



Update from the Consortium of Lancashire & Cumbria LMCs



Tuesday 2nd December 2025

Help Us Grow Our Audience

We understand that you are busy and are likely to receive many emails on a daily basis. However it is important for you to receive communications from us because **we can help and support you**. We know there are many colleagues who do not receive our brieflet, so please help us by sharing this with your team and letting us know to add them to our distribution lists.

Prescribing of Sativex (Cannabis-Based Medicine) (L&SC Only)

It has been brought to our attention that the cannabis-based medication, Sativex, is currently classified as an Amber 0 medicine within the Lancashire and South Cumbria footprint. NICE guidance is explicit that Sativex must be initiated and prescribed by a specialist team. Any transfer of prescribing to primary care may only occur under a formal shared care agreement, and only where the primary care prescriber is both willing and clinically confident to assume this responsibility. Participation in shared care is entirely voluntary.

NICE shared care guidelines:

1.5.2

Following the initial prescription, ongoing prescribing of cannabis-based medicinal products may be undertaken by another prescriber under a shared care agreement and under the direction of the initiating specialist prescriber, provided that:

- shared care is appropriate and in the person's best interests
- the person's condition is clinically stable
- the other prescriber is confident in making a fully informed prescribing decision regarding cannabis-based medicinal products.

For further information, see [NHS England's guidance on prescribing responsibilities between primary and secondary/tertiary care.](#)

1.5.3

The efficacy and safety of cannabis-based medicinal products should be monitored and reviewed by the initiating specialist prescriber, who should also adjust doses as necessary as part of the shared care agreement.

1.5.4

A shared care agreement for a person receiving a cannabis-based medicinal product should include:

- the responsibilities of all parties (initiating specialist prescriber, other prescribers, the patient, and any family/carers)
- the nature and frequency of monitoring, and how this will be recorded
- criteria for stopping treatment (e.g., lack of efficacy)
- how suspected or known adverse reactions will be managed
- agreed communication processes between all parties





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- arrangements for funding the treatment
- plans for maintaining continuity of care if the patient or prescribers relocate (including transitions to adult services).

We have formally requested that LSCMMG review this matter urgently and re-classify Sativex as Amber 1.

Until the LSCMMG review is completed, discussions with the LMC have taken place, and shared care guideline and supporting documents are in place and readily accessible, our recommendation is that GPs do not issue new prescriptions for this medication. Where this drug is already being issued by practices our recommendation is for practices to take steps to repatriate these patients back to the original requestor / speciality but continue issuing the medication until this is completed.

No more point scoring – let's prioritise practice wellbeing and patient safety

Last week, the Secretary of State for Health, Rt Hon Wes Streeting MP, [wrote to all GPs in England](#). This was in response to the GPC England officer team being firm in stating what is needed for NHS general practice and with regards to the new requirements from October 1st, including mitigations for safer management of online consultations that many are struggling to cope with. If you feel you are getting unfairly pressured by the ICB, please [contact the LMC](#). You can read the GPC England Chair's response to the Secretary of State's [letter here](#).

When GPs entered into dispute with the Government on 1st October 2025, it was underpinned by the very real and present dangers of practices being overwhelmed by unlimited online queries. As the HSSIB (Health Services Safety Investigations Body) said in relation to [electronic patient records](#), we must be wary that 'systems which are poorly implemented, difficult to use, or do not meet the needs of staff and organisations can introduce avoidable patient safety risks, which can contribute to serious harm'. They previously [published a report on online consultations](#) in July 2025 confirming 'a proactive approach to identifying risks to patient safety must be undertaken'.

GPC England met on Thursday 27th November to discuss the current political situation and consider appropriate next steps. They emphasised that the safety of patients and acting in the best interests of practices and their teams, remains their primary concern. They noted that further point scoring is unhelpful and that constructive work is needed to promote wellbeing in practices and ensure patient safety.

GPC have consistently sought to work with the Government throughout the year to support its aspirations in a safe and effective way. However, in recent weeks these efforts have been undermined by media briefings and unnamed sources making attacks on the integrity of the profession. For more information, colleagues are directed to the [campaign page](#).

GPC have had an approach from the Government's side which is welcomed, and we will keep colleagues informed with next steps.





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GP Contract Consultation

Last week, GPC England learned that the Government plans to consult more widely on the 2026/27 GP contract. While stakeholders are consulted each year, GPC notes that the Government acknowledges this is a change from its usual approach.

GPC may also choose to widen its own consultation and is confident that stakeholders will share more common ground than the Government expects, creating an opportunity for constructive collaboration.

They recognise that the Government may wish to avoid April 2026 changes being viewed as a contractual imposition, but there remains a risk that the process could still lead to a difficult contract for the profession. GPC states they are prepared for all outcomes.

The Government has confirmed it will continue to engage with GPC on the Statement of Financial Entitlements and remains committed to GMS renewal within this Parliament.

GPC now awaits the Government's proposals for 2026/27 with interest as well as a response after sharing the safety concerns identified through the online consultation survey, completed by over 1,300 practices. Further information can be found [here](#) and below.

Online consultation survey results

Thank you to everyone who took the time to respond to the GPC online consultation survey. More than 1,300 responses were received - one in five practices in England, representing nearly 14 million patients.

The [survey showed significant concerns about the GP contract changes relating to online requirements introduced on 1 October 2025](#). 73% of responding practices said they had to change how they work because of the contract change, and many reported negative effects on both patients and staff. 42% of practices have had to reduce face-to-face appointments, reducing the time patients spend with their GP. 45% of these practices said they've had to redeploy staff to accommodate for the changes, and over half had seen a negative effect on patient care. Despite our warning of the risk of patient harm, 74% of practices had seen an increase in workload, 68% reported an increase in stress, and 54% said there was an increase in working hours.

The current dispute with the Government includes this issue, after it failed to meaningfully engage with GPC England to deliver the necessary safeguards prior to 1 October 2025, as per conditions to agreeing the terms of the 2025/26 contract.

GPC have repeatedly said that patient access must be clinically safe. To ensure that happens, practices must retain the ability to manage their consultation systems safely, including when demand exceeds safe capacity, rather than being forced to prioritise convenience over patient need in a woefully under-resourced environment. Colleagues are encouraged to continue using the BMA [safe working guidance](#).

[Watch a video](#) of what GPs really think about the online consultation changes

Read more about the survey results and the dispute on the BMA [GP contract campaign webpage](#)





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BMA analysis of the Budget

Last week's Autumn Budget includes several measures likely to affect GPs. The National Living Wage for workers aged 21+ will rise by 4%, increasing employer costs, and GPC England will push for these to be reimbursed.

Tax thresholds and the employer National Insurance threshold will remain frozen, meaning staff will pay more tax as salaries rise and GP employer costs will continue to increase.

Higher-than-expected inflation also means slower NHS budget growth. The Government announced £300 million for NHS technology investment and committed to delivering 120 Neighbourhood Health Centres by 2030 through a Public Private Partnership model.

Pension changes are not expected to affect most GPs, as the NHS pension is not a salary sacrifice scheme.

Read the full BMA analysis of the Budget: [Budgets and fiscal events - Budget - BMA](#)

OpenSAFELY

Practices using SystmOne or EMIS Web are reminded to activate the NHS OpenSAFELY Data Analytics Service in their clinical systems following the data direction that was issued on 9 June 2025 by the Department of Health & Social Care. NHS England have written to practices who are yet to activate to remind them. Instructions are available [here](#). Activation is a legal requirement of the Health and Social Care Act. OpenSAFELY has the full support of the profession.

