



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 24th February 2026

L&SC ICB Newsletter Article: “Improving transgender patient care: a guide for GPs in your area” (L&SC Only)

Practices may have seen a recent article published within the Lancs & South Cumbria ICB newsletter entitled “*Improving transgender patient care: a guide for GPs in your area.*”

The LMC raised concerns regarding this article and how it was authorised to be shared with GPs, as it appeared to suggest that GP practices are expected to initiate prescribing, undertake ongoing clinical monitoring and continue prescribing even following discharge from a private provider.

We were particularly concerned by references that could be interpreted as encouraging practices to enter into shared care arrangements with private providers, given that there is [clear guidance](#) that shared care with private providers is not recommended due to the general NHS constitution principle of keeping as clear a separation as possible between private and NHS care. Practices should be mindful that shared care is not mandatory, requires appropriate governance, and must only proceed where clinicians are satisfied that the arrangement is safe, properly supported, and within the scope of commissioned NHS care. The LMC’s clear position is that GP practices are not commissioned, resourced, or indemnified to undertake such responsibilities otherwise. Expectations that fall outside nationally agreed contractual arrangements can place practices and clinicians at unnecessary clinical and medico-legal risk.

We appreciate that following our concerns being formally raised with the ICB, the article was removed from the ICB’s intranet.

Smoking Cessation

The LMC maintains that smoking cessation medications e.g. Varenicline should not be prescribed in general practice without a properly funded LIS/LES agreement in place. We continue to raise this with commissioners. We have recently been made aware that colleagues within the smoking cessation service in Lancashire and South Cumbria are sending communications to practices that state: “*Varenicline (formerly Champix) has now been reinstated and is available for GPs to prescribe at their discretion. At this time Smokefree Lancashire cannot prescribe this medication, make recommendations, assess patient suitability, or send requests for this medication due to our service not having a pathway in place, this is in discussion with our commissioners.*”

There is a commissioning gap to be filled here. The default position must not be for GPs to become ‘the provider of last resort’.

Communication we have seen from SmokeFree Lancashire also suggests that “*some GPs are now prescribing it to patients who have the option to receive regular behavioural support with us for the duration of treatment.*”

Please be reminded that you are under no obligation to prescribe and if undertaking such work, you are doing so unfunded.





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We have made it very clear to commissioning colleagues that the current pathway/working practice is inappropriate and that if GPs are expected to be involved, practices need to be appropriately resourced.

We have also been concerned by recent reports of smoking cessation services writing to GPs for 'consent' prior to nicotine replacement or other smoking cessation medications being commenced for patients on antipsychotic medications who are under the care of mental health services. We are following this up separately and would [welcome any further feedback](#) practices have on this issue.

General Practice: Critically Endangered, Facing Extinction

The Government has indicated that it will publish its final position on the 2026/27 GP contract changes in England this week, and GPC awaits further detail. It is essential that the scale of pressures facing general practice — rising workload, constrained finances and a fatigued workforce — is fully recognised.

The BMA has published a [30-minute podcast](#) featuring GPC England Chair Dr Katie Bramall and Deputy Chair Dr David Wrigley, discussing the current state of general practice and the significant challenges facing the profession. [A transcript is also available here.](#)

GPC has produced two short briefings outlining what is needed from NHS England regarding 'Neighbourhoods', and expanding on concerns about the future sustainability of the profession:

- [Facing extinction – 'Neighbourhood health: lead or be led'](#)
- [Facing extinction – 'Why this campaign, and why now?'](#)

GPC England will meet on 26 February to scrutinise the contract and debate and vote on the Government's offer. A series of webinars will follow to discuss the proposed changes and next steps for the profession:

- Thursday 5 March, 12–1:30pm - [register here](#)
- Tuesday 10 March, 7–8:30pm – [register here](#)
- Wednesday 18 March, 12–1:30pm – [register here](#)

Feedback from across the profession is encouraged. Queries can be sent to info.gpc@bma.org.uk

Online 113 form

The DWP has contacted the BMA GPC to note that they are aware of a significant fraud risk associated with the [online ESA113 form](#) (for healthcare professionals to fill in if DWP asks for information in connection with Employment and Support Allowance or Universal Credit). They have checked and the total number of downloads in the 12 months to 30 September 2025 was only 1,261 i.e. about 100 a month and therefore DWP will ask for it to be removed from [GOV.UK](#) and also remove the reference to it in the introductory notes of the paper version of the 113.





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Reminder: Direct Access Ultrasound Pathway for Unscheduled Bleeding on HRT (Fylde Coast Only)

Message from L&SC Cancer Alliance:

In April 2024, the British Menopause Society (BMS) published updated [guidance on the “Management of unscheduled bleeding on hormone replacement therapy.”](#)

To support implementation of this guidance locally, all GPs across the **Fylde Coast** now have access to an electronic direct access ultrasound referral form within EMIS. This replaces the previous paper request card system and enables urgent ultrasound assessment for patients experiencing bleeding whilst taking HRT.

The Pathway is intended to provide:

- Support to GPs in investigating unscheduled bleeding in patients on HRT
- Provide reassurance where:
 - Patients continue to have symptoms despite HRT optimisation
 - There are no major or minor risk factors for endometrial cancer
- Reduce unnecessary referrals to secondary care under the urgent suspected cancer pathway within the first 6 months of commencing HRT

Referring patients via an urgent suspected cancer pathway during the initial 6-month period of HRT can cause significant distress and may lead to unnecessary investigations. This direct access pathway ensures:

- The most appropriate patients are referred into secondary care
- Patients requiring suspected cancer investigation are seen in a timely manner
- Access to a one-stop service where appropriate

We would encourage all practices to utilise the EMIS direct access ultrasound form in line with the BMS guidance.

Update on your pension and missing records

In April 2025, the BMA submitted a freedom of information request to the NHS Business Service Authority (NHS BSA) asking how many GPs in England had missing years of pensions data in their records - it revealed that it was 56%. The [BMA re-submitted the same request in January](#), with the hope that the meetings with NHS BSA, PCSE & the DHSC would improve the situation. It is disappointing that 51 % of the current cohort in the scheme still don't have an up-to-date record.

Not having an up-to-date pension record makes it impossible to plan for your retirement and assess your immediate pension tax position. The BMA can help members engage with relevant parties effectively, and you can use the [BMA's step by step campaign](#) to get your pension record up to date. The guide includes templates to use at each stage and guidance on when you can escalate your query to appropriate bodies to seek financial compensation.





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Morecambe Bay – Big Conversation Event (Morecambe Bay only)

MBPCC are delighted to host with UHMBT the next Big Conversation Reboot Event on **Wednesday 11th March, 19:00h.**

The event aims to bring together colleagues from both the Trust and General Practice, to share current topics and facilitate collaborative discussions. Below is an overview of some of the proposed topics and themes for the evening.

- Neighbourhood Health Developments
- Cancer Pathways for GPs
- Radiology Direct Access for GP's
- Community Diagnostic Centres
- Medical School Cohort update, Barrow

Event Details

- Time: 19:00 (arrival from 18:30)
- Location: Crooklands Hotel, Crooklands, Cumbria, LA7 7NW
- Food & beverages provided
- Teams option available

If you are interested in joining the event or would like further information, please contact: h.donegan@nhs.net.

Chaperone guidance

Concerns have been raised about NHSE's recent guidance on [Improving chaperoning practice in the NHS](#), based on [GMC guidance on Intimate examinations and chaperones](#). The BMA GPC have previously identified this as a significant challenge for doctors. This is covered in the BMA's [Core Ethics Guidance](#) in [Sect. 2.5](#).

Academy Matters - ML IT Training Newsletter - February 2026 (L&SC only)

[See the monthly IT Training newsletter here](#)

