



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 3<sup>rd</sup> March 2026

## 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.

## GP Contract

The recently released GP contract represents a profound disappointment. At a time when General Practice is carrying unprecedented levels of strain, these proposals fall dramatically short of what is required to stabilise and sustain the service. They do not address the structural underfunding that has eroded resilience over many years. They also do not confront the workforce crisis in any meaningful way. And they do not acknowledge the relentless, unfunded workload shift from other parts of the system that practices continue to absorb without recognition or recompense.

True to form we are instead presented with headline-friendly soundbites. Designed to drip feed voter friendly messaging that none but the discerning will dissect in any meaningful manner to realise that these are all sticking plasters. Proposals that completely ignore any discussion or work that has been ongoing at local health commissioning levels.

The suggestion that GPs will receive a £3,000 incentive to prescribe GLP-1 medications for obesity is a case in point. This framing is not only misleading but also insulting. In reality, many ICBs have already applied the handbrake on meaningful rollout due to understandable financial concerns about affordability and system capacity. To portray this as a windfall for General Practice ignores both the commissioning constraints in place and the clinical workload implications. It reduces a complex, system-level challenge to a simplistic narrative of "GP bonuses," which does nothing but fuel public misunderstanding and resentment.

Equally troubling are headlines implying that GPs will now be compelled to see patients on the same day if concerns are deemed urgent. As though practices have not been triaging and prioritising urgent need every single day for decades. Such statements create the illusion of decisive reform while offering no additional workforce, no protected capacity, and no realistic plan to manage demand. It risks inflating public expectation without increasing supply - a dangerous combination for already overstretched teams.

Across our area, practices are buckling under the combined weight of rising patient demand, growing complexity, workforce gaps, and continued workload transfer from secondary care and other system partners. This is not a marginal pressure; it is existential. Sadly the narrative being presented nationally does not reflect the lived reality in our consulting rooms.

In summary, these proposals fall catastrophically short of what is required to provide the meaningful support General Practice needs to withstand the extraordinary pressures it faces. We continue to manage ever-increasing unmet patient need within our local populations while absorbing responsibilities that are neither resourced nor commissioned appropriately.





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As a profession we must not allow this moment to pass quietly. If we are to protect the independent contractor model, safeguard patient safety, and preserve the viability of community-based General Practice, we must stand together and united. That means speaking honestly about capacity and what can realistically be delivered with the funding that is available. It means challenging misleading narratives. It means refusing to accept unfunded workload transfer as the new normal. It means insisting that genuine reform requires genuine investment.

Most importantly it means insisting that the profession be recognised with the respect that it deserves. Not through government sound bites but by demonstrable action and funding that is commensurate to the work that practices are carrying out on a daily and thankless basis. I have always believed that our strength lies in our unity. Now is the time for clarity, solidarity and collective resolve.

[Please watch Dr Katie Bramall's, Chair, GP Committee video message to GP colleagues here.](#)

The BMA GPC are now moving to a referendum of the profession and will consider what action to take next as a result of this imposition. In tandem the LMC will consider the local picture and how we collectively safeguard the profession and ensure the GP voice is heard, supporting action to do this where necessary.

Kind Regards

Dr Adam Janjua

LMC CEO

### **NHS Health Checks - LCC/ LMC Survey (Fylde Coast, Central Lancashire & East Lancashire Only)**

Lancashire County Council has developed a set of discussion questions aimed at generating meaningful insight and informing service improvement. The LMC is seeking feedback from practices and would value your input.

Please complete the short survey relevant to your area:

**Fylde Coast** – <https://www.surveymonkey.com/r/CQP2PL9>

**Central Lancashire** – <https://www.surveymonkey.com/r/NS55LPF>

**East Lancashire** – <https://www.surveymonkey.com/r/NSBDLNT>

Your feedback will help ensure that practice perspectives are clearly represented.

### **Employment Rights Act 2025**

The latest reforms under the Employment Rights Act 2025 took effect on 18 February, rolling back much of the restrictive Trade Union Act 2016. Changes include extending strike mandates to 12 months, reducing strike notice periods to 10 days, simplifying ballot rules, strengthening dismissal protections, and scrapping picket supervisor requirements. Further information on the Government's timetable for reform is [here](#). Critically, scrapping the arbitrary 50% turnout threshold and introducing e-balloting have been delayed until at least August 2026. The BMA will continue to hold Government to account for the timely delivery of these commitments.





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### Fylde Coast GP Council Meeting (Fylde Coast Only)

You are invited to attend the reconvening of the Fylde Coast GP Council, formerly known as the Council of Members.

**The invitation is for one GP or an agreed Representative from each Practice.**

The main agenda item will be a discussion regarding the potential development of a Fylde Coast Federation, or other models of Working at Scale. This is an important opportunity for practices to come together to consider future collaborative arrangements and to help shape the direction of general practice across the Fylde Coast.

The meeting will be held at **The Grange, 2a Bathurst Ave, Dinmore Ave, Blackpool FY3 7RW**. There may also be the option to join online for those unable to attend in person. Please [let us know](#) if this is your preference.

A full agenda will follow.

We strongly encourage each Practice to ensure representation, as the discussions will be shaped by those present.

### Improving the nation's diet: the impact of ultra-processed food

A new BMA report [Improving the nation's diet: the impact of ultra-processed food](#) has been published, which examines the consequences of harmful dietary patterns, including rising consumption of UPFs (ultra processed foods) and calls for measures to protect the health of the population. Read more [here](#)

### Pharmacy services microsite for patients

[Community Pharmacy England \(CPE\)](#) has developed a small '[micro' website](#) to provide information to patients on three CPCF (Community Pharmacy Contractual Framework) services and directing them to the NHS website search functionality should they wish to identify a pharmacy to access a service. This is intended to address concerns that some websites providing similar information for patients only direct them to a limited list of pharmacies providing the services. The microsite also contains information for patients on their right to choose which pharmacy they use for the provision of services.

