



Londonwide LMCs

The professional voice of London general practice

Ruth Donaldson, Jacqui Sarakbi, Javina Sehgal, Dr Katie Coleman
North West and North London ICB

By email

1 October 2026

Dear Ruth, Jacqui, Javina and Katie

We are writing with respect to our concerns regarding the lack of engagement and support for General Practice as part of the Winter Pressure plans, outlined in your system letter dated the 11th of September.

We were disappointed that it was only by attendance of Dr Vicky Weeks at PCMOC on the 16th September that the LMC became aware that this letter had been circulated and that the allocations for Winter Pressures funding had been made to Acute Trusts and Mental Health Trusts. We were astonished to learn that, unlike previous years, that not only had no funding had been allocated to General Practice, but that there had been no engagement with General Practice and the LMC prior to developing the proposals.

In previous years LMCs, as the recognised representatives of General Practice, had been consulted upon the proposed Primary Care Winter Projects which PCNs/Practices were being asked to deliver on. This enabled ICB's to communicate plans, with the confidence, that General Practice insights, expertise and independent oversight had been sought. These included projects such as proactive care for at risk cohorts, with case reviews of vulnerable patients to support winter readiness and mitigate the risk of unplanned admissions, improve vaccination uptake in eligible patients and increase the access for target groups such as elderly and paediatrics. This required submission of both indicative activity plans and post evaluation reporting, thus evidencing the increased activity and enhanced care provided and what was essentially a co-ordinated approach across General Practice of admission avoidance of vulnerable patients.

We have been subsequently informed that primary care colleagues are to engage in local discussions as Winter Plans are developed, and that PCNs are not expected to prepare any formal submissions for funding. This suggestion from the ICB to Primary Care colleagues is deeply flawed, as there are minimal mechanisms in place to support this approach, particularly in the advised timeframes. It has now become evident that both Acute and Mental Health Trusts had not interpreted the ICB system letter as indicating that some of the monies allocated would need to be passed on to General Practice, which is understandable as there is no specific mention of General Practice or indeed Primary Care in the letter. It also remains in question as to what financial mechanism there is in place that would enable any transfer of monies from Trusts to General Practice, when the money is specifically allocated to a Trust, even if via a named provider such a GP Federation or a GP Provider Collaborative.

To all intents, Trusts, having prepared their plans, are in the final stages of signing these off through their own governance processes, which does not include General Practice. It is only now at this late stage, and with submission next week, that some Acute Trusts have asked the NCL GP Provider collaborative to provide costings on additional capacity for:

All day Monday and Tuesday and 15:00-22:00 on weekdays and weekends, with a mix of practice capacity and additional capacity in Bridging Access Services.

The professional voice of general practice in West and North London LMCs

Registered and office address: Tavistock House South, Tavistock Square, London WC1H 9LG.

T. 020 7387 2034 E. info@lmc.org.uk www.lmc.org.uk

Registered in England No. 6391298.

Londonwide Local Medical Committees Limited is registered as a Company Limited by Guarantee

Chief Executive: Dr Lisa Harrod-Rothwell

INVESTORS IN PEOPLE®
We invest in people Silver

We are unsighted on the asks of practices in the legacy NWL ICB footprint as part of this process.

Increase in pressures during the Winter period, as experienced by General Practice, doesn't operate at a practice level in this way. Although the conversations between Trusts and GP Provider Collaborative in trying to mitigate the impact of the complete lack of any Winter Pressures allocation for General Practice may be viewed as positive, the end result is less autonomy for GPs and their practices in how they will meet the challenges of Winter Pressures, sensitive to local patient need, instead working as an adjunct to Acute Trust requirements.

Going forward, we would expect to see, as in previous years, planning discussions which will include not just the requirements from General Practice in responding to Winter Pressures, but the development of an approach that is aligned to ongoing Primary Care system change, such as the development of INTs. These discussions not only need to include primary care colleagues, but as a fundamental principle, the inclusion of the LMC as an essential partner in this process. And when the After-Action Review of both the planning process, implementation and outcomes occurs, the LMC is an integral part of the review and discussion.

The overall impact of not just how the Winter Pressures allocations were made, but the way it has been done, with the exclusion of GPs and importantly with no regard to the inclusion of the LMC and LMC GP colleagues who are the mandated representatives of General Practice, has resulted in a further demoralisation of GPs. Unfortunately, because of this approach, the widespread view that is being expressed by our constituents is that the ICB doesn't value General Practice, its GPs, and the role of LMC's.

Yours sincerely

Jamie Wright
Director of Primary Care

Dr Hannah Theodorou
Medical Director

Dr Vicky Weeks
Medical Director

Dr Asiya Yunus
Medical Director

Lesley Williams
Assistant Director of Primary Care

Joni Wilson-Kaye
Assistant Director of Primary Care

cc: Richard Dale
Jan Maniera
Sarah McDonnell-Davis
Sarah McIlwaine
Jo Sauvage
Rhian Warner