



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 9th June 2026

Guidance for Practices: Right to Choose and Shared Care

[Please see attached guidance](#) to support practices managing requests relating to Right to Choose (RTC) referrals and shared care arrangements.

Patients have a legal right to choose their provider for many NHS-funded services, including some mental health and ADHD assessments. However, a referral through the Right to Choose pathway does not automatically create an obligation for practices to enter into a shared care prescribing arrangement.

Shared care remains voluntary and should only be accepted where practices are satisfied that appropriate clinical governance, specialist support, monitoring arrangements and local agreements are in place. Where these requirements are not met, responsibility for prescribing and monitoring remains with the initiating provider.

Practices are encouraged to [review the guidance](#) to ensure a consistent, safe and equitable approach to shared care requests, particularly as demand for Right to Choose services continues to increase.

New collective action for practices in June

[From 1 June, BMA GPC England is urging GP partnerships and practices across England to take part in a further collective action.](#) BMA GPC England is asking practices to begin a new action alongside the [ongoing action on DSAs \(practice data sharing agreements\)](#) launched last month. During June, practices are being asked to remove or ignore any non-contractual medicines optimisation software and amend acute prescribing choices where appropriate, including where these may fall outside the remit of the ICB formulary.

Practices in Lancashire and South Cumbria will be aware there is a Medicines Optimisation LES offered and in Cumbria there is the Medicines LES.

Further information:

- [Read the *Focus On* guidance on switching off medicines optimisation software.](#)
- [Access resources explaining the rationale for taking part in this collective action.](#)

Clinical Waste Bin Collections

We have received reports that some GP practices have experienced difficulties with the collection of clinical waste bins. To help us understand the extent of this issue across the area, we would be grateful if [you could let us know](#) whether your practice has encountered any problems with clinical waste collections, including missed or delayed collections.

We are already in discussion with the commissioner regarding these concerns and would welcome any information you can provide. This will help us assess how widespread the issue may be and, where necessary, escalate specific concerns on behalf of practices.

[Please let us know](#) any relevant details of your recent experiences.





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May 2026 GP collective action – Next Steps on Data Sharing

Central to the ongoing collective action for May remains the request that practices send a [template letter](#) to their local system to assess each existing DSA the practice is currently signed up to, while indicating you will examine voluntary secondary use data sharing agreements (DSAs) from May 2026.

With many practices now having received responses from their ICB, GPC England has drafted a second template for practices to use where they have received a stock response from their ICB – this response will contain an early paragraph starting ‘*As you note*’ and a header ‘*The limited ICB role.*’

Given the range of responses practices will have received, it is not possible to generate a template that works universally, however the document that GPC have produced should speak to the fullest range of replies. Practices should carefully consider each part and determine whether or not to include it in any response they provide to their ICB. **The template can be found [here](#). Please get this sent off when you receive a response.**

Taking part in this action does not breach your contract and will help practices to stay safe and put pressure on the Government to secure safeguards for practices.

[Read about the 26/27 contract changes and BMA GPC dispute with Government](#)

Partnership Agreement Review Service

Has your partnership changed since you had your partnership agreement drafted? Do you have new partners you would like adding to the agreement? We are offering a Partnership Agreement Review Service for a small fee.

Whether you need to update the agreement to reflect changes in the practice, incorporate new clauses, or simply ensure your agreement remains fit for purpose, we can assist with this. Regularly reviewing your partnership agreement is good practice and can help avoid issues further down the line.

If you would like to know more information please contact Abi – Abigail.askew@nwlmc.org

GPC England vote to explore an alternative strategy for general practice

On May 21st, GPC voted overwhelmingly to ballot GPs in England on a ‘Plan B’, or an alternative strategy for general practice that would allow GPs greater freedom to provide private services to their patients. This follows the passing of a resolution at UK LMC Conference in Belfast last month which called for the consideration of a means-tested, subscription-based service, or a hybrid model such as that offered currently by dentistry in England. GPCE will be engaging in an extensive consultation of the wider profession on their support for an alternative contracting arrangement for general practice across England over the summer. [Read more](#)





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LMC Vacancies

Three of our five Committees currently have seats available for GP representation:

- Lancashire Coastal LMC: several vacancies available
- Central Lancashire LMC: 2 vacancies available (1 for Greater Preston & 1 for Chorley & South Ribble)
- Lancashire Pennine LMC: 1 vacancy available (Rossendale)

Please let us know if you are interested in being a LMC member or would [like to find out more](#).

[You can find your LMC representatives on our website here.](#)

Safeguarding Work – Request for Examples from Practices

Following recent discussions with Local Authority safeguarding teams, the LMC is gathering examples of safeguarding related work that practices believe falls outside the statutory or contractual responsibilities of general practice, or which is creating significant workload pressures.

Examples raised so far include:

- Lengthy safeguarding chronologies or audits
- Requests to complete DoLS assessments
- Detailed narrative safeguarding reports requiring significant GP time
- Requests for urgent information or attendance outside commissioned arrangements

We would be grateful if practices could send anonymised examples of requests they have received, along with a short explanation of the concern or workload impact. Please include NHS number only and do not send patient-identifiable information.

Examples from all areas are welcome. However, following a constructive discussion with Westmorland & Furness Local Authority, they are particularly keen to receive examples relating to Adult Safeguarding requests and processes.

This work will help inform ongoing discussions regarding clarity of responsibilities, workload pressures, commissioning arrangements and consistency of approach across the system.

[Please send examples to Mikaela.](#)

GP engagement on the use of patient data

The Department of Health & Social Care are running an engagement exercise for GPs and practice managers to provide their views on how patient data is used across the NHS. See <https://dataengagement.kscopehealth.org.uk/> if you wish to take part.





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NHS Modernisation Bill and Single Patient Record

The NHS Modernisation Bill, which includes plans for a Single Patient Record (SPR), received its second reading in Parliament on 1 June.

While an SPR could improve information sharing across the NHS, concerns remain about patient confidentiality, data security, and who will be responsible for safeguarding sensitive health records. GPs have a longstanding legal duty to protect patient information, and clarity is needed on how this oversight will be maintained.

It is also important that any new system does not allow patient data to be used in ways patients would not reasonably expect, and that existing standards of data governance and confidentiality are preserved.

Details of how the SPR will operate remain unclear, including whether it will build on existing systems such as GP Connect or involve a new centrally controlled copy of patient records.

[Read the full statement from Dr David Wrigley, GPC England Deputy Chair.](#)

UK Biobank data breach

UK Biobank has just published its report into what happened surrounding the offering for sale of participant health data on a website owned by the Alibaba Group in China earlier this year. UK Biobank has agreed to meet the BMA Joint GP IT Committee later in the year so the implications of recent events can be discussed. Participant data from general practice systems is not currently flowing to UK Biobank from the repurposed GPPR pandemic dataset that NHS England controls even though [a Data Direction is in place](#). If patients who are participants raise concerns with practices they should be directed to UK Biobank. The report can be viewed [here](#)

