



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 24th March 2026

GP Contract Referendum

Dear Colleagues,

The vote by the BMA General Practitioners Committee on whether to [reject the proposed government contract](#) closes tomorrow. At the time of writing, turnout has been disappointingly low.

I wanted to write to you. Not to tell you how to vote. That is entirely a matter for your own judgement - but to strongly urge you to vote. Because if we do not engage at moments like this, we cannot then be surprised at the direction of travel that follows.

Over the past few years, we have all felt the cumulative weight of what General Practice has become. Work has not just increased. It has shifted, often quietly, often incrementally, but always in one direction. More responsibility. More risk. More expectation. Frequently without resource, without negotiation, and without recognition.

And yet, time and time again, we have absorbed it. Not because we are weak, but because we are committed. Because we care about our patients. Because saying “no” has never come easily to our profession. But there comes a point where continued acquiescence is no longer a virtue. It becomes a vulnerability.

I have said this before, and I make no apology for repeating it again today. If Ivan Pavlov were alive today, it would not be dogs that symbolise conditioned response, it would be General Practitioners.

Each “GP to kindly...”

Each request to pick up work that originates elsewhere

Each quiet (and not so quiet) transfer of responsibility

Over time, we have been conditioned to respond. Automatically. Without question. Without pause. Accept. Accept. Accept.

But this vote represents something different. It is one of the few occasions where General Practice, collectively, has an opportunity to pause, to reflect, and to decide.

Whatever your personal view on the contract itself. There will be a range of perspectives for sure. The main fact is that it is the ACT of voting is what matters most.

A low turnout sends a message. A disengaged profession sends a message. And it most definitely is not a message that strengthens our position.

If we do not stand up for ourselves now, when will we? If not at a moment like this, then at what point? Opportunities to express a clear, collective position are rare and sadly (if the government has its way) becoming rarer.

We often speak about workload, about sustainability, about the future of General Practice. But the future is not something that happens to us. It is shaped, partially, by whether we choose to engage when it matters. This is one of those moments.

The government is not a friend of General Practice.





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This Secretary of State for Health is not a friend of General Practice.

NHS England not a friend of General Practice.

If you need me to provide evidence of this you just have to read the most recent documents on the future of the neighbourhood health model; or on their plans to introduce an absolute referral management system that includes a pre-referral A&G to ask for permission to make a referral; or the paltry uplift that is on offer for our profession that is already on its knees, and still propping up the NHS on its shoulders; or how online consultations were forced upon the profession when the powers that be knew it would be the straw that may break the camel's back.

So my request is simple.

Whether you are a GP registrar; or a Salaried GP; or a GP Partner or even a portfolio GP. The bottom line is this – you are still a GP. This vote is about pushing back against the very people that want to destroy that GP identity – let's not allow them to do that without a fight!

So if you are a member of the BMA and eligible to vote, please do so before the deadline tomorrow. Not out of obligation. Not out of pressure. But because your voice, individually and collectively, matters more than you may think. We are, all of us, on a journey of reasserting what General Practice is AND what it is not.

Perhaps the first step is simply this: to stop being passive participants in decisions that define our future. Thank you to those of you who take the time to engage.

Dr Adam Janjua

CEO

Eligible members have been sent a voting email (from bma@cesvotes.com). The deadline to vote is 12:00 noon on Wednesday 25 March 2026.

Haven't received your voting link?

Check junk folders and search for emails from bma@cesvotes.com. Ensure BMA membership details and email address are up to date. If the link is still missing, contact GPContract@bma.org.uk.

Further information, including [referendum FAQs](#), a [podcast discussion](#) with GPCE Chair Dr Katie Bramall, and campaign updates, is available on the [BMA GP Contract webpage](#).

2026/27 contract changes webinar recording

The BMA GPC have held webinars where they discussed the new contract and the next steps for the profession. Watch the webinar recording: [GPC England contract update webinar](#)





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LES Clawbacks (L&SC)

We are continuing to hear from practices around the strong concerns regarding the LES 25/26 clawbacks and we are equally frustrated with the situation. Please be assured that we remain in active dialogue with the ICB on this and are working constructively to represent these concerns and to secure the best possible outcome for practices. We are pushing back on the targets the ICB have presented and we will keep you updated as discussions progress.

LEs 2026/27 – Financial Model Concerns (L&SC)

We are hearing increasing concern from practices regarding the proposed changes to LEs for 2026/27, in particular the shift away from capitated payments towards a cost and volume model. Practices have highlighted the potential financial implications of this change, including reduced income stability, increased administrative burden, and uncertainty around whether activity will be appropriately reimbursed.

Please be assured that we are actively engaged in discussions with the ICB on this issue and are robustly representing the concerns being raised. We will provide a further update as soon as more information becomes available.

Meningococcal (MenB) vaccination - Managing Patient Enquiries

Practices will be aware that NHS England has now issued a communication asking *all general practice teams* to ensure anyone in an eligible group who presents can be vaccinated across the country. Eligibility is still restricted to a small number of students linked to the outbreak in Kent who may have returned home.

We know practices are receiving many enquiries about this from registered patients who do not fall into this cohort and want to update our advice to you. In particular, we are providing some [template patient facing comms you may find useful and can be found here](#).

We have also created [this poster](#). Practices using the poster should regularly check national guidance and discontinue its use if the information becomes outdated.

Charging for Safeguarding Work

Following recent BMA guidance clarifying its position on charging for safeguarding work, we have developed a short guidance document to support practices in managing safeguarding requests. This includes advice on what is considered core vs non-core work, how to approach fee discussions, and template response letters. [Click here for the guidance](#).

Please contact our Safeguarding Lead, [Mikaela](#), should you require further support.





Update from the Consortium of Lancashire & Cumbria LMCs

LMC Statement reminder on ICB Proactive visits (L&SC)

We are aware that the ICB Place Teams are contacting practices to arrange what they term as “Proactive Visits” as part of a 3-year programme to visit all practices across Lancs & South Cumbria.

The proactive visits were discussed earlier on last year when the LMC and the ICB were negotiating the Local Quality Contract. The LMCs view was that these visits are labour and time intensive and will take practice staff (clinical and admin) away from their routine work in order to facilitate these visits. Unless these were adequately resourced the LMC would advise practices to not engage with visit requests. The ICB in response indicated that funding for these visits would be made available through one of the Local Enhanced Services (LESs). Subsequently due to lack of funding this proposal was withdrawn and there is now no funding associated with entertaining these visits.

We are also aware that there are similar proposals to offer support to practices under a scheme badged as “PLS GPIIP”. We are informed that “nationally ICBs have been set the challenge of reducing negative unwarranted variation, with the PLS GPIIP being one of the means to do this. ICBs have been encouraged to use the new national practice dashboard which ICB’s have been provided access to. It pulls together in a single place a range of data streams and identifies practices who are outliers against metrics and domains.”

The LMC would like to make the following points clear:

- Participation in these visits is **not mandatory**.
- Although the ICB is presenting these visits as supportive in nature, practices are advised to approach them with caution.

For clarity, the LMC does **not endorse** these visits. Practices are encouraged to carefully consider any implications before agreeing to participate.

LMC HR: Employment Law Updates

The landscape for UK employment law is undergoing a significant shift following the passage of the Employment Rights Act 2025. Most major changes are being phased in between April 2026 and January 2027. Check out the immediate and upcoming changes via the following link - [Employment Law Updates | Consortium of Lancashire & Cumbria LMCs](#)

If you need login details to access the above link and or if you wish to discuss any of the details, please contact the free LMC HR Service hr@nwlmc.org





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Docman issues

Practices may be aware of recent issues affecting Docman (OneAdvanced) and in particular duplicate emails/documents being generated during extraction between 29 January and 25 February 2026. Local reports were shared by the LMC with relevant leads from BMA GP Committee and were taken up nationally. OneAdvanced reportedly implemented a fix on 25 February to restore the service.

If your practice has experienced continued document/email duplication in Docman after this date, please let us know and include:

- The date(s) the issue occurred
- A brief description of the problem
- Any incident or case reference numbers logged with Docman/OneAdvanced support

Please send details to enquiries@nwlmc.org so that we can escalate evidence of any continuing issues via regional and national channels. Separately, some practices also experienced system outages, including an incident on Monday 16 March, where Docman was unavailable for much of the morning. During this time, staff were unable to access patient documents, scan or file records, or process workflows. This caused disruption to routine administrative and coding work and contributed to backlogs. Concerns about poor communication and limited access to support during incidents has also been noted.

Dispensing

[NHS funding to cease for Emis Web dispensing module | Dispensing Doctors' Association](#) From April 1, dispensing practices using EMIS Web have been told they will need to pay for the dispensing module. In a [communication](#) from Optum EMIS received Wednesday 18 March, customers were informed that NHS England will cease central funding for this module on 1 April, and that as a result Optum will start invoicing practices directly. It is believed (but not confirmed) that the new charge will be 25p per registered patient (note: not dispensing patient). Neither the Doctors Dispensing Association (DDA) nor GPCE were informed of the change, and to date, there has been no communication of the change by NHS England. NHS England and Optum have been asked for comment.

BW Healthcare Surveyors - Top Tips for your GP Practice Premises Webinar

Please find details below of our upcoming **free** webinar hosted by BW Healthcare Surveyors, focusing on practical tips for GP practice premises. The below will be covered during the webinar:

- Why 89% of UK GP Practices are underfunded for notional rent reimbursement.
- How to simplify CMR1 form submissions.
- How to maximise the value of your premises
- How are the new Premises Cost Directions effecting GP Practices
- How sale and leaseback can help fund improvements and expansions.

The webinar is taking place on **Wednesday 22nd April 2:30pm – 3:30pm via MS Teams.**

If you would like to join, please email Rebecca.Noblett@nwlmc.org Any queries, please let Rebecca know.

