Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 20th October 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.

2026/27 Annual Electronic Practice Self-Declaration (eDEC) – Guidance

We understand that there have been changes to this year's eDEC return, including amendments, additions and removal of some questions. Practices have also reported that previous years' responses are not being pre-populated as expected.

The attached NHS England guidance covers the majority of questions within the return and provides helpful information to support practices in completing their submission. We hope this will make the process a little easier and less time-consuming.

Semaglutide for Cardiovascular Risk Reduction (LSC ICB area)

A number of practices have raised concerns about requests from secondary care to initiate semaglutide for cardiovascular risk reduction without a clear locally commissioned pathway.

NICE TA1152 recommends semaglutide as an option for eligible adults with established cardiovascular disease. This is a separate indication from the obesity treatment pathways. Although the local formulary assigns a Green Restricted status for this indication, the LMC's view is that this does not establish a commissioned service or provide resources for the assessment, dose titration, follow-up and administration involved.

We are asking the ICB to clarify prescribing responsibilities, commissioning arrangements and access routes for eligible patients where a practice cannot safely provide the full pathway. Our position is that practices should not be expected to absorb this additional service within existing resources, and patients should not be left without access while arrangements are resolved.

We are also requesting consistent communication to secondary care, making clear that patients should not be assured their GP will initiate treatment unless this has been agreed with the practice and appropriate delivery arrangements are in place.

We will update practices when clarification is available. Please share anonymised examples of prescribing requests or access difficulties with the LMC to inform these discussions.



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Medicines LES 2026/27 – Prescribing & Monitoring of Oral Antipsychotic Medication (North Cumbria)

North Cumbria LMC has written to CNTW following concerns raised by practices regarding the 2026/27 Medicines LES.

We have reiterated that participation in the LES is voluntary, and practices should not be expected to undertake additional work without agreement or remuneration. It remains the ICB's responsibility to commission alternative arrangements where practices decline to participate.

The LMC continues to support practices in this position and has called for primary and secondary care to take a united approach in holding the ICB accountable for addressing these commissioning gaps.

Important changes to the GP Reimbursement Scheme

Following negotiations with NHSE and DHSC, the BMA GPC are pleased to advise that the GP Reimbursement Scheme, first introduced as part of the 26/27 GMS contract changes, has been updated. From October 1st practices are able to claim for locum sessions under the scheme, which means that any GP (salaried GP, locum or partner) can provide additional sessions and invoice on a locum basis where appropriate. There are some requirements to fulfil for these claims, and these are explained further in BMA refreshed guidance linked below.

The updated SFE also provides additional flexibility around transitional claims and the transfer of unspent funding, which should help practices make full use of the funding available, and other changes around claim amounts and periods.

If you are experience difficulties with the ICB regarding claims, please let GPC know at info.gpc@bma.org.uk

Read BMA Focus on guidance on the 26/27 GP reimbursement scheme

Single Point of Access and Advice & Guidance

NHSE has published new guidance (technical guidance, implementation guidance) on developing and implementing Single Point of Access (SPoA) for referrals into specialist care. Importantly, this now states that SPoA proposals must be developed with relevant LMCs and local GPs, with clear escalation routes for disagreement, uncertainty, delayed or unclear responses, or safety concerns, and that that SPoA does not override GP clinical judgement/right to refer.

Whilst this is welcome, GPCE are still pushing for a pause in implementation of SPoA and A&G pathways following the patient safety concerns raised in the report published by the HSSIB in August and the consequent ongoing external review commissioned by NHS England.



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FP69 National List Validation Funding

Practices continue to experience an unprecedented acceleration in patient list cleansing, which is becoming one of the most significant financial and operational challenges facing general practice this year. In this financial year it is expected that around 2,000,000 patients will be de-registered as they are not patients residing in the practice area and have moved elsewhere. GPC continue to liaise with NHSE around this process and seek improvements to the way it is being applied.

Following discussions, GPC formally wrote to NHS England to confirm urgent meetings to discuss and agree the reinvestment of funding released through the patient list validation programme during 2026/27. Given the scale of the pressures facing General Practice as we approach winter, and the financially de-stabilising effect list validation will have had on some practices, GPC will say that it should be paused now ahead of winter, until it is known what is going to happen with funding.

Read the PCSE guidance on FP69 process
Read the PCSE FAQs on FP69
Download the LMC patient poster to help explain the process and reassure patients

Patient Petition for better funding and support for General Practice

In August, BMA GPC sent practices posters and other materials to help spread the word about a petition for better funding and support for general practice. Have you displayed them in your practice and have you had any feedback from patients? Please take a minute to fill in the short three-question form.

The BMA are promoting a patient petition calling for better funding and support for general practice and over 7,000 people have already signed. The BMA want to hear from GPs who can share what better funding would mean for their practice and the care they provide. Get in touch at info.gpc@bma.org.uk.

View and share the petition here

