



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 3rd June 2025

General Practice Alert State (GPAS)

Due to the recent bank holiday there are no SitRep results for last week. 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.

[Please let us know](#) 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 enquiries@nwlmc.org. Submission links are sent out every Tuesday and Wednesday.

Hospital Blood Requests

Following the recent LES review, it has been brought to our attention that some departments are still requesting practices carry out blood tests for patients that are initiated or required as part of a hospital led pathway.

Please see [attached template letter](#) you can use in response to Secondary Care departments. We have also created the [below poster](#) for patients which can be used in your waiting rooms/ online.

Hospital Blood Requests

If you have had blood tests requested as part of a hospital appointment, these will need to be carried out at the hospital.

We will now be prioritising blood tests that have been requested by your GP.

We will no longer be able to routinely carry out blood tests requested by hospital departments.

Thank you for your understanding.

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The poster features a red background with white text. At the top right is a white blood drop icon. Below the title is a grid of white dots. On the right side, there is a circular inset photograph showing a person's arm being prepared for a blood test. At the bottom left, there are five red dots and a small image of a blood test tube.





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Autism Assessment for School aged patients: Right To Choose

We are disappointed that [this communication](#), which has significant implications for GP workload, patient expectations, and clinical responsibility, was issued without consultation with the LMC. We recognise the severe capacity issues facing autism assessment services and welcome efforts to reduce waiting times. However, the solution must be properly commissioned, transparent, and inclusive of General Practice in its development. We have called on LSCFT and the ICB to work with General Practice to develop a safe and sustainable autism assessment pathway for children across Lancashire and South Cumbria.

Encouraging families to independently choose providers via commercial review websites is not appropriate clinical practice. Fundamentally, GPs should not be asked to facilitate a system that lacks quality assurance or oversight. The letter you have received along with system partners places an unrealistic expectation on GPs to manage patient redirection and to explain a fragmented, poorly commissioned pathway, without additional support or resources. Placing the burden on GPs is not a sustainable or appropriate solution and we hope that messaging to other services can be clarified soon.

BMA Professional Fees Committee (PFC) Update

Please see [attached the most recent PFC newsletter](#).

The PFC represents doctors who undertake professional work outside their NHS contracts and negotiates fees for various services, including part-time medical work, government and medico-legal tasks, insurance and commercial work, and a range of reports and certificates for patients or third parties. The LMC routinely raises the experiences of our local practices to the attention of the PFC such as issues with the DVLA and DWP.

Sign up to Transitional Workload Agreement - North Cumbria Only

Following ongoing discussions with the ICB, North Cumbria LMC is advising practices that it is appropriate to sign up to the transitional version of the Non-Meds Workload Agreement, covering the period 1st April to 31st July 2025.

While the LMC continues to disagree with the content and scope of the work being asked of general practice, we recognise that this transitional arrangement provides a short-term funding solution and ensures practices are paid for the work they are currently delivering.

Importantly, this is not an endorsement of the full-year 2025/26 Non-Meds LIS. We are recommending sign-up solely to secure funding for the transitional period while the ICB explores alternative longer-term solutions.

The LMC remains committed to supporting practices to withdraw from unfunded work by 1st September, and will continue to provide updates, communication materials, and advocacy on your behalf throughout this process.

Sign-up sheets for the transitional agreement will be circulated by the ICB shortly.

If you have any questions, please contact [Mikaela at the LMC](#).





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DDRB Pay Award 2025-26

Last week, the DDRB pay award recommendations for 2025-26 were finally announced, with a 4% uplift to the pay element of the GP contract and the pay range for salaried GPs. The Government accepted the recommendations in full, but 4% won't be enough to 'fix the front door' of the NHS nor expand GP teams and 'bring back the family doctor'.

The BMAs new report, [The Value of a GP](#), informs HM Treasury ahead of the comprehensive spending review why only more investment into general practice will secure the recovery of the wider NHS.

BMA GPC Chair, Dr Katie Bramall, has written to Wes Streeting to seek necessary clarity and to ensure GPs and practices face no financial disadvantage. This week the BMA GPC have again asked Mr Streeting to look at direct practice reimbursement for additional GP roles. Government needs to act now, ahead of August, and ahead of the new cohort of GPs qualifying in this country, many of whom will be preparing for under-employment, and unemployment. The BMA GPC have a moral and ethical duty to them, and the taxpayer, to keep them in our NHS practices, providing care to patients. GPs without jobs = patients without care

GP Unemployment Campaign

Last week, the BMA's Sessional GPs Committee and GP Registrars Committee [launched a major campaign](#) to expose the worsening crisis of GP under and unemployment. In a [joint letter to the Secretary of State](#), the committees issued an urgent call for action, warning that up to a thousand GP registrars finishing training this August could be left without jobs, despite patients facing severe delays in care and practising GPs struggling under unsafe, unsustainable workloads. This unacceptable situation is backed by a BMA GPC [survey](#): 15% of GPs couldn't find any suitable work, 56% are seeking more NHS hours without success, and 21% are planning to leave the profession altogether.

The [letter](#) demands immediate Government intervention, including ring fenced, direct to practice core funding separate from the failing ARRS scheme, to employ newly qualified and underemployed GPs in roles that deliver continuity of care. Read more about the [GP un/underemployment campaign](#).

Sign up window for Advice and Guidance (A&G) extended

The sign-up window for practices to sign up to participate in the A&G Enhanced Service has been extended to today (3 June). Practices should sign up via CQRS.

The BMA GPC and NHS England are keen to ensure that the A&G Enhanced Service is implemented correctly, as per the published national specification. If practices experience any issues in the implementation of the A&G service, which deviate from the national spec, [please get in touch with the LMC](#) and to the BMA GPC directly at info.gpc@bma.org.uk and read the [NHS England guidance](#).

Read the BMA GPC ['Focus on' Advice and Guidance Enhanced Service](#).





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NEW GP drive to find undiagnosed infected blood patients

All new patients registering at GP practices are to be asked if they had a blood transfusion before 1996, as part of an [NHS drive to find undiagnosed patients affected by the contaminated blood scandal](#). Each year, around 400,000 people born before 1996 – around half of new sign-ups online – will now be asked if they received a historic blood transfusion, with those who did then being offered a test for hepatitis C.

Patients will be able to order discreet, [self-testing hepatitis C kits](#) to complete at home, involving an easy finger prick blood sample which is then posted to a lab for analysis – or they can also access testing at GP surgeries, sexual health clinics and other services.

Removal from Performer's List: Urgent 111 and Out of Hours (OOH) GPs

The BMA GPC have been alerted to several areas where GPs exclusively working in OOH, 111 and urgent care have been informed that that they will need to be removed from the Primary Medical Performers' List. They have been advised to resign from the performers list or risk a formal removal process.

The BMA GPC have raised concerns centrally with NHSE as this risks unnecessarily removing a cohort of GPs that are delivering primary medical services, which could impact upon their ability to undertake practice work in the future.

Please let the BMA GPC know if you have been affected by this: info.gpc@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. [Contact us here.](#)

