



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 26th May 2026

LAST CHANCE to complete the LMC Survey - GP Experience of NWS Clinical Decision-Making and Communication

The LMC has received increasing feedback from practices regarding interactions with NWS, particularly around:

- Decisions not to convey patients to hospital despite GP concerns
- Patients being redirect back to general practice following ambulance assessment
- Paramedics calling the practice for clinical advice despite this not being a commissioned service in most places
- Lack of communication or clinical feedback to practices following NWS attendance
- Concerns regarding continuity of care, workload transfer, and medicolegal responsibility

We are therefore seeking feedback from practices to better understand the scale and nature of these issues and to determine whether practices would support formal LMC discussions with NWS and the ICB regarding communication standards and escalation pathways.

Please complete this short survey based on your practice's experience over the past 6–12 months.

Select your LMC area:

- **Central Lancashire** - [click here](#)
- **Lancashire Pennine** - [click here](#)
- **Lancashire Coastal** - [click here](#)
- **Morecambe Bay** - [click here](#)
- **North Cumbria** - [click here](#)

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.](#)





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Collective Action against new GP Contract - Update

The BMA GPCE met on 21 May to discuss ongoing pressures facing general practice and the next steps in collective action following the imposed 2026/27 GP contract.

From 1 June, a proposed next phase of action may involve practices removing or disregarding non-contractual medicines optimisation software and reviewing prescribing choices that fall outside local ICB formularies where clinically appropriate. This would not breach contractual or regulatory obligations. Further guidance is expected in early June if escalation cannot be avoided, and practices are not currently being asked to take this action immediately.

[GP partners and practices are being encouraged to continue participating in the current collective action measures.](#)

Following the resignation of Wes Streeting, the BMA has [written](#) to the new Health Secretary, James Murray, requesting an urgent meeting to resolve the dispute over the imposed contract. Read the [BMA statement](#) in response.

The committee has also raised concerns regarding the proposed Health Bill and the introduction of a Single Patient Record (SPR), citing concerns around patient confidentiality, data oversight and the potential impact on public trust. You may wish to read this [briefing from MedConfidential](#)

GP Collective Action May 2026 – DSAs

[GP partners and practices are being encouraged to take part in collective action](#) relating to practice Data Sharing Agreements (DSAs), focusing on the flow of patient data outside general practice.

Practices are being asked to:

- Send the [BMA template letter](#) to the ICB confirming you will no longer agree to voluntary secondary use DSAs from May 2026
- Refer new DSA requests to the BMA via gpcontract@bma.org.uk
- Review existing DSAs currently in place - see BMA [guidance](#)
- Engage with your Patient Participation Group (PPG).

The BMA advises that this action is lawful, does not breach the GP contract, and may help reduce practice liabilities while applying further pressure on Government regarding workload transfer into general practice without additional resource.

Further guidance and resources are available on the BMA [campaign page](#)





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Safeguarding Work – Request for Examples from Practices

Following recent discussions with Local Authority safeguarding teams, the LMC is gathering examples of safeguarding related work that practices believe falls outside the statutory or contractual responsibilities of general practice, or which is creating significant workload pressures.

Examples raised so far include:

- Lengthy safeguarding chronologies or audits
- Requests to complete DoLS assessments
- Detailed narrative safeguarding reports requiring significant GP time
- Requests for urgent information or attendance outside commissioned arrangements

We would be grateful if practices could send anonymised examples of requests they have received, along with a short explanation of the concern or workload impact. Please include NHS number only and do not send patient-identifiable information.

Examples from all areas are welcome. However, following a constructive discussion with Westmorland & Furness Local Authority, they are particularly keen to receive examples relating to Adult Safeguarding requests and processes.

This work will help inform ongoing discussions regarding clarity of responsibilities, workload pressures, commissioning arrangements and consistency of approach across the system.

[Please send examples to Mikaela.](#)

LMC UK Conference 2026 – **‘Everything needed urgent for today’**

The [LMC UK Conference](#) was held last week in Belfast, Northern Ireland and brought together GPs from across the UK including our LMC Exec team and Committee Members from our 5 LMCs.

The Conference included debates on issues such as safe working limits to GP access, advice and guidance (A&G), harmful Google reviews of practices, and looking at a ‘Plan B’ that allow GPs to provide private services to their NHS patients.

In her speech, Dr Katie Bramall, Chair of GPC England, highlighted that:

‘Understanding precisely who has access to patient information, for what purpose, under what safeguards, and with what accountability. That is why the BMA England GP committee has initiated collective action around data sharing agreements.’

[Watch the full speech by Dr Katie Bramall, chair of GPC UK and GPC England](#)

The conference webcast and agenda are [available >](#)

The conference resolutions will be available on the BMA website shortly.





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Rebuild General Practice petition

General practice is the front door to the NHS — but it is under increasing pressure. Patients are finding it harder to access care, and GPs are struggling to provide the continuity and quality of care they were trained to deliver.

Rebuild General Practice has launched a petition calling on government to restore capacity, protect continuity of care, and secure the future of the family doctor model. You can sign the petition [here](#).

Urgent Suspected Cancer Referrals

Please see the [attached information document](#) from the Lancashire & South Cumbria Cancer Alliance regarding urgent suspected cancer pathway referrals.

The document outlines the importance of providing patients with the Cancer Research UK leaflet, 'Your urgent suspected cancer referral', at the point of referral, alongside practical guidance for practices on how this information can be shared consistently with patients.

Practices are encouraged to review the document and share it with relevant staff involved in referral pathways.

Changes to Universal Credit payments

On 6 April 2026 the Department for Work and Pensions (DWP) made changes to Universal Credit payments, meaning that patients who are assessed to meet the [Severe Conditions Criteria](#) will receive the highest benefit entitlement. These criteria will be used to identify those with the most severe, lifelong health conditions or disabilities, who are unlikely to improve, and those who are not expected to ever be able to work.

When making a claim, if they think they meet the Severe Conditions Criteria, patients will be asked to send DWP any supporting medical evidence they already have.

DWP does not expect GPs and their teams to do any additional work for this new Criteria. In the event that a patient requests evidence from a GP team to support their claim, please advise them that the DWP, if they need it, will request any further information they require from the patient directly in the standard way. There is no need to provide any additional evidence directly to patients.

