



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 23rd June 2026

FP69 Patient List Validation Exercise – Request for Practice Feedback

Significant concerns have been raised by LMCs and GP practices across England regarding the FP69 process. [A letter signed by 74 LMCs has now been submitted nationally](#), highlighting concerns around patient safety, inappropriate patient deductions, continuity of care, administrative burden on practices, and the wider impact on NHS resources. The LMC Support Network has called for an urgent national review of the process.

We Need Your Feedback

To help strengthen the evidence base and support ongoing discussions with NHS England and the Department of Health and Social Care, we are asking practices to complete a short survey on their experience of the FP69 process. We have received nearly 200 responses from Practices across England so far. A considerable number have already indicated that the level of deductions they have experienced have had a material financial impact on them.

Survey: <https://www.surveymonkey.com/r/B7R2H3X>

Deadline: Friday 3rd July

Please complete the survey even if you have identified only a small number of affected patients, or have not yet experienced significant issues. Every response will help us better understand the impact on practices, patients, funding and workload.

Review FP69 lists carefully, challenge any apparent false positives, and complete the survey to help ensure practice concerns are represented nationally.

New LMC Safeguarding Resource: Information Sharing Without Consent

Questions about when information can be shared without a patient's consent are among the most common safeguarding and confidentiality queries received by the LMC. While patient confidentiality is essential, there are circumstances where information can, and sometimes must, be shared without consent to protect individuals or meet legal obligations.

To support practices, we have developed a [simple Information Sharing Without Consent Decision Guide](#). The flowchart provides a practical framework to help staff consider whether there is a risk of harm, a legal requirement to share information, a public interest justification, or whether patient consent is required before disclosure.

[The guide](#) is intended as a quick reference tool and reinforces the importance of documenting the rationale for any decision made.





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Collective action for practices in June

From 1 June, BMA GPC are urging GP partnerships and practices across England to take part in a [further collective action](#), as the Government remains unwilling to agree to the mitigations the profession needs.

During June, the BMA GPC are asking practices to remove or ignore any non-contractual medicines optimisation software and amend your choices of acute prescription, which may fall outside the remit of the ICB formulary.

This may include, for example, issuing a branded or liquid formulation that may still be a perfectly acceptable and justifiable choice for the care of the patient in front of you in the consultation.

Taking part in this action is lawful.

Read the BMA [Focus on guidance on Switching off medicines optimisation software](#)

You may have kept medicine optimisation software switched off since it was part of the 2024 collective action so focus on your acute prescribing choices. Ensure safe prescribing decisions are determined by you, rather than driven by the financial imperatives of the DHSC which is refusing to amend the undeliverable imposed 2026/27 GMS contract.

Prescribe whatever may be in the best interests of your patient in line with GMC guidance. Your patients will see minimal impact and will receive a prescription appropriate for their clinical presentation. The impacts on ICB prescribing budgets will be dwarfed by Acute Trust overspend, which is perpetually 'written off' by Government.

[Access BMA resources to help you understand the need to take part in this collective action](#)

Patients discharged from Ramsay Healthcare pain management services (Central Lancs)

The LMC is aware that patients continue to approach their practices following being discharged from Ramsay Healthcare pain management services. There is now a new pathway in place and the following resources are provided to support local practices to communicate with their patients:

- [Comms - This is a generic statement that practices can display](#)
- [Letter 1 - Discharged from Ramsay, presenting back to GP requesting appt/general enquiries](#)
- [Letter 2 - Discharged from Ramsay, requesting injection/s](#)

Further information on the commissioning changes can be found here:

- [UPDATED: Decommissioning of pain management services delivered by Ramsay Health Care – Lancashire and South Cumbria Primary Care Intranet](#)
- [UPDATED: Central Lancashire: Pain management referrals – Lancashire and South Cumbria Primary Care Intranet](#)





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Updated LMC Safeguarding Policies

The LMC has reviewed and updated its template Children Safeguarding Policy and Adult Safeguarding Policy to reflect current legislation, statutory guidance and safeguarding best practice.

Version 2 of both policies includes updates relating to:

- Working Together to Safeguard Children 2026
- Family Help arrangements and multi-agency working
- Online harms and exploitation
- Information sharing and record keeping
- Current safeguarding responsibilities and processes within primary care

These templates are intended to support practices in maintaining robust safeguarding arrangements and may be adapted to reflect local practice processes, safeguarding contacts and individual practice requirements.

Important: Both documents contain comments and guidance highlighted in red. Practices should review these carefully and remove or amend them as appropriate before adopting the policies.

Please note that these documents are provided as template policies only. It remains the responsibility of each practice to review the content, ensure it is accurate and appropriate for their organisation, and adapt the policies to reflect local arrangements, contacts, procedures and governance requirements before

Downloads:

- [Children Safeguarding Policy \(V2\)](#)
- [Adult Safeguarding Policy \(V2\)](#)

Time limited Men B vaccination programme in Community Pharmacy

The BMA GPC were disappointed by [NHS England's decision to commission a time-limited Men B vaccination programme for adolescents](#) from community pharmacy providers, without providing an option to sign up for general practice. This is despite the efforts and hard work of local GPs to provide vaccination and treatment during the recent outbreak in Kent.

Following this, and [the recent extension of childhood flu vaccination for community pharmacy](#), the BMA GPC have written to NHSE and DHSC to raise concerns with the strategic direction of vaccination services in England, and reaffirm the critical central role of General Practice in vaccination services and protecting the nation's health across the population.

Let's talk liver cancer (L&SC)

Free webinar for primary care professionals in Lancashire and South Cumbria. Tuesday 30 June 2026, 12:30 – 13:15.

[REGISTER NOW](#)





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Supporting salaried and locum GPs: Know your rights

Many salaried and locum GPs are facing increasing pressure, often without clear information about their entitlements, what fair working arrangements should look like, or where to turn when issues arise. Over the next six weeks, the BMA GPC will be sharing a series of updates, tools and resources designed to help you better understand your rights at work and feel more confident navigating challenges in your role.

As part of this, they have developed dedicated '[Know your rights' checklists for both locum and salaried GPs](#). These practical tools are designed to help you identify when something isn't quite right, and guide you towards the support and advice you may need.

QOF Obesity Indicator OB005

GPC England has produced [guidance for practices on QOF indicator OB005](#), following its introduction as part of the imposed changes for 2026/27. The BMA GPC have serious concerns about the financial viability of achieving the associated QOF points, given the workload implications involved, and are extremely disappointed by reports from across England that ICBs have withdrawn locally commissioned services for prescribing and monitoring of Tirzepatide following the introduction of these indicators, which they have repeatedly highlighted and cited as a concern and possibility during the 2026/27 contract consultation on the proposed changes.

The BMA GPC have written to NHS England to raise these concerns and are continuing to discuss the situation.

[Read about the 26/27 contract changes and dispute with Government](#)

EMIS Web Dispensing Module

GPC England has welcomed NHS England's decision to extend the current national funding arrangement for the EMIS Web dispensing module until 31 March 2027, providing much-needed certainty for dispensing practices across England.

The agreement follows sustained engagement by GPCE on behalf of dispensing practices, many of which serve rural, remote and coastal communities where timely access to medicines is critical for patients.

Under the extension, practices will see no immediate change to existing funding arrangements or practice-facing charges, ensuring continuity of service and avoiding additional financial pressures in the short term. During this period, NHSE has also committed to working with system suppliers and representative bodies to consider future approaches to the funding of dispensing modules.





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GP Registrar communications on resident doctor's deal to be put to resident BMA members

The BMA's Resident Doctor Committee Executive has voted to call off strike action that had been scheduled to take place 15 – 19 June to give members opportunity to have their say on the offer. GP registrars are included in this. The main changes that are included in this offer for GP registrars is:

- The GP Flexible Play Premia will no longer be termed a hard to fill flexible pay premia but has been renamed to GP Registrar Enhancement which recognises its original purpose: to protect financial disadvantage when training in GP.
- Nodal point reform which results in separate pay for each year of training e.g. ST1/2/3 and 4 if applicable
- Exams, membership and portfolio costs covered

Having carefully considered the offer and specific benefits for GP registrars, the GPRC voted to recommend that GP registrar members accept this offer in the referendum that runs from 18 – 26 June. For more information as to why GPRC is recommending GPRs vote to accept this offer, please read Dr Salazar's email to registrars [here](#).

GPRC extends a thank you to practices, staff, GPs and trainers for the support in achieving these objectives for our members.

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.](#)

