



## Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 6<sup>th</sup> January 2026

### 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.

### ICB Freedom to Speak Up Guardians – National Guardian's Office (NGO) Communications

Recent NGO communications have clarified the remit of the ICB Freedom to Speak Up (FTSU) Guardians. For primary care, it is important to note:

- ICB FTSU Guardians are appointed to support ICB staff only.
- They do not automatically provide FTSU support to general practice.
- If a GP practice wishes the ICB Guardian to act as its FTSU Guardian, this must be explicitly agreed with the ICB and clearly documented in the practice's own FTSU policy, including named contact details.

As a reminder, the LMC provides a Freedom to Speak Up service for practices, with Faye Tomlinson and Mikaela George acting as the FTSU Guardians for practices across Lancashire & Cumbria.

Practices need to ensure your FTSU arrangements are clear, documented, and communicated to staff.

### Safeguarding Support & Training – Practice Survey

The LMC is carrying out a short survey to understand how practices currently manage safeguarding and to identify where additional support or training would be most beneficial. Your feedback will help shape future safeguarding support and training offers.

[The survey can be completed here](#) and should take only a few minutes. The deadline to complete the survey is Friday 23rd January.

### Due diligence for AI tools - requesting compliance and assurance information from suppliers

We have previously circulated the [attached resource](#) for practices to review before making any decisions about adopting AI scribing technology. It includes NHS guidance and a position statement from the LMCs in the Consortium. We continue to lobby for coordinated support for GP practices and also wanted to share a [template letter](#) to support with requesting compliance and assurance information required from suppliers, many of whom many have not yet demonstrated compliance with core NHS governance requirements.





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### Business Continuity Training – Lancashire and South Cumbria only

The LMC continues to offer support to practices in the Lancashire and South Cumbria area, in ensuring all have a Business Continuity Plan. This offer of support is funded through SDF resilience monies from the Lancs & South Cumbria ICB. As you may be aware such plans are a statutory requirement for both CQC registration and NHSE EPPR requirements. We know that some of you already have plans but some of you have not and some may need updating and refreshing. As part of this process, we will be asking you about the status of your current plan.

The LMC recently facilitated Business Continuity training which was well received by attendees who found the training and practical tools shared, invaluable.

To ensure Practices have had the opportunity to attend the training, we are pleased to be able to host another online session on the **Monday 19th January 2026 at 11am** to Practices within the Lancashire and South Cumbria region!

For more information or to make use of this offer, please contact Rebecca Noblett - [rebecca.noblett@nwlmc.org](mailto:rebecca.noblett@nwlmc.org)

### GP contract consultation

NHSE and DHSC have opened the 'consultation' on their proposed changes to the GMS contract for 2025/26. The BMA GPC have set out their objection to the unilateral decision to change the annual GP contract consultation and negotiation process for 2026/27, breaking with established custom and practice, on behalf of GPCE, GPs and GP registrar members of the BMA and the wider GP profession.

The BMA GPC have also provided NHSE/DHSC with a number of high-level proposals relating to key aims of ensuring patient safety, improving practice funding and reducing GP underemployment. These are necessarily high-level given the imposed changes to the contract processes this year but outline key requirements that are essential to support general practice at this time. [Read the proposals >](#)

### OpenSAFELY – action for all EMIS/TPP practices

NHSE has sent a reminder email on Thursday 18 December to EMIS/TPP practices yet to activate OpenSAFELY, on the back of formal emails sent in July and November. Paper letters have also been sent.

OpenSAFELY has the full support of the BMA's GPC England and the RCGP and it's a legal requirement to comply with the data direction. [Read the activation instructions >](#)

OpenSAFELY provides vital research for the NHS and delivered public good during the COVID pandemic. The platform is now available for studies beyond COVID. Practices remain data controllers of the underlying GP data, whilst NHS England remains data controller of the results of studies and oversees all access and governance.





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### Sexual misconduct in the workplace

December has seen the publication of updated NHS England [guidance](#) on actions to prevent sexual misconduct in the workplace. This update follows historic allegations of sexual abuse at Royal Stoke University Hospital and Russells Hall Hospital, which have been widely reported in the media. While prompted by these events, the guidance includes recommendations for all NHS employers, and is particularly relevant for GPs and practice teams.

The updated guidance advises that [Chaperoning policies](#) should be reviewed. Practices retain the flexibility to set policies that reflect their individual circumstances, with acknowledgement of the challenges faced in primary care. However, the guidance emphasises the importance of ensuring that all chaperones are formally trained and used for any intimate examination. Chaperones should also be given sufficient information in advance to understand why their presence is required. Where a patient declines a chaperone, practices are advised to carry out a risk assessment considering both patient safety and the risk of compromise to professional standards. In some cases, postponing the examination may be a reasonable outcome.

The update also places responsibility on ICBs to ensure that all primary care providers are signed up to the [Sexual safety charter](#) by 2 February 2026 and to contact providers and offer support in completing the assurance checklist. Maintaining clear documentation is likely to support practices in demonstrating compliance with wider employer duties relating to the prevention of sexual harassment. Primary care providers are further encouraged to adopt the national sexual misconduct policy, due for release next month, and to ensure staff have completed the relevant national e-learning. The guidance also sets out clear expectations for the reporting of incidents of sexual misconduct.

Further information is available on the NHS England website.

The LMC safeguarding lead will discuss this with the ICB next week. In the meantime should you have any queries please contact [Mikaela](#) directly.

### Premises letter

In the BMA GPCs [latest letter to Karin Smyth MP](#), they shared findings from the recent GP premises survey. The BMA are in the process of arranging a meeting and hope to explore a strategic system response with Government to the issue of GP property costs.

The survey, which gathered responses from nearly 2,000 GPs and Practice Managers, (almost one-third of general practices in England), reveals widespread concern about the condition, capacity, and sustainability of GP premises. Notably:

- 83% of respondents consider their premises unsuitable for future needs
- 74% lack sufficient space to train new GPs
- over 65% of NHS Property Services tenants and 74% of Community Health Partnerships tenants reported receiving inaccurate service charge invoices
- a significant proportion, 35% of NHSPS tenants and 26% of CHP tenants, have considered handing back their GP contract due to service charge disputes.





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### Covid and flu specifications

NHS England has published a [joint COVID and flu specification for 2026](#). This moves the COVID vaccination programme to a practice level, removing the need for COVID vaccinations to be delivered via a PCN. However, practices will still be able to deliver just the flu programme.

BMA GPC continue to raise with NHS England the impact that the lack of uplift to item of service payments is having on the viability of both programmes, with a number of practices informing us that they are closely considering whether to continue participation in the flu programme in future years.

### UKHSA guidance on consent for vaccination

The UKHSA has produced [further guidance](#) with regards to consent processes and non-registered healthcare professionals in the provision of vaccination. This is following the concerns raised with them over the [updated minimum standards in vaccination training](#) and the significant uncertainty that it caused, particularly around the role of HCAs in vaccination clinics.

BMA GPC are continuing to discuss this issue with the UKHSA and other relevant bodies to develop more expansive guidance. The LMC has also been in discussions with the ICB and clarification is being sought from the CQC on interpretation and inspection implications.

### Heart Valve Pathway (Fylde Coast Only)

NHS Blackpool Teaching Hospital is launching the Rapid Access to Valve Assessment (RAVA) pathway in January 2026, supported by NHS England following a successful pilot in Manchester. The new pathway enables echocardiographers to refer patients with severe left-sided valve disease directly into a specialist RAVA clinic, ensuring assessment by a cardiologist within two weeks.

This streamlined approach reduces delays, avoids unnecessary repeat testing, and eases GP workload, while aligning fully with national guidance. Extensive patient and stakeholder engagement has shaped the pathway, with ongoing data collection to evaluate outcomes, efficiency, equity, and patient experience. An Equality Impact Assessment has also been completed to ensure the pathway supports fair and timely access for all.

[Full FAQs are available here.](#)





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- ✓ Prevents escalation to formal processes



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