WESSEX
Local Medical Committees

Supporting General Practice to be the best for our communities


# WESSEX LMCS' ANNUAL REPORT 2024-25

**July 2025**

# Introduction

The financial and political landscape has remained challenging for both our constituents and therefore the organisation. There are tentative grounds for optimism for General Practice with the resumption of substantive negotiations between the BMA and Government over this year's GP contract and a Government commitment to negotiate a totally new GP contract in the lifetime of this Parliament.

The patient population in the Wessex LMCs area stands at 4,039,628 an increase of 0.5% compared to April 2024.

Full time equivalent GP numbers (excluding GP trainees) across the Wessex LMCs' footprint stand at 1885, an increase of 1.7 % compared to last year. There are currently 2558 GPs registered on our database.

Wessex LMCs Ltd supports 297 GP practices. There has been a reduction of 7 GP contract codes compared to April 2024. Some of these practices will have merged. Some have closed.

Our Local Medical Committees' membership reflects a broad demographic and is vocal and active in representing their peers at a local, regional and national level.

We continue to be seen as the statutory voice for General Practice by our members and stakeholders. We have seen the development of more formal GP provider alliances across the Wessex area. They currently work well alongside us in amplifying the GP voice at ICB and ICS level. They may have an important role in the development of "Neighbourhood Health Providers" that are being described by the government in their visions of the future.

We have been supporting practices to implement BMA safe working recommendations and participate in BMA collective action. The office team have been particularly active in working with our ICBs to address commissioning gaps and to secure fair funding for locally commissioned services and un-resourced workload shift into primary care.

We maintain a good working relationship with the BMA General Practitioner's Committee England (GPCE) leadership. We secured the attendance of the Chair of GPCE at our annual conference to speak to and take questions directly from our constituents.

We continue our membership and representation at the Southwest Regional Association of LMCs which helps provide a strong and unified voice across the Southwest region.

This year, we have continued to refine and embed our governance structures to ensure the efficient running of the LMC Office, Board and Committees. Following on from the establishment of the organisation's Purpose, Mission, Vision and Strategy the Board have established our first iteration of organisational key performance indicators for Wessex LMCs Ltd. This report therefore does not detail all the work of the LMC but provides details of progress towards the key performance indicators with supporting evidence from our first Wessex LMCs' members survey.

The announcement of the dissolution of NHS England, the blueprint for the reconfiguration of ICBs and the publication of the 10 year health plan for England will have implications for Wessex LMCs Ltd and our members. Some risks / implications are already known, and these are reflected in our risk register.

**We remain committed to Supporting General Practice to be the best for our communities.**

**Dr Laura Edwards and Dr Andy Purbrick**

**Joint CEOs Wessex LMCs Ltd**

## Key Performance Indicators

| Strategic Goal | Desired Outcome | Measure |
|---|---|---|
| | | |
| **Influence in ICS** | Demonstrable increased resource into general practice | Demonstrable increase in funding over years into general practice |
| | | |
| **Address Workload Transfer** | Local agreement and meaningful action to stop un-resourced transfer into General Practice | Commissioning gaps:<br>• Identified<br>• Acknowledged<br>• Steps to address though commissioning pathways |
| | | |
| **Realism of Delivery** | BMA Safer Working practices implemented with safer patient care | • Annual membership survey:<br>• % of members reporting full or partial implementation of Safer Working practices |
| | | |
| **Effective Communication** | GPs feel well informed of local, regional and national issues relevant to them via our communications | • Annual membership survey<br>• Media coverage aligned with our messages |
| | | |
| **Source of Support** | GPs utilise the LMC as a trusted expert for addressing queries and accessing support | • Annual membership survey |
| | | |
| **Trusted Training** | The LMC is recognised as a 'trusted brand' for meeting the training needs of GPs and their practice staff that are not met by the NHS or other providers | Outcomes:<br>• % of member practices accessing training<br>• Review feedback of attendee surveys<br>• Complaints/compliments |
| | | |
| **Value for money** | The LMC is viewed as offering good value for the membership | • % of those answering positively in annual membership survey |
| | | |
| **Collaborative working** | The LMC supports collaborative working and contributes to a culture of system working in our local areas – breaking down primary and secondary care boundaries | • Were LMC key messages presented and heard in forums e.g. perceived value of GPs, messages around demand and complexity<br>• Evidence of messages being heard in actions taken by others |

## Influence in Integrated Care System

Against a backdrop of significant financial challenge at a national and local ICB level we have seen protection and investment in primary care budgets across the Wessex footprint. Other local NHS providers have seen a significant reduction in funding for the current year.

National negotiations between the BMA and Government have seen the biggest investment in the core GMS contract in a decade but uplifts to locally commissioned services continue to lag behind inflation and in some cases have become loss making for practices to continue to deliver.

Dorset ICB have provided a £245,000 uplift to phlebotomy funding and £1.5 million of new funding for shared care this year.

In BSW (Bath and Northeast Somerset, Swindon and Wiltshire), despite initially arguing that phlebotomy sits in core GMS funding, the ICB agreed to fund GP initiated phlebotomy on a capitation basis at £3 per patient via a £3million support offer for the 25/26 year. An item of service rate card was successfully negotiated for all locally commissioned services in BSW. We supported BSW practices in negotiating an increase in the total LCS budget from £11.4 million to £27 million for this year.

In Hampshire and the IOW LCS funding for the current year has increased from £18.8 million to £24.9 million and the ICB Board have committed to shifting more spending into primary care.

Frimley ICB uplifted this year's LCS budget by 7.12%.

We have a commitment from all our ICBs to work to address commissioning gaps and uplift or shift resourcing into the community where workload is transferred into general practice.

Public health budgets have not had significant uplift for a number of years now and we continue to lobby for fair funding. Public Health Dorset have agreed to an 8% uplift for LARC (Long Acting Reversible Contraception) and Intrauterine System (IUS) funding for the coming year, whilst acknowledging that the remuneration still falls well short of our costings. Hampshire and IoW have committed to reviewing the funding and we have secured an increase for IUS for non contraceptive purposes from the ICB.

83.5 % of survey respondents rated Wessex LMCs as Excellent or Good in fulfilling its local representative role.

*"Great presence at ICB meetings and a strong voice, and well respected - thank you"*

*"Our local team does an amazing job to hold the ICB and providers to account and make the electorate aware of the challenges facing primary care. Kudos to the entire team."*

Members' survey 2025

## Address Workload Transfer

As part of collective action, we have worked with practices across Wessex to push back against under resourced workload transfer and commissioning gaps. This is a large area of work requiring considerable culture change across the commissioning and system landscape.

Shared care has had considerable focus and is ongoing as a piece of work. We have focused on identifying commissioning gaps or areas of lack of resource and securing appropriate resourcing. We also advocate for work to be repatriated to secondary care where this is more appropriate or desired by local practices. Examples of areas this year included physical monitoring of patients with eating disorders, IUS for non-contraceptive use, follow up of post bariatric surgery patients, MGUS monitoring, FeNO, Inclisiran prescribing, advice and guidance, prescribing for gender incongruence and responding to UKHSA disease outbreak requests. Funding for some or all of these services has been secured in each area, with talks very much ongoing to ensure resources or services to refer to continue to be there for those gaps.

We have used primary / secondary care interface meetings to build relationships with our secondary care and community colleagues so that they better understand the workload pressures in general practice. We are continuing to lobby for better pathway visibility in some areas which currently hampers effective interface working. Interface meetings also serve as an opportunity to influence secondary care clinical pathway redesign and mitigate potential impact on general practice.

*"Great support and updates around recent phlebotomy contracts and shared care guidance."*

Members' survey 2025

## Realism of Delivery

Over the last few years, it has increasingly felt like general practice has been the only part of the NHSE system unable to say no to unlimited workload. Unsafe and unmanageable workload is cited as one of the biggest factors affecting GP recruitment and retention. Other NHS system partners run waiting lists with long backlogs directly and indirectly impacting on GP workload.

This year we have supported practices to start to take back control of workload by implementing BMA safe working guidance. As part of this process, we have supported practices and commissioners to better understand core GMS contractual obligations.

78.3% of respondents to our members survey had implemented aspects of BMA safe working guidance.

## Effective Communication

Our primary means of regular member communication is via our regular newsletter. We also run regular Practice Manager webinars which are then released as a podcast. In some areas we have also secured a joint webinar with the ICB.

*"Really excellent newsletter (especially a big fan of the podcast)"*

*"I like the mix of podcasts / webinars and newsletters….. website is good and I should probably use it more!"*

*"The improved website has helped"*

*"I feel that each newsletter I read and webinar I attend shows the LMC continually fighting the Primary Care corner."*

*"I think your weekly newsletters are excellent."*

Members' survey 2025

We also have social media coverage. Each of the Local Medical Committees has established WhatsApp groups for committee members and we are in the process of facilitating committee reps in some areas offering a WhatsApp channel for the constituent members to directly communicate with them.

Our annual conference is part of our training offer and also an opportunity for face-to-face contact with members. This year's conference with 250 delegates had representation from 44% of our Practices.

89% of survey respondents rated us Good or Excellent in keeping them informed about local, regional and national issues relevant to their practice.

In response to the employer's National Insurance changes announced in the Budget, we undertook a concerted campaign to inform and influence local MPs. We wrote to 39 local MPs and had responses from a significant number. Direct representation highlighting our concerns was made to HM Treasury and The Secretary of State for Health by a number of MPs and there was a question raised in the House of Commons.

We have worked with local media to highlight current pressures in general practice, as well as issues such as the potential implications of national insurance rises, GP unemployment and the record number of appointments we are currently delivering.

Wessex LMCS in the Media - Wessex LMCs

BBC TV ran a headline piece on BBC South Today regarding the potential negative impact of the national insurance changes featuring Dr Andy Purbrick. This was later taken up nationally on BBC Breakfast. The government subsequently added funding to the General Practice contract funding intended to meet this cost.

Dr Edwards and Dr Purbrick also featured on BBC radio and Greatest Hits Radio. Dr Edwards was interviewed by ITV about the impact of the University Hospital Southampton Laboratory Information Management system roll out which caused considerable disruption for practices and patients. Subsequent to this article there was felt to be better engagement from the senior management in the hospital and there was compensation paid to practices for all the extra safety work that had needed to be undertaken.

We have been interviewed and quoted on similar issues in the medical trade press (Pulse, GP online and the HSJ)

We have used podcasts for educational and communication purposes for our membership. We released 33 new podcasts in the year ending 31st March 2025 and we had 15,023 downloads across all our podcast content. https://www.wessexlmcs.com/podcasts/.

In November we produced a podcast with Healthwatch, and a patient representative specifically aimed at answering patient questions around what is happening to their GP Surgery. This has so far had 349 Downloads.

All podcasts are promoted across our social media channels and newsletters

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|---|---|---|---|
| 1589 followers |  | X | @WessexLMCs |
| 530 followers |  | Facebook | @WessexLMCS |
| 180 followers |  | Instagram | @Wessex LMC |
| 150 followers |  | LinkedIn | Wessex Local Medical Committees Limited |

*"Great podcasts, easy to contact, great newsletters. Much more proactive than LMCs in previous areas I have worked"*

Members survey 2025

## Source of Support

Our core work continues in the background answering daily queries on behalf of our members and their practices. It is difficult to quantify but important to recognise as it forms a significant part of the day-to-day office workload.

We also provide support and guidance via the Wessex LMCs website. In the year ending April 2025 there were 622,988 website hits, an increase of 54% on the previous year.

78.5% of survey respondents agreed or strongly agreed with the statement that "Wessex LMCs supports me in my role" and 77.6 % agreed or strongly agreed that "Wessex LMCs supports us as a practice".

*"I know they do a lot of work on practices' behalf, and I really value what they offer. They are always approachable for support; PM support webinars are also invaluable. I am sure they do a lot of work behind the scenes that we do not know about, but they come back to us with updates and information"*

*"They are incredibly supportive and responsive to any request for support or advice"*

*"Could not imagine life without the support of LMC"*

*"Wessex LMCs are very supportive. No query is a silly query, and they respond in good time to offer support, reassurance or advice. We are very lucky to have such a supportive and friendly LMC team!"*

*"I know they do a lot of work on practices behalf, and I really value what they offer. They are always approachable for support; PM support webinars are also invaluable."*

Members' survey 2025

## Trusted Training

In the last year, LEaD has taken 3872 bookings from 338 practices for 165 different courses. More than 90% of our practices have utilised our training resources. Training has been delivered via online webinars, podcasts, conferences and face to face.

We try to identify unmet training needs for the primary care team and fill this gap with our training offer.

Post attendance survey feedback indicates that 97% of respondents felt that the event that they had attended had met their educational need. 82% reported that the course leader was good or excellent.

*"Amazing LMC conference"*

*"The support of the training resources and courses is awesome"*

"*I have attended LMC organised events and found them to be excellent - Thank you*"

*"The conferences give the direction of travel"*

Members' survey 2025

## Value for Money

Our aim this year was to achieve financial balance. We set a budget accordingly and the accounts this year show a £1541 operating loss which is in keeping with our financial strategy.

We continue to look at areas of the business from a cost-benefit perspective for our members, conscious of the need to continue to deliver value for money in the coming year.

**90% of survey respondents felt that the services offered by Wessex LMCs represent good value for money.**

*"The most helpful organisation for General practice"*

*"We could not do the role we do in Practice Management without the support of the LMC, simple as that!"*

Members' survey 2025

## Collaborative Working

We interact with over 50 local, regional and national stakeholders to ensure issues relevant to General Practice are heard and addressed.

Examples of actions taken because of our collaborative working approach include:

Direct parliamentary lobbying by local MPs around national insurance and GP contract and subsequent government funding to ease the situation.

Commitment from local MPs to lobby ICBs for left shift in resourcing to support primary care.

Established primary / secondary care interface meetings, with secondary care providers lobbying ICBs on behalf of primary care for adequate resourcing of shared care, phlebotomy and commissioning gaps.

Support with patient messaging around access to General Practice from Healthwatch.

Direct interactions with PCSE to address members' pension issues.

ICB commitments in multiple areas of our patch to increase LCS funding despite an initial stance of there being no additional resource available.

Supportive media coverage of the current issues facing general practice.

Acknowledgement and acceptance from system partners of the need for GPs to implement BMA safe working guidance (removal of the threat of GMS contract breach notification being used).

Agreement in one area from local Ambulance Trusts that GPs can't be expected to take paramedic calls mid surgery for the purpose of making clinical decisions around patient conveyance.

Improved utilisation of Pharmacy First schemes, working with Local Pharmaceutical Committees (LPCs) and local pharmacies to take pressure off GP appointments.

Collaboration with local GP alliances / provider groups (where they exist) to strengthen practice collective action and negotiation around locally commissioned services and commissioning gaps.

Invitations for Wessex LMCs to speak nationally both at the Primary Care Premises' Forum Annual Conference and NHS Property Services Advisory Services Spring Conference. These opportunities allowed us to highlight to their members the current challenges and potential solutions for General Practice in England.

We have seen ICBs working more collaboratively with each other, especially in the Southwest region, and this has further highlighted the importance and benefit of our continued participation in the Southwest Regional Association of LMCs. We have been able to collectively challenge ICB "benchmarking" of service funding in the Southwest region.

We continue to work closely with the BMA to inform them of local issues that need addressing at a national level. GPCE executive team have attended our national conference to engage with Wessex GPs.

Our Local Medical Committees have been well represented at National LMC conferences over the last year, with a number of Wessex motions nominated for debate and passed by conference.

*"They do a fantastic job representing us on a regional and national basis, as well as answering individual queries we have promptly and helpfully. The support of the training resources and courses are awesome too!"*

Members' survey 2025

## Conclusion

This has been a busy year and productive year for the company against a challenging background. The company has received highly positive feedback from its members. The company and its Board will reflect on the feedback received in the survey and the team will continue to work hard to fulfil the strategic aims of the company and meet the organisational KPIs. We are an organisation that listens to its members and responds to feedback. In this challenging climate we will continue to adapt our services to meet the needs of our constituents.

WESSEX
Local Medical Committees

Supporting General Practice to be the best for our communities


Our vision is of sustainable General Practice, where our patients receive excellent care in a well-resourced model.

In our vision, our General Practitioners, and their teams, will be thriving in their careers and will have time to care today and be able to invest and plan for tomorrow.

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