Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 3rd November 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.

Accountability and Trust (L&SC)

Sadly, we continue to see examples of unresolved commissioning and service-delivery issues being allowed to drift, with repeated assurances of solutions that are subsequently delayed, deferred or simply fail to materialise. The headache pathway discussions and assurances, MGUS arrangements and smoking cessation are just some recent examples. These are not isolated problems. They reflect a wider and increasingly familiar pattern in which general practice is left dealing with the consequences of commissioning gaps, service failures and decisions that sit outside our control.

We must remain firm in our resolve to see these matters through. It is not enough for the ICB to acknowledge a problem, promise a solution and then allow it to drift. We need tangible outcomes, clear accountability and agreed timescales. Where commitments have been made, we will continue to hold the ICB to them.

Equally, we must remain resolute in challenging the continued transfer of workload into general practice without appropriate commissioning, funding, capacity or clinical governance. Whether this involves hospital results, monitoring responsibilities, prescribing, new pathways or work resulting from service gaps that have not been properly commissioned, the principle remains the same: **general practice cannot become the default provider of last resort whenever another part of the system fails to deliver.**

We recognise the pressures that practices are under and the understandable desire to do the right thing for patients. However, goodwill must not become an expectation that practices will continually absorb additional responsibilities, often without the resources or infrastructure to deliver them safely and sustainably. The LMC will continue to challenge these issues collectively, pursue outstanding commitments and support practices in maintaining appropriate contractual and professional boundaries.

More importantly we also need colleagues to stand together. Where individual practices feel pressured to take on additional work, or encounter attempts to transfer responsibilities without proper agreement, please raise this with your LMC. The more consistently we identify and challenge these issues, the stronger our collective position becomes. **Our position is not about refusing to work collaboratively or doing what is best for patients. It is about ensuring that responsibilities are properly commissioned, funded and supported, and that general practice is not left carrying the consequences when the wider system fails to deliver.**

We must remain united, consistent and firm. If we do not defend the sustainability of general practice, nobody else will do it for us.



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Cloud Based Telephony Contract Renewals

The LMC is aware from a number of practices that they are facing significant increases in cloud based telephony renewal quotes, including for current contracts expiring in 2027. We recognise the pressure this creates for practices and want to ensure that concerns about affordability and contract terms are raised through the appropriate local and national routes.

In particular, we are seeking:

- Clarity of local contacts and the process for practices needing support with renewals.
- A coordinated review of upcoming contract expiries and the increases being quoted, drawing on any information already held from the original procurement programme.
- Guidance on available options, contractual protections and opportunities for coordinated procurement, with urgent support for practices approaching notice or renewal deadlines.

NHSE's published position is that telephony contracts are held by practices and ongoing costs are a practice responsibility, funded through the Global Sum. Additional funding cannot therefore be assumed. We will nevertheless use the evidence we are receiving from practices to raise concerns about affordability and the effectiveness of the national procurement arrangements through national LMC and BMA channels.

Please also alert the LMC if a deadline is approaching or you are having difficulty accessing support.

Please check your existing contract now, particularly its expiry date, notice requirements, automatic renewal provisions and any clauses allowing price increases. Allow sufficient time to obtain advice and compare options before making a new commitment. Simply leaving a renewal unsigned may still result in automatic renewal under the existing agreement.

Donepezil Monitoring – LMC position (L&SC)

The LMC has been made aware of a recent circulation to practices around Donepezil which states that primary care should undertake a pulse check 3 weeks after treatment is initiated, with an ECG if indicated. These monitoring arrangements have not been agreed with the LMC and we absolutely reject this blatant workload shift. We will be raising this with the Lancashire and South Cumbria Medicines Management Board to seek clarification and request that the guidance is reviewed. If the commissioners would like to have this work done in primary care, it will need to be accompanied by a robust discussion about funding for the work undertaken.

The LMC's position is that practices should not be expected to take on this additional monitoring following specialist initiation. Responsibility should remain with the initiating service who should undertake the required safety checks and only request handover of the prescribing responsibility when the dose is stable and safety parameters have been met.

We will update practices following our discussions.



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LMC View on 8 day Removals

From time to time and in light of the experiences of our constituent practices, we review the resources and guidance that we make available to support them. We have recently been discussing patient complaints in the context of patient removals for practice lists. In terms of 8 day removals, we have pulled together a position statement to share with the ICBs we cover locally and reference it here for your attention: LMC position statement: Patient removal following breakdown of the GP patient relationship

Smoking Cessation (L&SC)

The LMC maintains that smoking cessation medications e.g. Varenicline should not be prescribed in general practice without a properly funded LIS/LES agreement in place. We continue to raise this with commissioners. We have recently been made aware that colleagues within the smoking cessation service in Lancashire and South Cumbria are sending communications to practices that state:

"Varenicline (formerly Champix) has now been reinstated and is available for GPs to prescribe at their discretion. At this time Smokefree Lancashire cannot prescribe this medication, make recommendations, assess patient suitability, or send requests for this medication due to our service not having a pathway in place, this is in discussion with our commissioners."

There is a commissioning gap to be filled here. The default position must not be for GPs to become 'the provider of last resort'.

Communication we have seen from SmokeFree Lancashire also suggests that "*some GPs are now prescribing it to patients who have the option to receive regular behavioural support with us for the duration of treatment*."

Please be reminded that you are under no obligation to prescribe and if undertaking such work, you are doing so unfunded.

We have made it very clear to commissioning colleagues that the current pathway/working practice is inappropriate and that if GPs are expected to be involved, practices need to be appropriately resourced.

We have also been concerned by recent reports of smoking cessation services writing to GPs for 'consent' prior to nicotine replacement being commenced for patients on antipsychotic medications who are under the care of mental health services. We are following this up separately and would welcome any further feedback practices have on this issue.

LMC Vacancies - Help shape the future of General Practice

Three of our five Committees currently have seats available for GP representation:

- Central Lancashire: 1 Vacancy available (Chorley & South Ribble)
- Lancashire Coastal LMC: vacancies available
- Lancashire Pennine LMC: 1 vacancy available (Rossendale)

Please let us know if you are interested in being a LMC member or would like to find out more.

You can find your LMC representatives on our website here.



Update from the Consortium of Lancashire & Cumbria LMCs

New Patient Video Series – "Making Sense of the NHS"

We are launching a series of short videos to help patients and the public better understand how the NHS works, while helping to reduce unnecessary pressure on general practice.

Each video is free for practices to use and can be shared on social media, added to practice websites or played on waiting room screens. We simply ask that the original attribution is retained. For the best viewing experience, we recommend playing the videos directly via YouTube.

Our first video: "You Were Sent There for a Reason"
This short video encourages patients not to leave hospital or A&E before they have been assessed and explains why their GP cannot simply take over care that should be provided by the hospital.

Watch and share the video: https://youtu.be/7HC0W_Se38A

Suggested wording for practices to share with patients
To make sharing easier, we have provided the following wording which practices are welcome to copy and use on your social media pages or websites:

You Were Sent There for a Reason
If you've been referred to hospital or attended A&E, it's important to follow the advice you've been given and stay until you've been assessed.

Your GP can't always pick up where the hospital left off. Hospital teams and GP practices have different responsibilities, and leaving before you've been seen could delay the care you need.

Watch this short video to understand why, and help us make sure you receive the right care, in the right place

https://youtu.be/7HC0W_Se38A

Part of the "Making Sense of the NHS" video series, created by the Lancashire & Cumbria Consortium of Local Medical Committees.

More videos coming soon
Further videos will be released as part of the series, including resources aimed at hospital colleagues to improve understanding of general practice responsibilities and help reduce inappropriate workload transfers.

We will share each new video through our newsletter and encourage practices to make use of these resources wherever possible.

