



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 5th August 2025

General Practice Alert State (GPAS)

You can see the latest SitRep results on [our website](#).

As we approach the busy summer holiday period, we're seeing a significant increase in annual leave across practices. We understand this is a much needed time for rest, however, it's important to ensure your practice continues to submit your weekly GPAS data.

During this time, gaps in reporting make it harder for us to present a full and accurate picture of pressure across the system. This limits our ability to advocate effectively on your behalf and push for the support General Practice needs.

Please ensure that someone in your team is covering the responsibility for submitting GPAS data while colleagues are away. If you need to add an alternative contact to the GPAS distribution list, please do email us at enquiries@nwlmc.org. Submission links are sent out every Tuesday and Wednesday.

LMC Position Statement on the NNHIP

Yesterday we sent out a Newsflash outlining the position of the LMC in relation to the Neighbourhood Health Implementation Programme (NNHIP) recently launched by NHS England as part of the wider NHS 10-Year Plan. The document aims to inform practices, provide a balanced view on the potential implications, and assert the LMC's ongoing role in representing the interests of GP partners and practices.

[You can see the LMC position statement here.](#)

Managing Inappropriate Workload - Occupational Health template

The LMC has created a new template practice response for Occupational Health related queries from patients or employers. You can find the [template here](#).

For other templates relating to workload transfer [please visit our website](#).

If you are being contacted with inappropriate workload letters and/or tasks [please let us know so that we can support you with this](#).

Call for participants for the Contract Reform focus groups

The BMA are inviting volunteers to take part in upcoming focus groups exploring what the reformed GP contract for England should look like. This is your opportunity to share what's working well—and what isn't—in the current contract. Your insights will help shape future improvements and ensure the new contract better reflects the needs of GPs and their patients. Sign up as a volunteer [here](#)

GPs in ARRS survey

The BMA is undertaking a review of the ARRS (Additional Roles Reimbursement Scheme), with a focus on the amendment allowing GPs to be hired under the scheme. They want to understand your experiences in this role and what you need to see change as they work to push for better terms and conditions for GPs. [Please take part in the survey here](#). It should take less than 15 minutes to complete.





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Premises Costs Directions & Rent Reviews – What Practices Need to Know

Recent changes to the Premises Costs Directions (PCDs) and the rent review process could have a significant impact on how practices receive funding for premises costs –particularly notional rent reimbursement.

Here's what practices need to be aware of:

Key Changes

- The rent review process is now more formalised – ICBs and District Valuers (DVs) play a central role.
- Deadlines are tighter – delays in submitting reviews could result in lost backdating of rent increases.
- There's increased emphasis on evidence and standardisation – including expectations around lease compliance, space usage, and condition of premises.

What Practices Should Do

1. **Check your lease** – especially if it's with NHS Property Services (NHSPS) or Community Health Partnerships (CHP). Ensure it's up to date and aligned with NHS model terms.
2. **Plan ahead for rent reviews** – start early (ideally 6–12 months in advance) and don't miss key dates.
3. **Engage a specialist surveyor** – preferably one experienced in NHS valuations to handle negotiations with the DV.
4. **Gather your evidence** – including floor plans, recent works or improvements, and details on how your space is used.
5. **Speak to the LMC early** – we can support you with lease queries, disputes, or engagement with the ICB.

Common Risks

- Unfunded rent increases if rent is agreed without DV/ICB support
- Loss of backdated payments due to late rent review submissions
- Service charge or rent demands from NHSPS/CHP that may not be reimbursable

We strongly recommend that all practices review their premises arrangements now in light of these changes. If you're unsure where to start, or facing issues with leases or rent reviews, [please get in touch](#) – we're here to help.





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Safe Working Guidance Resources

The following resources are intended to help you navigate the 2025/26 contractual changes coming into effect on 1 October, e.g. patient access to non-urgent e-consultation requests throughout core hours, and the GP Connect switch on for Community Pharmacy read/ write access.

Pushing back on workload transfer

It is crucial that GPs and practices devote their time and energy to providing services and care that are commissioned and resourced. The BMA GPC have pulled from existing [guidance](#) key headlines [on how you might push back on unresourced work](#), this includes a list of N/DEs and LEs.

The BMA GPC have also produced a [checklist relating to workflow and triage](#).

Regulation 17 guidance

The BMA GPC have published [guidance](#) on the interpretation of [Regulation 17](#), and in particular, whether ICBs can determine what services fall within the definition of 'essential services' in the standard GMS contract and demand that GP practices provide those services.

Template letter to decline transfer of prescribing responsibility

The BMA GPC have published a [template letter to decline transfer of prescribing responsibility to General Practice](#), which is also included in their [Safe working guidance](#) template letters (Appendix 2).

NENC Consultant to Consultant Referral Policy – North Cumbria Only

We'd like to inform practices that the [NENC Consultant Team to Consultant Team Referral Policy](#) is now live.

This policy sets clear expectations that, where clinically appropriate, referrals between consultants (and their teams)—whether within the same provider or across different hospital providers—should be made directly by the secondary care clinicians involved.

The intention is to:

- Reduce unnecessary delays for patients,
- Improve safety and experience, and
- Avoid inappropriate or avoidable work being passed back to General Practice.

The policy also makes clear what **should not** be referred onward by consultants and should instead be redirected internally within secondary care or returned to the original clinician.

If you are still receiving inappropriate requests from secondary care to action these kinds of referrals, please contact [Mikaela](#) directly so we can raise these with the relevant Trusts.





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Workload Agreement Reminder & Patient Communication Tools - North Cumbria Only

As shared in last week's newflash, the **Transitional Workload Agreement ended on 31st July**. Practices are no longer responsible for work previously covered under the agreement – including outpatient/chemo phlebotomy, wound care, and other follow-up from secondary care.

We encourage you to signpost inappropriate requests back to the originating provider and inform the LMC of any ongoing issues. The ICB is now responsible for ensuring safe and appropriate pathways are in place.

Patient Communication Tools

We've developed a full suite of resources to help you communicate these changes to your patients:

- [A practice letter explaining the changes to patients](#)
- [A letter template for patients to write to their MP](#)
- [A letter template for patients to write to the ICB](#)
- [A set of FAQs to support front desk and clinical staff and](#)
- [A poster to display in your waiting room to help inform patients about the changes](#)

If you require any additional support [please contact Mikaela](#).

BMA 'Focus on' guidance - Neighbourhoods & Ethics

National Neighbourhood Health Implementation Programme (NNHIP) Guidance

NHS England [launched NNHIP this month](#), inviting applications to join the first wave of the programme. GPCE has produced a brief ['focus on' document](#) outlining the programme, the threats and opportunities involved and a checklist of key questions and issues for practices and those thinking of signing up.

Ethical Collaborations and GP Federations

Following the shift of care into the community via the new 'neighbourhood health' schemes, GPC England has also produced [guidance](#) setting core principles on out how GP practices and GP federations should engage with this and operate in an ethical, constructive and supportive manner.

Neighbourhood Health Programme - North Cumbria Only

You may be aware that a pilot application for the Neighbourhood Health Implementation Programme (NNHIP) is being developed in North Cumbria as part of the NHS 10-Year Plan.

The LMC has serious concerns about the pace, process, and representation involved in this work to date. While we are not opposed to models that improve integrated care, it is essential that any proposals reflect the full breadth of general practice — not just a limited subset providers.

We have formally written to the ICB and will be sharing a detailed update with practices tomorrow, including what this means for GPs, what the BMA has said nationally, and what actions you may wish to consider.

In the meantime, if you have any questions, [please get in touch](#).

