



Update from the Consortium of Lancashire & Cumbria LMCs

Wednesday 21st May 2025

General Practice Alert State (GPAS)

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.

Tirzepatide: Clarification on Prescribing in Primary Care

There has been some confusion regarding whether GP practices can initiate Tirzepatide for patients with type 2 diabetes. To clarify:

- Tirzepatide **can** be prescribed for people with uncontrolled type 2 diabetes where a GLP-1 receptor agonist is indicated.
- It must **not** be used for obesity or weight management—even in patients with diabetes—unless they meet exceptionally high thresholds (e.g. BMI >40 and four comorbidities).
- To avoid inappropriate prescribing, the current position on Tirzepatide for weight loss is: **do not prescribe until a commissioned pathway is in place.**

Further guidance is available via the [Lancashire and South Cumbria Formulary](#).

North Cumbria LIS & Collective Action

Following the ICB's recent letter to practices regarding the Non-Meds LIS and their request for a three-month transition period, North Cumbria LMC has issued formal correspondence to the ICB outlining serious concerns. We are advising practices not to sign up to this new workload agreement.

As the 2024/25 agreement ceased on 31 March, there is no obligation to deliver the 2025/26 specification or to provide a notice period unless you have already signed up to the new LIS. The ICB has asked practices to continue delivering work under a version of the previous agreement which the LMC has not seen.

Please help us to support you by standing together — we advise that practices do not engage individually with the ICB and do not sign up to this offer.

Our Executive Lead, [Mikaela](#), is currently developing an action plan and roadmap for practices regarding collective action, which we hope to share with you as soon as possible.





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Unfunded AAA Screening Data Requests - AAA

Practices may have received a request from the NHS North East and North Cumbria Abdominal Aortic Aneurysm (AAA) Screening Service to manually review and complete a list of patients turning 65 this year, including identifying those with learning or physical disabilities, known aneurysms, recent deaths, or gender reassignment.

This request represents a significant administrative burden and is not supported by any funding or contractual requirement.

The LMC has contacted the service to raise our concerns and request that this information is sourced through commissioned routes rather than transferring unfunded work to general practice.

We advise practices not to undertake this work unless and until a clear funding stream or contractual requirement is confirmed.

We will update you once we receive a response.

Requests Relating to Adoption Process

In our last brieflet we provided some advice in relation to requests relating to adoption processes as we had been made aware of practice concerns about being expected to undertake additional tasks that fall outside of the usual medical assessment or medical update requests, free of charge.

We have got in touch with [Adoption Lancashire & Blackpool](#) to explain that whilst GPs can reasonably be expected to complete AH1 or AH2 forms when formally requested and respond to requests for medical summaries if a fee is agreed, further review of records to provide clinically relevant updates may only be possible where requests are specific, time and resource is available in practice and there is suitable additional remuneration.

We understand that their processes will now be updated in light of the feedback we have shared on behalf of local practices, recognising that normalising unpaid GP work raises unfair expectations and can cause difficulties in practice-patient relationships.

Do not hesitate to get in touch if you have any further queries on this. We will be happy to liaise with any other organisations identified to us.

AI in General Practice

Following a series of announcements generate a renewed focus on the role of AI in general practice, GPC has developed this brief note ahead of more substantial guidance aimed at supporting practices to meet their regulatory obligations. GPC will share a more detailed document in time.





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The Value of a GP Report

As patient need continues to rise, general practice is buckling under immense pressure. GPs are leaving the profession, or reducing their NHS commitments, at an alarming rate, driven by burnout, unmanageable and often unsafe workloads, and the pull of more attractive careers abroad. And yet, despite this, many fully trained GPs remain unemployed or underemployed while communities struggle to access patient care. This is a tragedy both for those GPs, and for patients who could benefit were those GPs are to work.

In response, at the UK LMC Conference in May, GPC UK launched [The Value of a GP](#) report that brings together a robust body of evidence to highlight the irreplaceable role of general practice in the UK. The report demonstrates the far-reaching impact of GPs, not only on the health and experience of individual patients but on the overall efficiency, sustainability, and economic value of the NHS itself.

General practice is at a pivotal moment. Without bold and immediate action to support and retain GPs, we risk the collapse of a service that underpins the entire NHS. [Watch the speech](#) by Dr Katie Bramall at the UK LMC Conference about the report. This event is for doctors working across Primary and Secondary Care, but plan to involve the wider multidisciplinary team in future sessions. Please book onto this event by clicking [here](#).

LMC UK Conference 2025 - 'The GP Unemployment Paradox'

The LMC UK Conference was held last week at the SEC, Glasgow, Scotland.

The Conference, which had a theme of the 'GP unemployment paradox', included a themed debate on the unemployment crisis, and the Chair of the BMA Sessional GPs Committee, Dr Mark Steggles, [shared heartbreaking stories from GPs who are struggling to find any or enough work](#) in the NHS, as the unemployment crisis in general practice deepens.

In a speech by the co-Chairs of the BMA's GP Registrars Committee, Dr Victoria McKay and Dr Cheska Ball called for ["ring-fenced funding direct to practices to employ newly qualified GPs"](#). At the Conference, representatives [also gathered outside the Conference venue](#) to call for urgent action to end the GP unemployment crisis. The Conference resolutions will be available on the BMA website shortly. [Click here](#) to see this years agenda.

Funding for GP Surgery Refurbishments

In response to the [Government's announcement](#) of new funding for GP surgery refurbishments, Dr Katie Bramall, Chair of GPCE said:

"All new funding is welcome in the current parlous situation many GPs find themselves in, but the scale of the task facing the Government is far greater than these sums would suggest. To put it in context, £102m would barely pay for a handful of individual new surgeries, let alone do much to restore the more than 1000 it is aimed at.

Many of these surgeries are a constant headache for the GPs who work in them. GPs want to be focused on patient care and delivering a good service - not anxious about the decision to either keep staff or keep their surgery buildings in a fit condition."

Read the full statement [here](#).





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Crime and Policing Bill Mandatory Reporting of Underage Sexual Activity

The Government's proposals in the Crime and Policing bill would require doctors to automatically report to the police or social services every case of underage sexual activity where one partner is 18 or over (e.g. a 15-year-old and an 18-year-old) or in any circumstances when one partner is under 13. We are aware from our members that it is not exceptional for young people aged 13-15 to be in consensual sexual relationships with people who are older than themselves. Whilst the BMA's position is that safeguarding children must be of paramount importance, it is clear that there will be implications for GPs around consultations with young people under the age of 16 who are engaging in sexual activity.

The BMA Ethics Committee is currently considering this matter, and the GPC England is liaising with them. We have advised the minister and officials about our serious concerns about the impact of these proposals on trust in the doctor-patient relationship and the subsequent risks to young people's health and wellbeing, and we are working with other organisations including RCGP, Brook and BASHH to seek amendments.

Read the [BMA Ethics toolkit](#) on 0-16 years which covers sexual activity, confidentiality and safeguarding.

Childhood Immunisation Programme, Changes for 2025/26

NHS England has now confirmed the following, previously heralded, changes to the Childhood Immunisation Programme.

From 1st July 2025:

- Cessation of the Hib/MenC 12-month dose
- PCV 13 dose 1 moved from 12 weeks to 16 weeks
- MenB dose 2 moved from 16 weeks to 12 weeks
- Cessation of the monovalent HepB for the selective HepB programme 12-month dose

From 1st January 2026:

- Introduction of an additional dose of DTaP/IPV/Hib/HepB vaccine at a new routine 18-month appointment
- MMR dose 2 moved from 3 years 4 months to the new routine 18-month appointment

Full details of these changes are available in an NHS England/UKHSA update are available to view [here](#).

There is also a UKHSA webinar planned for Wednesday 11 June, 2.00 – 3.15 p.m., to discuss these changes further and colleagues can register their interest for this [here](#).

Academy Matters - MLCSU IT Training Newsletter - May 2025

Please see the most recent MLCSU IT training newsletter: [May 2025 - MLCSU Academy](#)





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Patient Registration for GP Practices - PCSE

PCSE (Primary Care Support England) is hosting a webinar on patient registration for GP practices on Thursday 22nd May, 1-2pm. The webinar follows previous similar events, which have received very positive feedback, and will cover the following topics:

- Registering patients
- Avoiding rejected registrations
- Special Allocation Scheme (SAS)
- GMS3 Temporary Resident forms
- Managing confusions and duplicates
- Gender reassignments
- Nursing home flags (RI Codes)
- Managing GP Links and Interchanges

You can register for the webinar [here](#).

There are also useful FAQs on patient registration and deregistration available on the PCSE website. Click [here](#) for all patient registration FAQs, or [here](#) for patient removal FAQs.

In additional, please note the following update from PCSE in relation to patients removed from the GPs list for reasons that warrant an immediate removal, which can only be requested when an incident involving the patient has been reported to the police by your practice. Such patients will be allocated to an Special Allocation Scheme (SAS) provider.

Each geographical area has a SAS provider and patients are allocated to a SAS provider based on the commissioning region of the removing GP. If there are multiple providers in the area, then the patient will typically be registered with the provider that is closest to their home post code. There are some exceptions to this and the local commissioner will instruct PCSE when it is necessary to register the patient with a provider that is a greater distance away (i.e. easier to get to by public transport).

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](#).

