

# Update from the Consortium of

# Lancashire & Cumbria LMCs

Tuesday 24<sup>th</sup> June 2025

### **General Practice Alert State (GPAS)**

You can see the latest SitRep results on our website.

Submitting your results is crucial. When we don't receive your data, it limits our ability to present a strong, accurate picture to system partners. This, in turn, weakens our case when we advocate for more resources and support for your practice. Your input makes a difference — thank you for taking the time to help us fight for you.

<u>Please let us know</u> if you are a Practice Manager and do not receive the GPAS input emails. If someone at your practice needs to be added to the distribution list please email <u>enquiries@nwlmcs.org</u>. Submission links are sent out every Tuesday and Wednesday.

### **RESPONSES REQUESTED: NWAS Ambulance Teams interactions with General Practice**

The LMC has recently been following up on a number of examples provided by practices of attempted transfers of work, transfer of clinical responsibility and unfortunately in some cases difficult behaviour exhibited by Ambulance Crews. As such we have reached out to our NWAS colleagues and have also spoken with the ICB Ambulance Service commissioners to address some of these concerns. A meeting is being scheduled between NWAS, ICB and LMC to address this and it would be helpful to quantify the extent of these issues.

If you have experienced any interfacing problems of this nature, please email our Executive Lead, Ross McDuff - <u>ross.mcduff@nwlmcs.org</u> it will be helpful to provide an idea of scale to our colleagues. Please ensure any examples you send are anonymised and contain only an NHS number.

It's also important to note that we are cognisant of immense pressure across the NHS and our colleagues at NWAS are, as you all know, dealing with huge volumes of calls to 111 & 999, and in turn ambulance crews are stretched to say the least. However, we want to ensure that appropriate processes are followed in the best interest of both patients and colleagues in all parts of the health care system. Your help on this matter is greatly appreciated.

#### **General Practice Infographics**

We have created infographics for Practices to use in your waiting rooms, websites and social media. These infographics raise patient awareness on the current state of General Practice and how practices are operating. Feel free to pick and choose the images that are suitable for your practices needs <u>on</u> <u>our website</u>. If you would like the images in a different format\_<u>please get in touch</u>

#### **Ambient Scribe use in General Practice**

Following a letter from NHSE urging caution on the use of ambient scribe software in general practice, BMA GPCE has drafted a short <u>statement</u> endorsing this approach and reiterating steps practices should take where they have these platforms in place or have plans to implement them. As practices are ultimately responsible for any consequences arising from the use of these new platforms, it is critical that they are confident of having carried out proper clinical safety and information governance assurance.



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#### Adjustment to primary care network payments

Since April 2025, some PCNs have seen an unexpected change in <u>the value of the DES payments</u> based on their adjusted population, beyond uplifts applied in the 2025/26 GP Contract Agreement. NHSE stated that, due to a change in data source, an incorrect number of new patient registrations was included in the calculations, particularly impacting on practices that have merged, as new patient registrations under voluntary mergers were originally included and should not have been.

NHSE has also highlighted that new patient registrations in September were erroneously excluded. This will have had little impact on most PCNs but will impact on those that include student practices as these see a large number of new patient registrations in September. It is likely their weighted capitation has been underestimated.

NHSE has identified an alternative data source and recalculated the adjusted populations for each PCN. PCSE will use the amended PCN adjusted populations for monthly payments to PCNs from June onwards. All PCNs will see some movement in their payments for core PCN funding, the enhanced access service, PCN capacity and access support and PCN capacity and access incentives:

- most PCNs will see their payments increase by small amounts
- PCNs with recently merged practices will see their payments reduce
- PCNs with practices for which new patient registrations are concentrated in September, such as student practices, will see their payments increase

The LMC has been advised that the impact of these adjustments to PCN payments in the Lancashire and South Cumbria ICB area is that every PCN benefits.

#### Visa challenges for International Medical Graduates (IMGs)

The GP Registrars Committee is working with RCGP Registrar reps to raise awareness of the lack of employment opportunities for GPs getting their CCTs, and to likewise push for better visa options and earlier access to Indefinite Leave to Remain (ILR). The BMA GPC are raising these concerns directly with the Government but need your help to get real-world data. They are running a short survey on how these issues affect GP registrars and GPs. This evidence is vital to support their case to the Home Office and others. All responses are confidential and anonymised. Please share with all practice trainees.

Please complete the <u>survey</u> by 5pm Friday 18 July 2025.

#### **Historic GP2GP duplication**

The BMA GPCE have been engaged with NHSE on an ongoing basis to discuss the support for practices impacted by the historic duplication of records transferred via GP2GP. Following an intervention by GPCE, NHSE agreed to remove the burden from practices and any practices required to take urgent action will be contacted by Optum to seek permission to share correct records with the patient's current practice. Further action will be taken in future and GPCE will communicate what, if any action, practices need to take as and when required.



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### **Urgent and Emergency Care Plan**

The <u>Urgent and Emergency care plan 2025/26</u> has now been published, delayed from its initial due date back in January. It identifies 8 targets across UEC to drive improvement by the end of this year and requires all systems to develop and test new winter plans by the end of this summer which include a 'significant increase' to care outside of hospital settings.

Whilst this plan is focused on achieving targets to improve urgent and emergency care services, it offers no new funding, no increases in system capacity, no strategy to expand nor retain the workforce, and little detail on reforms in social care to achieve this. The plan fits with three big shifts: treatment to prevention; hospital to community; analogue to digital -expected to be the backdrop for the 10 Year Plan, due for release in the next few weeks. In response to this, Dr Katie Bramall, BMA GPCE Chair said:

"There is a huge missed opportunity where this announcement mentions patients' challenges in accessing GP services, but offers no proposals and zero funding to increase GP capacity at all. With practices in England providing 50 million patient contacts each and every month, we cannot work any harder, the Government must create greater capacity to better meet patients' needs. This requires investment to drastically expand GP surgeries to house more GPs providing more appointments."

Read full statement: Urgent and Emergency Care Plan will likely leave doctors underwhelmed

#### Shared care prescribing principles

The BMA GPC have updated guidance on <u>Shared care prescribing principles</u>, to include a resolution passed at the UK LMC Conference in May. These will assist practices and the LMC in discussions about the responsibilities that should fall to General Practice. <u>Read the full guidance</u>

#### **UK LMC Conference news**

The resolutions from the UK LMC Conference held on 8-9 May have been published. Read more

#### 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. <u>Contact us here.</u>