



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 27<sup>th</sup> January 2026

## **FIT Testing – LMC Position (Lancs & South Cumbria)**

**The LMC has received feedback from practices that some patients are returning mixed FIT results, with one positive and one negative test. In light of this, we would like to remind practices of our position:**

The LMC has reviewed the [communication from LSC ICB](#) regarding changes to Faecal Immunochemical Testing (FIT) in suspected lower GI cancer referrals, recommending a move to 1 FIT kit only for symptomatic patients. The ICB states this brings the region into line with national commissioning guidance.

The Consortium Executive Board has discussed the proposed change and the LMC position was made clear ahead of this commissioning decision being taken.

### **The LMC is not supporting a single-test approach at present.**

The LMC advises practices to continue requesting patients to complete 2 FIT tests where clinically appropriate. GPs repeatedly report cases where only one of two FIT samples is positive in patients later diagnosed with cancer. Reducing testing may increase false reassurance and diagnostic delay, placing responsibility and risk onto clinicians rather than the system. There is also a risk of patients either missing their follow up 6 week FIT test (as is being suggested in the guidance) or that there will be an unmanageable administrative recall burden on practices trying to keep track of these repeat FIT tests.

The ICB decision appears to be driven at least in part by cost savings on FIT kit supply, yet the medico-legal risk arising from missed cancers sits with the GP, not the commissioner. Until there is robust local evidence that reducing to a single test does not compromise diagnostic sensitivity, we will not support any change that increases clinical risk for our GPs or their patients.

Please do not hesitate to [contact us](#) if you have any queries or concerns.

## **Sensitive Information and Examples sent to LMC**

We often ask you as practices to provide examples of the problems you are facing, whether it's a Transfer of Work from another organisation or a specific problem with a hospital department. These examples are vitally important for us to be able to take up problems on your behalf, however we must remind you that the **LMC cannot be privy to patient identifiable information**. Having recently reviewed our policy on this, we just wanted to remind practices not to send any of this personal information.

Screenshots, letters & emails need to be appropriately redacted in order for us to be able to use them effectively - they are deleted if not. We are able to receive NHS numbers if a specific example needs looking into.





## Update from the Consortium of Lancashire & Cumbria LMCs

### NENC LES Review (North Cumbria)

Following our communication to practices on Thursday 22nd January, we are reiterating our position in light of the LES documentation issued by the ICB on Friday 23rd January for the Medicines LES and ADHD LES for 2026–27. While some amendments were made following consultation with the RLMC, the final version has not meaningfully incorporated further feedback provided on the version circulated to practices in early January (v1.7). As a result, significant concerns remain, including the lack of explicit exclusion of in-year changes to shared care drugs and guidelines, the absence of defined lists of Amber, Green Plus and Green drugs, no published shared care guidelines for antipsychotic or ADHD medications, and difficulty in accurately estimating the workload involved.

Discussions with the ICB are ongoing, but at present the LMC does not endorse the LESs in their current form and advises practices not to accept the offer while these issues remain unresolved. Although the ICB deadline for sign-up is 6th February, practices should not feel pressured to sign unless they are satisfied that the LESs are safe, clearly defined and appropriately resourced.

Attached is a [summary of the LESs with comments from NENC LMC colleagues](#), along with [a ready reckoner to help practices](#) estimate the level of work involved with the Medicines LES and ADHD LES.

### GPC Update & Webinars

GPC England met last week for its first meeting of 2026, amid growing pressures from record patient demand and widespread respiratory illness. Practices reported feeling increasingly stretched, with concerns about safety and the impact on face-to-face continuity of care.

The committee acknowledged the significant efforts practices are making to adapt to the October access changes and discussed managing demand where capacity is consistently exceeded. GPC England will host two support webinars later this month, open to all GPs.

The elected officer team will meet with DHSC and NHS England to progress discussions on the 2026/27 GMS contract and practice finances, with a final vote to follow once proposals are confirmed. GPC England encouraged members to engage in the upcoming sessions either over lunch on Wednesday or on Thursday evening:

- **Wednesday 28 January 12 - 2pm** [register here](#)
- **Thursday 29 January 7 - 9pm** [register here](#)

### OpenSAFELY

Practices are reminded to continue to activate the OpenSAFELY data analytics service if you haven't yet done so. This service has the full support of the BMA and RCGP. [Read more >](#)





## Update from the Consortium of Lancashire & Cumbria LMCs

### **Innovate ADHD Limited (Lancs & South Cumbria)**

The ICB has recently been provided with a contract from Kent and Medway ICB for ADHD services to be delivered by Innovate ADHD Limited. This contract falls under Choice legislation.

In reviewing the contract, the ICB understands that the provider is not commissioned to offer annual reviews for patients, with local arrangements in commissioned areas (Kent and Medway) stipulating that these should be carried out by an appropriately trained prescribing clinician within the patient's GP practice or primary care hub.

The ICB intends to discuss this with the provider to assess the viability of delivering services within the local footprint. In the interim, practices are advised to exercise caution when referring to this provider if there is no suitably trained clinician within the practice or PCN.

Please note that under Choice legislation, practices are fully entitled to decline to make a referral to a particular pathway or provider where it is not considered an appropriate clinical pathway for the patient.

### **PREVENT Information Requests – Guidance for Practices**

Some practices have reported receiving direct information requests from PREVENT. In a number of cases, these requests provide limited detail about the level or seriousness of the concern, making it difficult for practices to assess what information, if any, it is appropriate to share.

While PREVENT forms part of the statutory safeguarding framework, practices must still ensure that any information shared is necessary, relevant and proportionate.

If a PREVENT request does not provide sufficient clarity, practices should:

- pause and not disclose information immediately
- involve the practice safeguarding lead
- request clarification on:
  - the nature and level of the concern
  - why GP information is required
  - what specific information is being requested and for what purpose
- share only relevant information once proportionality can be assessed (full records should not be shared by default)
- document the request, any advice sought, and the rationale for information shared or withheld

Practices should not be expected to judge proportionality or seriousness where insufficient information has been provided.

If practices continue to receive unclear PREVENT requests, or if there is uncertainty about how to respond, please contact [Mikaela](#), the LMC Safeguarding Lead, for advice and support.





# Update from the Consortium of Lancashire & Cumbria LMCs

## Safeguarding work and charging – clarification for practices

Following recent queries, we would like to clarify the position on safeguarding work and charging.

Practices cannot charge for core safeguarding activity, which forms part of contractual responsibilities under GMS/PMS/APMS. This includes:

Core safeguarding (not chargeable):

- Responding to safeguarding concerns
- Information sharing where appropriate
- Providing factual information from the medical record
- Cooperation with child or adult safeguarding enquiries (including Section 47 enquiries)
- Attendance at safeguarding meetings or case conferences where required
- Routine safeguarding input as part of MDT or statutory processes

However, practices may charge for work that falls outside core safeguarding, where this is explicitly requested or commissioned, typically by a local authority.

Examples of non-core safeguarding work include:

- Detailed safeguarding reports requested by a local authority
- Chronology-based or narrative reports requiring additional GP time
- Opinion-based or specialist assessments prepared for education or social services
- Any safeguarding-related report that goes beyond sharing existing factual information

In these circumstances, practices may agree terms and fees in advance and can use the BMA template which can be found [here](#). Practices are encouraged to seek clarity from the requesting organisation if it is unclear whether the request relates to core safeguarding duties or commissioned report work.

Additional guidance can be found from the BMA [here](#).

If practices continue to receive unclear or inappropriate requests, or are unsure how to proceed, please contact the LMCs Safeguarding Lead, [Mikaela](#), for support.

## Partnership Agreement Reviews

Since launching our partnership agreement drafting service in 2020, we've spent the past six years helping practices ensure their agreements truly reflect how they operate today. We are now offering reviews of existing agreements to check whether the current structure of your practice is reflected within the agreement. Has a partner left since you first had your agreement drafted? Has a new partner joined? Have roles and responsibilities evolved?

For a small fee, we will also identify whether new or updated clauses are needed to reflect changes in working arrangements, decision-making, or future plans, giving you confidence that your partnership agreement remains accurate, relevant, and fit for purpose.

Please contact Abi Askew, [Abigail.askew@nwlmcs.org](mailto:Abigail.askew@nwlmcs.org) if you would like further information.





## Update from the Consortium of Lancashire & Cumbria LMCs

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### Ambient voice technologies

NHS England published a [press release](#) claiming AI note taking 'could save clinicians up to 2 or 3 minutes for each patient consultation, freeing up more time for them to see other patients'. Practices are reminded of the [guidance NHS England publishes](#) and the necessary steps they must take should they choose to make use of these technologies. Patients must be made aware that consultations are recorded for interpretation by computer and their rights of access to any recordings made, and any interim transcripts created by the AVT should be made available for review. Errors, or 'hallucinations', in the AVT output, in addition to immediate correction, should be reported to the MHRA via its [Yellow Card reporting scheme](#).

### Pathology Survey (Fylde Coast Only)

Please complete a quick 5 minute survey which will improve the Blackpool Teaching Hospitals Pathology service.

[User feedback for Blackpool Teaching Hospitals Pathology Service 2026 – Fill in form](#)

The survey closes March 31st.

