



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 28th April 2026

Dr Muttu - Condolences

The LMC pays tribute to Dr Nimal Muttucumaru following the sad news of his unexpected death. Dr Muttu made a valued contribution to general practice in Central Lancs and will be remembered by many colleagues across the area.

The LMC extends our sincere condolences to Nimal's family, friends and practice colleagues at this difficult time, and acknowledges with gratitude his commitment and service to primary care.

A&G and elective single point of access

Last week, we shared [guidance from BMA's GPCE](#) regarding the use of Advice and Guidance (A&G) and the introduction of Single Points of Access (SPoA) within the NHS as part of the imposed 2026/27 GP Contract changes. On 22nd April NHSE have published [this letter](#) that backtracks on the expectation of there being targets set for referrals being sent back to general practice and offers some clarity around what the profession can expect from secondary care. In Lancashire and South Cumbria ICB area, a number of LMC representatives and other attendees from primary care have since been present at a workshop focused on outpatient transformation. We feel the strong and unified voice put forward at this session added value to the discussions and that there was a firm commitment to work constructively with us as this programme of work develops locally. We highlighted not just our expectations of future models being appropriately resourced but also the issues experienced here and now that must be overcome to develop confidence in A&G moving forward. We expect similar engagement from North East and North Cumbria ICB and provider partners in North Cumbria too.

QOF Update – Weight Management and GLP-1 Medicines

Practices will be aware of the recent national QOF changes for 2026/27, which introduce new obesity indicators linked to weight management and the phased rollout of weight-loss medicines, including GLP-1s.

This is a nationally driven change forming part of the wider rollout of weight-loss medicines across the NHS. We are in discussion with our local ICB colleagues; however, as this is a national contractual and commissioning issue, there is limited scope for local flexibility at present. There will be ongoing discussions at a national level as well about how this is planned to be implemented bearing in mind the very stringent criteria for GLP1s set out by local ICB policy and the lack of available 'wraparound' support services for the affected patients.

We recognise that practices may be experiencing increased workload associated with patient enquiries and expectations regarding access to weight-loss injections. We are continuing conversations with the ICB to seek clarity around expectations, workload implications, and communication to patients, and will provide further updates as more information becomes available.





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Request for Examples: Unfunded Safeguarding Work Pressures

We are currently engaging with Local Authority safeguarding leads across Lancashire and Cumbria following growing concerns from practices about increasing requests for work that falls outside core contractual responsibilities.

To support these discussions and ensure we are accurately representing the pressures practices are facing, we are asking practices to share any anonymised examples where they feel they have been inappropriately pressured to undertake unfunded safeguarding-related work.

This might include:

- Requests for detailed reports or chronologies beyond factual information sharing
- Repeated or urgent demands for completion of forms without prior agreement
- Situations where refusal to complete work without funding has been challenged

To remind practices, as set out in a recent [BMA/PFCs letter](#), there is a clear distinction between core safeguarding activity and additional, non-core work.

Core safeguarding activity (which cannot be charged for) includes sharing relevant factual information from the patient record and cooperating with safeguarding enquiries.

However, additional work such as preparing detailed reports or chronologies, completing extensive forms, or attending case conferences falls outside core contractual responsibilities. In these circumstances, GPs are entitled to request a reasonable fee, provided this is agreed in advance.

If you have any examples you are willing to share, please ensure these are anonymised before sending to mikaela.george@nwlmc.org. All information will be handled sensitively and used to inform system-level conversations.

Your feedback is essential in helping us push for clearer boundaries, appropriate commissioning, and sustainable workload expectations for general practice.

Testosterone for Menopausal Women - LMC Position (L&SC)

LSCMMG has approved a Green Restricted formulary position for testosterone for postmenopausal women with low sexual desire where HRT alone is insufficient. This allows prescribing in primary care where clinicians feel appropriately trained and competent.

The LMC does not support this change. Testosterone for this indication remains unlicensed, and prescribing carries additional clinical, governance and medico-legal considerations. There is a risk that this creates an expectation for routine prescribing in primary care without appropriate specialist oversight or system support.

Practices are advised not to prescribe unlicensed testosterone for this indication and to direct patients back to specialist services where appropriate.





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LSCFT IRS Update – LMC Meeting with LSCFT (L&SC)

The LMC met with LSCFT's Chief Executive and Medical Director recently to raise significant concerns from practices across L&SC regarding IRS. Issues identified have included poor access, long waits, unclear clinical responsibility, unsafe discharges to general practice, prescribing requests without specialist input, and gaps for patients who fall between primary and secondary care thresholds.

LSCFT explicitly acknowledged that the current IRS model is not working effectively and accepted concerns regarding safety, triage, workforce pressures, and interface issues with primary care.

A senior-led IRS taskforce has been established with a 12-week review programme, alongside immediate actions that will not wait for the final review. Priority actions include improving telephone access, progressing a dedicated healthcare professional line, addressing urgent safety concerns in real time, and reinforcing appropriate clinical responsibility and prescribing boundaries.

The LMCs in L&SC will remain closely engaged in this piece of work and also agreed to work jointly on wider commissioning gaps with system partners where needed.

We recognise the pressure this situation has placed on practices and will continue to press for rapid, visible improvements. Please continue to:

- Notify us of concerns regarding individual cases including only the detail of the case and the patient's NHS number.
- Submit incident reports via Ulysses.

Contact IRS directly regarding all urgent patient care.

Premises Subsidies (L&SC)

We have been advised that the ICB will shortly be contacting a number of practices where they believe there may be historical premises-related subsidy arrangements in place.

We understand that this exercise is intended to be fact-finding only, and that no action is currently planned in relation to any identified arrangements.

To help us monitor the situation and build a clearer picture of premises funding locally, we would be grateful if you could inform us of any premises subsidy arrangements you believe may apply to your practice.

Please contact [Ross Bridle](#), our Premises lead in relation to this.

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](#)





Update from the Consortium of Lancashire & Cumbria LMCs

LMC HR: Template HR Policies and Procedures Handbook

Check out our new template HR Policy and Procedures Handbook available to download via the following link - [HR Policies and Contract Templates | 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

LMC HR Hints & Tips: Sickness Absence Webinar – Monday 11th May 2026

As part of our HR Hints and Tips series, the LMC HR Service is hosting a focused 30 minute webinar on [Sickness Absence](#) in the workplace.

The details are below:

- Date: Monday 11th May 2026
- Time: 1:00pm - 1:30pm
- £35 per person to attend
- Online via Microsoft Teams

The shorter sessions are designed to provide timely support around upcoming and helping you stay informed without needing to commit to longer training events.

To book a place, please contact [Rebecca Noblett](#).

LMC Vacancies

Three of our five Committees currently have seats available for GP representation:

- Lancashire Coastal LMC: vacancies available
- Central Lancashire LMC: 2 vacancies available (1 for Greater Preston & 1 for Chorley & South Ribble)
- Lancashire Pennine LMC: 1 vacancy available (Rossendale)

We are keen to hear from GPs, including Sessional's, GP Registrars/ Trainees, who may wish to get involved to represent your constituents. 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.](#)

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

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

