



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 18th November 2025

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.

Business Continuity Training

The LMC recently facilitated Business Continuity training which was well received by attendees who found the training and practical tools shared, invaluable.

As part of our offer to practices, we are also offering 1-1 bespoke support for anyone who requires additional support in the development of their Business Continuity plans.

For more information or to make use of this offer, please contact Rebecca Noblett - rebecca.noblett@nwlmc.org

HR Hints and Tips training sessions

In addition to the core HR training events, the LMC HR training service are offering topic specific 30-minute training sessions. The purpose of these sessions is to provide Practice Managers with focused guidance and advice on areas of existing, new and upcoming employment law changes.

Please email Rebecca for more information - rebecca.noblett@nwlmc.org

General Practice SITREP (SHREWD) - L&SC Only

We are aware that the ICB is launching a new SITREP system, *SHREWD*, which is intended to replace the previous reporting mechanism and provide a more streamlined and effective way of capturing system pressures.

The LMC is currently in active discussions with the ICB to understand how *SHREWD* will be used in practice, what support will be available to GP practices, and how the information collected will inform system-wide decision-making. While we recognise that *SHREWD* represents an improvement on the previous SITREP process, we also note that no funding has been allocated to practices for the completion of this report. As such, participation remains optional.

We will continue to work with the ICB to ensure that any reporting system adopted reflects the realities of General Practice, and that pressure and capacity within primary care are recognised and taken seriously, on par with the way pressures in other parts of the system are viewed.

Academy Matters - ML IT Training Newsletter

[See the November 2025 - MLCSU Academy newsletter here.](#)





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LMC England Conference 2025 update

The 2025 LMC England Conference took place last week in Manchester, where representatives debated the current dispute around not only the lack of safeguards to mitigate patient harm arising from recent online access changes, but also the broken government promise regarding a new GMS contract. Motions called for GPC England to prepare for mass non-compliance, to proceed with balloting the profession, and to collate undated resignations of practice contracts. The resolutions from the Conference will be published shortly. Further information about the LMC Conference can be found here: [Local Medical Committees](#).

In her conference address, Dr Katie Bramall, BMA GPC Chair, conveyed both her own and the wider profession's frustration and profound disappointment in the government. While there had appeared to be goodwill, good faith, and a promising future back in March, instead of working collaboratively with the profession to implement measures necessary to keep patients and practices safe, the government has delivered broken promises, squandered opportunities, and shown disregard for consistent patient safety concerns.

In July, the publication of the Ten Year Health Plan brought no reference to Mr Streeting's written commitment to renew GMS. Instead, it described entirely new single- and multi-neighbourhood provider contracts—unevidenced, unfunded, uncoded, unprotected, and unknown.

The truth has clearly been difficult for some to accept. Since then, both the government and other detractors have not only briefed against the profession in the press, but, following Conference, Mr Streeting instructed NHSE and DHSC to cancel all current meetings with GPCE. GPC England will be holding an extended series of webinars from next month to share with the profession exactly what was agreed, when it was agreed, and to set out what may follow.

Next week, GPC England will release the findings of its online consult practice survey. More than a thousand practices responded—over one in five across the country—a significant and immensely helpful number. Although the government may not welcome the results, GPC England will continue to act in good faith and with a calm and responsible approach, prioritising the best interests of patients, practices, and the profession.

The profession stands united on the brink: practices feeling unsafe, GPs under-employed, partners exhausted, and sessional GPs frustrated. As GPC England officers, Dr Bramall and her colleagues stand ready—ready to return to the negotiating table and ready to lead should the profession decide to act. The pressure may be considerable, but the ability to bring about change ultimately rests within the profession's own hands.

Watch a clip of Dr Katie Bramall's [speech here](#).





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Online Consultation Survey

More than one in five practices in England responded to the survey, with over 1,300 unique and validated responses recorded. Collectively, these practices represent nearly 14,000,000 patients—over 20% of England’s registered patient population.

The survey results will support evaluation of the impact of the October 1st regulations, which require GP practices in England to keep online consultation platforms open during core hours. GPC England officers have consistently advised the government, since Wes Streeting set out his ambition last December, that current online consultation tools preclude the ability to safely distinguish between urgent and routine patient needs. The current contractual expectations extend beyond what was agreed in good faith at the start of the year. Regardless of semantics or wordplay from government, patient safety is now at risk.

Initial findings indicate that the regulations are putting patients at risk, and that safeguards are urgently needed to prevent urgent requests from filtering through as routine or administrative contacts. In addition, practices are reporting an increased and unsustainable volume of requests since October 1st, alongside a shift in patient behaviour towards a more transactional, rather than holistic, approach to care.

The GPC team are currently analysing the data and reviewing the many free-text responses, and results will be shared shortly.

GPC England dispute over contract changes

GPC England remains in dispute with the government; however, this does not mean practices can disregard the contractual changes introduced on 1 October 2025, nor can GPC England or the LMC recommend that they do so. Declaring a dispute amounts to complying with the 2025/26 contract requirements “under protest”. Practices must therefore:

- have an online consultation tool available to registered patients throughout core hours (8am–6.30pm) for non-urgent and routine requests, medication queries and administrative contacts; and
- ensure GP Connect (Update Record) write-access functionality is enabled.

Although many practices are struggling, support and guidance on these contract changes remain available: [Campaigning around GP contracts in England](#).

As further escalatory options are considered, practices are encouraged to ask any GPs or GP registrars who are not BMA members to [join](#) so they can participate in any future ballot, and to ensure their own membership details are up to date.

Following the LMC England Conference, GPC England is reviewing all available options and next steps. Patient safety and supporting practices remain the priority.





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Resident doctors and GP registrars strike action guidance

[Resident doctors \(including GP trainees\) have been engaged in industrial action](#) since 14 November, after 90% voted in favour of to strike over pay erosion and insufficient specialty training places, after the Government has failed to present a credible offer to restore their pay or fix the specialty training crisis in England.

GP Registrars have the full support of GPC England, general practice and the wider profession during the strike action.

Ahead of the strikes GPC published guidance for practices and GP trainers, advising on how practices can support their GP registrars and manage strike days. [Read the guidance](#)

Read also the [guidance on striking as a GP Registrar](#).

NHS Reforms - Neighbourhood health service

At the NHS Providers Conference, the Health Secretary, Wes Streeting, announced the next phase of NHS England's integration, with planned savings to be reinvested in frontline care. The reforms aim to give local leaders greater autonomy, reduce bureaucracy, and improve delivery of services for local communities. What this will mean for general practice and its commissioning remains unclear.

The Government has committed to reducing ICB running costs and reshaping them as leaner, more strategically focused commissioners. ICBs will be tasked with transforming the NHS into a neighbourhood health service with a stronger emphasis on prevention, with around half of current posts set to be removed.

For these plans to succeed, GPs must be central to local decision-making. How general practice engages with the reforms will influence the success of the Ten Year Plan. Many government ambitions—digital working, prevention-focused care, and shifting activity from hospitals to the community—are already core to general practice, yet evidence of meaningful system shift remains limited. General practice is part of the solution, and government must stop casting it as the problem.

Read more: [Billions to be redirected back into patient care with NHS reform - GOV.UK](#)

