



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 7th July 2026

New Collective Action for practices in July – Refusing new requests for Shared Care

Please see our recent Newsflash regarding [GP COLLECTIVE ACTION: SHARED CARE - JULY 2026](#).

Advice specific to North Cumbria and the Medicines LES will be circulated.

This is a reminder that the BMA are asking GPs and practices to [refuse all new requests for shared care](#) where these are not appropriately resourced. GPs and Practices should not accept new informal arrangements and should only enter them where terms are clear, clinically safe, and adequately resourced. The BMA also encourage practices to work with their LMCs and use this as an opportunity to review any existing arrangements, check that protocols remain up to date, clarify responsibilities, identify prescribing that takes place without formal agreements, and ensure that prescribing, monitoring and recall systems are robust and consistent.

Taking part in this action is lawful. Shared care arrangements are voluntary. GPs must only enter into them when they can provide care safely, have adequate resources, and have clear agreements in place that clearly set out responsibilities for everyone involved. Without these safeguards, practices will likely struggle to deliver shared care safely while continuing to meet the wider needs of their registered patients.

Practice action this month:

The BMA are asking practices to raise your concerns about the current contract and the future of general practice [directly with your local MP](#) – who will shortly go into parliamentary recess for the summer and have more time in their constituency. It is the ideal moment for practices to co-ordinate a letter-writing campaign and the BMA have tried to make this as simple as possible for you with their online tool.



You can use this [tool](#) to write to your MP and urge them to support their local practices by holding government to account. The letter calls on MPs to raise our concerns directly with government asking them to address the issues we have raised regarding safety, funding and data and demand they work with us to resolve them for our patients and the future of general practice.

Patient action this month:

Your practice will very soon be receiving copies of [posters](#) from the BMA for your surgery reception, waiting rooms and consultation rooms inviting patients to sign an [open letter to Government](#) to invest in more GPs and better premises to guarantee the future of patients' ability to access general practice. In essence the letter explains the increasing demand, where we see 1.5 million of the daily 1.7 million NHS total patient care; how we have lost 20% of practices since 2015; and the growing Doctor:Patient ratio from 1900 a decade ago, to 2,200 now. It highlights how GMS is funded at 36p per day per patient - less than the price of an apple. It calls on patients to support their GP practice in fighting for high quality continuity of care in a surgery you know, with a team you trust.

Resources:

[Action on Shared Care Responsibilities for new patients in General Practice](#)

[Template Practice Letter to MPs about the Future of General Practice](#)

[Patient Resources and Practice Campaign Materials](#)

[Principles for Shared Care Prescribing](#)

MGUS Monitoring – Lancashire & South Cumbria Update

We welcome the progress that has finally been made in Morecambe Bay, where a commissioned MGUS monitoring service is now being introduced.

The LMC has been heavily involved in keeping this issue firmly on the agenda over many months, consistently challenging the lack of a commissioned service across Lancashire and South Cumbria and urging for the ICB to ensure a sustainable solution was found. While we

are pleased that progress has now been made in Morecambe Bay, our work does not stop there.

We have written again to Professor Andy Knox seeking assurances that a similar solution is being developed across the rest of Lancashire and South Cumbria, together with clear implementation timelines. We will continue to press the ICB until practices across the whole system have access to an equitable commissioned MGUS monitoring service and will keep practices updated as discussions progress.

FP69 - Patient Facing Materials

Following the recent FP69 survey circulated to practices, which highlighted a sharp rise in FP69 flags and patient deductions by PCSE, we have created a patient information poster to help support practices.

The poster explains why patients may be contacted to confirm their registered GP practice and encourages them to respond promptly if contacted. Displaying it in your waiting room, reception area or on your practice website can help reassure patients and reduce unnecessary confusion or enquiries.

The poster is available to download [here](#).

As a reminder, please also read and share the [FP69 Counting the Cost Finance Impact Report](#), which highlights the significant funding being lost through FP69 deductions, the impact on general practice, and the need for greater transparency and safeguards. Please share it with colleagues and your networks to help raise awareness of this important issue.

Transition and closure of Referral Management Centre (Central Lancs & Fylde Coast practices)

LSC ICB has advised practices that the Commissioning Support Unit will cease operating the Referral Management Centre for Fylde Coast and Central Lancashire from 31 December 2026. Its communication states that it expects responsibility for booking referrals to return to primary care, supported by training and access to advice and guidance.

The LMC has raised concerns about this proposal from the outset and recognising that transferring current RMC functions to practices clearly creates additional administrative and potentially clinical workload, with possible consequences for patient access and consultation time. We have asked the ICB to complete and share a full workload impact assessment before the transition arrangements are finalised and also want the ICB to explain how historic CCG work examining the impact of changes to the RMC has informed the current plans.

Although training on offer may help practice teams understand the booking systems, it does not in itself address the additional capacity and resource that may be required to undertake the work. We have requested a further meeting to review the workload impact assessment and are furthering our discussions on the practical, financial and patient-safety implications in response to feedback we're now hearing from practices. It would appear that no alternative delivery models have been considered and the coordination of any response (at scale or otherwise) to minimise impact will need to be led by providers.

[Please continue to share your feedback](#) and any practical examples with the LMC. This evidence will support our ongoing discussions with the ICB. There will also be an opportunity to respond to an ICB questionnaire.

Clinical Waste Collections

Thank you to the practices that have notified us of the clinical waste collection issues you have been experiencing. We are continuing to discuss these concerns with the commissioners and have been informed that the ongoing situation has been escalated.

In addition, we have been notified that a daily log is being sent through to the commissioners once collections have taken place, allowing them to monitor and track collections.

If your clinical waste collections are currently taking place on time but this changes, [please let us know](#) so that we can continue to raise any emerging issues.

Oliver McGowan Training

Concerns have been raised with the BMA about the way that Oliver McGowan training is currently delivered. The BMA know that GPs are committed to providing the highest standards of care to people with learning disabilities and autism, but reports from GPs suggest considerable inconsistency on the quality of training that is currently provided across the country, particularly given the importance of GPs using their time effectively. They have raised these initial concerns with NHS England and are keen to understand the issues better and they will be discussing them further soon. The BMA will keep the profession updated with any developments.

Let's Talk Ovarian Cancer - Free webinar for Primary Care Professionals in Lancashire and South Cumbria

In partnership with [GatewayC](#), a free webinar and Q&A session with ovarian cancer expert Dr Nick Wood, gynaecological oncologist at Royal Preston Hospital, alongside GatewayC GP Lead, Dr Sarah Taylor.

This free learning session is the final of four webinars in the series with GatewayC – the leading earlier cancer diagnosis resource. Each session has been hosted by experienced GPs and secondary care specialists discussing prostate, lung, liver, and ovarian cancer. All webinars are now available to watch on demand.

[Explore the full series.](#)

The live ovarian cancer webinar on **Tuesday 21 July 2026, 12:30 - 13:15**, will provide guidance on:

- Identifying ovarian cancer risk
- Symptom patterns that should prompt suspicion
- Current NICE NG12 guidelines
- Differentiating ovarian cancer from common benign conditions such as IBS

This webinar is designed for primary care professionals in Lancashire and South Cumbria. Live Q&A available.

Can't make it? Register to watch on demand after the event has finished.

[Secure your free place now](#)

Safe Working means learning to say 'No'

The BMA's Sessional GPs committee is focusing on your [safe working rights and the steps you can take to protect your wellbeing](#) while delivering high-quality patient care. In her latest blog, Jessica Court shares [practical safe working advice](#) and explains why it's so important to challenge workload demands when they become unsafe or unsustainable. The BMA also encourage you to review their [salaried and locum GP checklists](#) to ensure you have the right protections and support in place.

Help the BMA build their case for CQC reform

GPC England is supporting colleagues at RCGP to gather evidence from members about their experiences of CQC inspections and assessments. The BMA have heard a range of concerns

from GPs across the country, but we need a clearer understanding of how representative these experiences are and where the greatest challenges lie.

To help them do this, a [short survey](#) that should take less than 10 minutes to complete is linked below. The evidence you provide will be invaluable in informing collective discussions with the CQC, Government and wider system partners as reforms are developed. The more responses they receive, the stronger our case for change will be.

GPCE letter to ICBs re: FDP Data Sharing

GPC England sent letters to all ICBs on 1 July seeking urgent clarification on the extent of GP data use within local instances of the Palantir-powered Federated Data Platform. Following reports that GP data was being ingested at scale, GPCE is seeking to understand the basis on which this data is being used and what, if any, data sharing agreements are being used to underpin it. The letter and responses will provide better insight into how local data flows are being set up to support the FDP and enable practices to determine how best to protect the data of their patients.