



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 28th October 2025

A message from your LMC CEO

Dear Colleagues,

It's becoming increasingly difficult to stay focused on what truly matters - the care of our patients - when we are constantly facing a barrage of uncertainty and pressure from a government that seems intent on controlling and restricting general practice. Constantly having to navigate political point-scoring and an unrelenting stream of new demands from those who neither understand nor respect the reality of our work.

Earlier this year, the *10-Year NHS Plan* sent shockwaves through the profession by appearing to sideline GP partnerships altogether, as though the independent contractor model, which has held the NHS together for 75 years, was a problem to be solved rather than a foundation to be supported.

Then came the *unlimited online consultation requirement* from 1st October: a move that throws open the gates to limitless patient demand without a shred of regard for capacity, safety, or sustainability. The message seems to be: do more, see more, absorb more - with the same workforce and no extra resources.

Add to that the *rumours (last week in the media) of National Insurance changes* that would see GP partners paying contributions they have historically been exempt from, followed by the latest announcement that NHS England is planning to impose *unrealistic new targets*, such as requiring 90% of all "clinically urgent" patients to be seen on the same day! These kinds of blanket targets bear no resemblance to the complex, nuanced reality of day-to-day general practice.

All the while, the tone from the top grows more hostile. There's a steady stream of micro-aggressions from NHS England and the Health Secretary, painting GPs as obstacles rather than allies. It's corrosive, demoralising and frankly disrespectful - and it's not acceptable. The message is clear: the pressure is not easing.

Therefore, it's no surprise that the BMA GP Committee (GPC England) has announced it is back in formal dispute with the Government, the Department of Health and Social Care, and NHS England, effective from 1 October 2025.

Now, more than ever, we need to stay united and strong as a profession. We must be prepared for a future, where standing up for the profession might mean taking actions that some of us are not entirely comfortable with. But if we don't push back, firmly and collectively, the greater tragedy will be the loss of general practice itself from the NHS landscape. And with it, the continuity, compassion, and community-based care that patients rely on.

Your LMC is with you every step of the way. We will continue to defend your professional independence, challenge bad policy, and make sure your voice is heard at every level. We are stronger together - and together, we will not let general practice be dismantled.

Dr Adam Janjua, CEO





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Lancashire Pennine LMC Executive Lead name change

Please note: Ross's name has changed, and this is now reflected in his email address.

The previous address ross.mcduff@nwlmc.org has been updated to ross.bridle@nwlmc.org.

Emails sent to the former address will continue to forward to the new one.

Safeguarding Support and Policy Updates (Lancs & South Cumbria only)

From 28 March 2025, Lancashire & South Cumbria ICB has changed how safeguarding support is provided to practices. Historically, this support — including sample policies — has been delivered by the ICB. However, following the transition from CCGs to ICBs and the fact that GP practices are no longer 'member practices', the ICB will no longer provide or review individual safeguarding policies.

It is now the responsibility of each practice to ensure that their own safeguarding policies are in place, up to date, and ratified through their internal governance arrangements. However, The LMC's Safeguarding Lead will also be developing a safeguarding support toolkit to assist practices during periods of policy review and in responding to incidents such as Local Child Safeguarding Practice Reviews.

Please note that any policy templates shared, either by ICB or LMC, are example documents only and must be adapted with practice specific information before being formally adopted.

The LMC also remains available to support all practices within the consortium with any safeguarding queries. Please contact [Mikaela](#), LMC Safeguarding Lead, for advice or assistance.

Conflict Management

25 November 2025 | 12:30pm – 2:30pm | Online via Microsoft Teams
£30 per person

The LMC is hosting a Conflict Management Training session designed for all clinical and non-clinical staff, including reception teams.

This interactive two-hour session will be divided into three key sections:

- The legal aspects of managing aggressive or challenging patients
- Understanding conflict and its triggers
- Practical techniques for de-escalating difficult situations

If you would like to book a place, please contact Rebecca Noblett at Rebecca.Noblett@nwlmc.org.

NHSE GP IT systems survey

The [Clinical Systems Experience Survey for General Practice](#) is now live, designed to understand how digital tools are working across general practice - the survey is open to all staff working in general practice who use clinical systems. It runs from 22 September until 16 November 2025. [Take the survey](#)





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DHSC announcement on Carr-Hill Reform

GPCE England welcomes the Government's recognition that the Carr-Hill funding formula is outdated and in need of reform. However, they remain deeply concerned about the framing and scope of the proposed changes.

While the principle of needs-based funding is commendable, the current approach risks destabilising practices across the country. In a fixed funding envelope, redistributing resources inevitably creates winners and losers. Without a commitment to increasing overall investment, this reform risks becoming a zero-sum exercise—rearranging lifeboats rather than saving the ship.

GPCE have consistently called for whole-contract reform, not just a narrow recalibration of Carr-Hill. The government's focus on capitation alone ignores the broader structural issues facing general practice. GPCE will once again press Mr Streeting to look at much wider contractual reform that we urgently need to ensure general practice survives.

Any reform must be holistic, well-funded, and co-designed with the profession. The BMA and GPCE have already fed back to the DHSC's review proposal and look forward to remaining closely involved.

OpenSAFELY

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the Data Provision Notice (DPN) for OpenSAFELY to allow expansion to non-COVID-19 analyses.

OpenSAFELY has the full support of GPCE and the Joint GP IT Committee. It is a legal requirement for practices to accept the DPN. Data will only be made available under the legal direction once the practice has signalled approval. Following practice feedback, JGPITC is working with NHS England and hopes to simplify the work needed by practices with regard to completing a DPIA. Further information will be shared in due course. Official information on how to active the service is available [here](#)

GP pressures - workforce and appointment data

The latest [GP workforce data](#) showed that in August 2025, there is an equivalent of 28,408 fully qualified full-time GPs. While there is a general rise in FTE GPs since July 2023, GP practices still employ the equivalent of 957 *fewer* fully qualified full-time GPs than in September 2015. At the same time, there continues to be an increase in the number of patients, and GPs are now responsible for about 16% more patients than in 2015. Despite this, over 27 million standard appointments were delivered in August, with an average of 1.36 million per working day, which is an increase from August 2024 (1.32m) and August 2023 (1.29m).

In terms of access, 44.4% of appointments in August 2025 were booked to take place on the same day, an increase from the previous month (43.7%), with 81.4% of appointments were booked to take place within 2 weeks. Read more about GP pressures on the BMA data analysis page, which shows the level of strain GP practices in England are under: [Pressures in general practice data analysis](#). The RCGP has also published [data](#) from a survey which shows that three quarters of GPs say patient safety is being compromised by their workload.





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DWP survey

The BMA's [professional fees committee \(PFC\)](#) negotiates and recommends fees for doctors undertaking professional work outside their NHS contracts. The committee now seeks your valuable assistance.

PFC have reviewed member feedback indicating that the payment for completing Department of Work and Pensions (DWP) forms is inadequate; moreover it has remained unchanged since 2004. To negotiate an improved fee with DWP and highlight the value of your time, PFC kindly ask for your participation in a survey.

Your responses will help the PFC demonstrate to DWP that higher fees could incentivise doctors to complete these forms. [The survey should only take 5 minutes of your time to complete.](#) PFC is dedicated to working towards better fees across the UK and robust evidence from our members is essential for effective negotiations.

Should you have any questions or wish to raise a matter related to fees, please contact info.professionalfees@bma.org.uk.

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.

