Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 12th May 2026

Collective Action against new GP Contract

Letter from the BMA GPC:

As of 1 May, we are urging GP partners and practices to take part in collective action, given Government's insufficient assurances regarding our concerns over the 2026/27 GP contract. Practices are working in crisis-level environments, where every day feels 'exceptional' in terms of unlimited demand outstripping available workforce capacity. Being placed in a position where delivering an imposed contract is an impossibility for too many, with the subsequent rationing of care, is unreasonable and unsafe.

Therefore, GPC England is recommending one single action for May, focusing on the flow of GP patient data outside practices, in the form of practice data sharing agreements (DSAs).

- This action may reduce the liabilities on a partnership. The letter has been reviewed by BMA Law and an external leading KC Counsel – it is lawful, and it is not defamatory.
- We foresee that it will be welcomed by the public, keen for greater transparency that will strengthen the trust between GPs and patients.
- Nevertheless, it will impact integrated care systems and the wider NHS Government agenda which is increasingly seeing a 'left shift' of work from hospitals into practices, without any commensurate resource to meet the challenge.

Why this Action letter?

- This is the first letter in a sequence, so you need to embed this foundation enquiry stage, in order to be able to 'up the ante' next month, should Government fail to provide sufficient concessions to the imposed 2026/27 GMS contract.
- Highlights to DHSC/NHSE and ICBs the extent that our GP patient data is relied upon. We recognise that ICBs may have 'bundled together' numbers of DSAs historically, and this provides an opportunity for ICBs to prove that their records are accurate, given the recent system architecture changes.
- It provides partnerships and practices with a 'housekeeping' opportunity to ensure the practice is fully up to date, and that all active DSAs have all necessary DPIAs are in place from an information governance perspective.
- ICBs rely on GP partners, who over decades have created arguably the most valuable longitudinal data set in the western world, to share their data – often for no financial return at all. This places Partnerships in a strong leverage position, especially if it should come to light that system processes have been lacking, e.g. in guaranteeing the care for patients who have opted-out of data sharing will not be affected.
- It shows the rest of the NHS how practice partnerships hold considerable power and influence in the success or failure of the current NHS, its neighbourhood planning, and the Government's priorities to use GP patient data in the Single Care Record. We are anticipating that this will become prominent and newsworthy next week in the Health Bill to be announced in the King's Speech to the State Opening of Parliament on Wednesday 13 May.

- It demonstrates that our c6,250 practices are willing to act en masse with the BMA to up the ante and use this leverage to secure concessions to the GMS contract. Should ICBs default to a weak standardised DHSC/NHSE drafted response, this may demonstrate incompetence and potential concern that they have failed to take the necessary and lawful steps which are their duty as the data processor.
- Remember – this is a private request from a practice to its commissioner. It isn't going to be published anywhere, but should practices receive inadequate responses in their 1000s, then that likely will become a headline the BMA can use with the mainstream press to demonstrate the lack of suitability of the Government to potentially wrest control of patient data from GP Partners in the future. All the while, the Practice Partnership is demonstrating its understanding of its duties as Data Controller for the GP Record, and its sound governance.
- If you have active DSAs in place, you may want to know exactly where your GP patient data is going, and for what purpose – your patients also deserve to know in line with their rights within GDPR.

Action for practices:

1.Send the **template letter** to your local ICB, indicating you will stop agreeing to voluntary secondary uses data sharing agreements (DSAs) from May 2026.

We appreciate the vulnerable position that practices are in and have sought a legal view to ensure that the wording in the letter ensures that practices continue to be compliant with requirements placed on them by the ICB and NHSE. You are of course free to amend as you see fit and your LMC may be able to assist in this, but it is neither unlawful nor defamatory so please be assured.

2. Refer any new DSA requests to BMA via gpcontract@bma.org.uk

3. Carry out an audit of all existing DSAs that your practice is currently signed up to – see our guidance on easy-to-follow screenshots for all GP systems

4. Initiate a conversation within your practice and PCN ahead of your patient participation groups (PPG).

We have also prepared the following resources to help practices understand the bigger picture, become more informed and to increase understanding in why all practices need to take part in this collective action:

- Focus on GP data control
- PC ITs screenshot guide for reviewing DSAs within your GP system
- The Government's plan for the Single Care Record (SCR) – a briefing note for GPs
- Why GP collective action is focusing on data transparency
- FAQs: GPC England Collective Action letter Regarding DSAs

Access all resources on How to take part in GP collective action in England

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Taking part in this action will both help your practice stay safe and put further pressure on the Government to build on the progress made and secure safeguards for practices to be able to deliver their GMS contract safely. The proposed collective action for May does not breach your contract and is a straightforward and simple initial step to follow. You do not need to be BMA members to send this letter, so please share across your PCN and locality to secure collective action.

We will be seeking to continue negotiations with Government in the weeks ahead. GPC England meets on Thursday 21 May, which provides another opportunity for Government to de-escalate collective action and heed our genuine concerns to safeguard practices going forward.

Access our latest guidance on our campaign page

Contract Changes 2026/27 - Guidance

Following the imposed contract changes on 1 April, the BMC GPC recommend that practices review and prepare for the implementation of the 2026/27 contract. See BMA latest guidance:

- **Local variation on PCN DES**
- **Focus on Advice and Guidance and SPoA - April 2026**
- **Focus On the New 26-27 GP Employment Reimbursement Scheme**
- **DDRB FAQ 2026-27**

For more information, please view the BMA GP Contract and campaign page with the latest updates and guidance about the 26/27 contract changes and our dispute with Government, to help support you and your practices.

QOF 2026/27 – OB005 Obesity Domain

The LMC has received a number of queries from practices regarding the new QOF 2026/27 indicator OB005 and the practical implications of local restrictions on access to NICE-approved obesity pharmacotherapy.

Practices in Lancs and South Cumbria in particular have raised concerns that, whilst the indicator references NICE-approved pharmacotherapy, access to GLP-1 weight management medications remains restricted locally and there is currently no locally commissioned primary care service to support routine prescribing and delivery.

We recognise that updated ICB guidance regarding GLP-1 prescribing and specialist weight management services has recently been issued however some concerns remain that the nationally defined OB005 cohort appears broader than the cohort currently eligible for treatment under local commissioning arrangements. Therefore, some practices may feel unable to achieve the indicator fully and there is currently no confirmed exemption or exception reporting mechanism linked to these commissioning limitations. We are following this up with the ICB and further updates will be shared following discussions on this issue.

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LMC Survey - GP Experience of NWAS Clinical Decision-Making and Communication

The LMC has received increasing feedback from practices regarding interactions with NWAS, particularly around:

- Decisions not to convey patients to hospital despite GP concerns
- Patients being redirect back to general practice following ambulance assessment
- Paramedics calling the practice for clinical advice despite this not being a commissioned service in most places
- Lack of communication or clinical feedback to practices following NWAS attendance
- Concerns regarding continuity of care, workload transfer, and medicolegal responsibility

We are therefore seeking feedback from practices to better understand the scale and nature of these issues and to determine whether practices would support formal LMC discussions with NWAS and the ICB regarding communication standards and escalation pathways.

Please complete this short survey based on your practice's experience over the past 6–12 months.

Select your LMC area:

- **Central Lancashire -** click here
- **Lancashire Pennine -** click here
- **Lancashire Coastal -** click here
- **Morecambe Bay -** click here
- **North Cumbria -** click here

Advice & Guidance (A&G) - Clarification for Practices

We are aware that a number of practices have heard that Advice & Guidance (A&G) became "mandatory" from 1 April and, as a result, have started submitting A&G requests in situations where they would previously have made a referral.

For clarity, A&G is **not currently mandated** across Lancashire and South Cumbria. The detailed principles and operational arrangements are still being discussed and agreed locally.

Practices should therefore continue to work as they did prior to 1 April:

- If an Advice & Guidance request would previously have been appropriate, practices may continue to use it.
- If a referral is clinically indicated, then a referral should be made.

Practices do **not** need to change established referral behaviour solely because of reports that A&G is now mandatory.

Update from the Consortium of Lancashire & Cumbria LMCs

Request for Examples: Unfunded Safeguarding Work Pressures

We are currently engaging with Local Authority safeguarding leads across Lancashire and Cumbria following growing concerns from practices about increasing requests for work that falls outside core contractual responsibilities.

To support these discussions and ensure we are accurately representing the pressures practices are facing, we are asking practices to share any anonymised examples where they feel they have been inappropriately pressured to undertake unfunded safeguarding-related work.

This might include:

- Requests for detailed reports or chronologies beyond factual information sharing
- Repeated or urgent demands for completion of forms without prior agreement
- Situations where refusal to complete work without funding has been challenged

To remind practices, as set out in a recent BMA/PFCs letter, there is a clear distinction between core safeguarding activity and additional, non-core work.

Core safeguarding activity (which cannot be charged for) includes sharing relevant factual information from the patient record and cooperating with safeguarding enquiries.

However, additional work such as preparing detailed reports or chronologies, completing extensive forms, or attending case conferences falls outside core contractual responsibilities. In these circumstances, GPs are entitled to request a reasonable fee, provided this is agreed in advance.

If you have any examples you are willing to share, please ensure these are anonymised before sending to mikaela.george@nwlmcs.org. All information will be handled sensitively and used to inform system-level conversations.

Your feedback is essential in helping us push for clearer boundaries, appropriate commissioning, and sustainable workload expectations for general practice.

LMC Vacancies

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

- Lancashire Coastal LMC: several vacancies available
- Central Lancashire LMC: 2 vacancies available (1 for Greater Preston & 1 for Chorley & South Ribble)
- 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

‘Check it. Don’t chance it.’ (L&SC)

Listen to your body. Act now on cancer

Phase 2: w/c 18 May – w/c 13 July 2026

Following the success of the first *Check it. Don’t chance it.* campaign earlier this year, the campaign is returning for a further 8 weeks across Lancashire and South Cumbria, with expanded activity focused on communities most affected by health inequalities.

The campaign aims to improve awareness of common cancer symptoms and encourage people to seek help early by contacting their GP. Symptoms highlighted include:

- Lumps on the body
- Persistent pain
- Blood in poo or urine
- Unexplained weight loss

The previous campaign achieved strong engagement, including over 58,000 clicks, 3.6 million impressions, and more than 2,200 campaign resources downloaded by partners.

Practices and organisations can support the campaign by:

- Sharing campaign content on social media and newsletters
- Displaying posters and campaign materials
- Encouraging people to seek advice if they notice symptoms

The campaign webpage can be found here: Check It. Don't chance it. - Act on Cancer

Campaign resources and toolkits can be found here: Join the campaign - Act on Cancer

Feedback

Please feel free to send stories and images of how you help to bring this campaign to life. Any ideas for how the campaign can continue to take shape in the future is also welcomed.

Contact Information

- Project Lead: Helen Stansfield, helen.stansfield1@nhs.net

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