



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 10th February 2026

Message from your LMC CEO

Dear colleagues,

The last couple of months have been a busy period across Lancashire and Cumbria. Its that time of the year when (amongst other things) current LESs are being reviewed and future ones are being planned and discussed. Lots of discussions, lots of meetings.

Across multiple system forums, proposals continue to emerge that have significant implications for general practice. This ranges from referral pathway redesign to monitoring/prescribing responsibilities and commissioning shifts. While many of these are presented as efficiency measures or service transformation, the practical reality is that they often carry workload, risk and accountability consequences for frontline GP practices.

The LMC's role is crystal clear. We exist to ensure that general practice is neither marginalised nor expected to absorb additional responsibility without appropriate consultation, clarity or resource. Where proposals are reasonable and evidence-based, we engage constructively. Where proposals risk destabilising practices or shifting unfunded workload, we will say so plainly.

To put it simply - that clarity of position is not obstructionism. It is representation.

Over the past year, your LMC has taken firm positions on a number of issues that matter deeply to practices, including the structure of referral pathways, monitoring arrangements (including MGUS), diagnostic pathways, and funding equity. Those positions have not always aligned with system preferences. However, they have been rooted in protecting patient safety, safeguarding medicolegal clarity, and ensuring the sustainability of General Practice.

Representation sometimes requires uncomfortable conversations. It also requires stating clearly when a proposal crosses a line for general practice. It requires consistency. And it requires resolve.

At the same time, we remain committed to professional engagement with system partners. Strong advocacy and constructive relationships are not mutually exclusive. In fact, effective representation depends on maintaining credibility while being unambiguous about where general practice stands.

I want to reassure you that your LMC will continue to:

- Challenge inappropriate workload transfer
- Scrutinise proposals that carry hidden clinical or medicolegal risk
- Insist on fairness in funding and commissioning
- Speak clearly on behalf of grassroots GPs

The pressures facing practices are real and ongoing. You deserve representation that is equally real and unwavering. Thank you for your continued trust and engagement with my team and myself. If there are issues affecting your practice that require escalation or system challenge, please continue to bring them to us. General practice deserves a strong voice and with your support it will continue to have one.

Dr Adam Janjua, Consortium CEO





Update from the Consortium of Lancashire & Cumbria LMCs

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.

Survey: GLP-1 Prescribing in Primary Care (L&SC)

The ICB is planning to introduce a primary care prescribing service from April 2026 to meet the requirements of the tirzepatide NICE TA. Funding will allow approximately 1,000 patients per year to access GLP-1 therapy and the associated wraparound care—roughly 5 patients per practice. Access will be prioritised based on IMD status, so numbers may not be evenly distributed across practices.

The ICB has asked the LMC to gauge interest from practices in delivering a LES. At this stage, costings are not yet confirmed, as these will need formal negotiation with the LMC. Benchmarking with other ICBs suggests costs of around £230 per patient per two-cycle course, plus set-up costs.

We invite practices to complete a short survey to indicate their interest in participating. Your feedback will help shape how this service is rolled out locally:

<https://www.surveymonkey.com/r/DS7DSYD>

Join the Campaign to Reduce Bureaucracy in General Practice – 11th February

Rebuild General Practice is coordinating a nationwide X/Twitter activation on **Wednesday 11th February** to highlight the growing burden of bureaucracy in general practice and its impact on patient care, safety, and GP capacity.

GPs are increasingly faced with large volumes of non-clinical work every day – from referrals and forms to administrative tasks that sit outside core medical care. This campaign provides a simple, collective way for GPs to show how these pressures are affecting services locally and nationally.

How you can get involved

Rebuild GP has prepared a handy toolkit to make participation easy, including:

- A clear briefing on the issues
- Pre-written tweet options
- Shareable graphics
- Suggested accounts to tag, including MPs, DHSC, and media

Access the toolkit here: rebuildgp.co.uk/campaigns/the-fight-against-gp-bureaucracy/the-fight-against-gp-bureaucracy

The wider and more geographically diverse the engagement, the stronger the impact.





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General Practice: Critically Endangered

The BMA GPC would like to thank the many GPs who joined last week's GPC webinars. They heard from over a thousand colleagues as they discussed the current state of general practice and the direction of travel ahead of the 2026/27 contract. GPC will meet with Government, following their final position, to scrutinise and vote, with contract webinars and opportunities for GP feedback starting in early March.

For those unable to attend, GPC will release a 30-minute podcast next week, featuring a discussion between the GPC chair and deputy chair David Wrigley. They will also share short briefings on what NHS England must deliver to address the gap left by "Neighbourhoods" and on why general practice is now critically endangered.

General practice is being destabilised by underfunded premises, rising demand and complexity, excessive bureaucracy, unsafe GP-to-patient ratios, and unchecked role substitution requiring unlimited supervision. Alongside constant policy churn and media pressure, this leaves no time for practices or GPs to adapt.

GPC will expand on these issues once the new contract is confirmed. Your views are vital — please send any questions or feedback to info.gpc@bma.org.uk.

Dates and registration links for the March 2026/27 contract webinars will be shared in the near future.

Safeguarding Policy Templates

We have developed updated Safeguarding Adults and Safeguarding Children policy templates to support practices in maintaining robust, compliant safeguarding arrangements. These templates reflect current statutory guidance and are aligned with ICB expectations; however, they must be carefully reviewed and adapted before being formally adopted by your practice.

Practices are asked to read each policy in full and make all necessary amendments to ensure the content accurately reflects your local safeguarding arrangements. This includes confirming that references to Local Authorities, safeguarding boards, escalation routes and contact details are correct for your area. Throughout the documents, comments highlighted in red indicate where practice-specific information must be inserted or amended. Once all required updates have been completed, these red comments must be removed, along with the template title page, prior to ratification.

[The Safeguarding Children Policy can be found here.](#)

[The Safeguarding Adults Policy can be found here.](#)

It is essential that the finalised policies are shared with all staff and that every team member understands their safeguarding responsibilities and knows how to access the documents. Safeguarding is a collective responsibility, and clear awareness across the practice is critical to ensuring safe and effective care.

If you have any questions about the templates or require further guidance, please contact the [LMC's Safeguarding Lead, Mikaela](#).





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Protected Learning Time - Online Consultations (L&SC)

We have received a number of queries regarding Online Consultation arrangements for Protected Learning Time (PLT) sessions recently, following the introduction of new contractual arrangements in October 2025.

In L&SC, whether or not to allow practices to close their online consultation facilities during Protected Learning Time sessions is a matter that the Primary Medical Services Group (PMSG) has been considering over recent months. We know that there is a strength of feeling within practices about how you can make best use of these sessions and can assure colleagues we have been representing your views at every opportunity, including at the PMSG meetings. We hope that the ICB can reach their decision very soon so that practices can plan appropriately for their next scheduled sessions.

ADHD pathway for school aged patients - L&SC

The LMC has been made aware that some referrals via ADHD pathways for school aged patients have been returned to referrers and that urgent attention is being given to some disruption with the current pathway by the ICB. As such, we know that practices may be lacking clarity on how to manage patients and families presenting for support and we are pushing for clarity on interim/future arrangements. We understand some key discussions will be taking place on Weds 11th Feb and the ICB plans to update very soon. Please do not hesitate to [contact us](#) if you are experiencing any issues.

Practice Finance research: results and call to action

BMA GPC would like to thank everyone who took the time to share practice accounts data via their recent survey. They have now analysed the initial results. Key insights have been shared with NHSE and the DHSC, ensuring their awareness of the financial pressures facing GP practices in England.

You can see the key insights for yourself [here](#).

But it's not too late to help with this research. [The survey remains open](#) on a rolling basis to build a growing and increasingly robust resource that will be of immense importance during the new substantive GP contract negotiations.

- Did you start inputting data but were unable to complete your submission? Not to worry - incomplete responses have been saved. You can access them via a link that has been sent to your email address. Alternatively, head and click on 'Already started? Pick up where you left off'.
- Do the results not chime with what you're seeing at your practice? Help make the insights more accurate by sharing your data now. Only anonymised data will be shared with the BMA, and only anonymised and aggregated data will be shared any further.

Did you already complete the survey? If you can, keep up the good work and enter your accounts data for the next financial year (2025/26) once you can

New! Cancer Education Webpage & Training Dates (L&SC Only)

Lancashire and South Cumbria Primary Care Training Hub has launched a new **Cancer Education Webpage**— [take a look!](#)

