a positive reflection of the hard work of teams in rolling out measures such as improved digital telephony, triage systems and training care navigators.

Ipsos, who run the survey on behalf of NHS England, are hosting a webinar on 17 July, 12.30pm-1pm where more information about the survey, looking at key results from 2025 and how they compare to last year, will be provided. Sign up to attend on the [webinar registration page](#).

The results

- Search for a practice
- Compare a practice
- Analysis tool
- Latest results
- For GP staff
- Why use the data
- How Do I
- Uses of GPPS
- Past surveys

The CQC Mythbuster [108](#): Involving and engaging with the patient population and local communities details how GP practices engage and involve local communities in primary care is incredibly important, both in terms of reducing health inequalities and hearing and acting on feedback.



Article written by Nick Turner, Practice Support Officer, Lincolnshire LMC

Scan me



USEFUL LINKS

Training resources:

- [Lincolnshire Training Hub](#)
- [E-Learning for Health \(e-LfH\)](#)
- [NB Medical Education](#)
- [GP Forum CPD Opportunities](#)

Resources:

- [LMC Wellbeing Pages](#)

Networking:

- [Lincoln Medical Society](#)

Newsletters:

- [Sessional GPs e-newsletter](#)
- [GP Weekly Bulletin \(England\)](#)
- [GP Trainee Newsletter](#)
- [Practice Manager Association News](#)
- [The Cameron Fund newsletters](#)
- [IGPM Latest News](#)
- [People Promise Bulletin](#)
- [Primary Care Premises Insights](#)

Share the above wellbeing infographic with your team or visit

www.lincslmc.co.uk/infographic to download a copy.

EXTERNAL EVENTS

External training events:

- [Beyond Sleepness Nights- Managing Chronic Insomnia in Primary Care. It is a collaboration with MIMs Learning.](#)
- [Healthcare Employment Taxes Webinar](#)



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