



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 9th September 2025

General Practice Alert State (GPAS) - Why Your Weekly Input Matters

Dear Colleagues,

We know completing GPAS each week can feel like “just another form.” But trust me when I say that right now, it is the only mechanism that gives general practice a collective voice on system pressures. Without it, we lose visibility and influence at the very time hospitals are maximising theirs.

What is GPAS?

GPAS is the primary care equivalent of hospital OPEL alerts. It's being collected by us here at Lancashire and Cumbria Consortium of LMCs. Practices report their operational state (Green/ Amber/ Red/ Black) once a week. This anonymised data is collated across all practices and shared as a SITREP (situational report) with ICBs, NHS England, hospital trusts and locally to any interested LMC stakeholders.

Why does it matter?

Visibility and parity: Hospitals constantly report pressure through OPEL. If we don't keep reporting through GPAS, the system assumes we are coping fine.

Evidence, not anecdotes: GPAS is our proof of escalating demand, unsafe workload, and staffing gaps. It moves us from “GPs say” to “the data shows.”

Defence and protection: If you've declared Red/Black through GPAS, you have formally flagged safety concerns. This helps protect practices and clinicians if adverse events are scrutinised later.

Negotiating tool: The LMC uses GPAS data in direct discussions with the ICB and NHS England to push back on inappropriate workload transfers and to argue for support and resources. Without it, our position is weakened.

What happens if we stop?

We lose the only GP-friendly reporting mechanism we have. Hospitals dominate the narrative as “the only pressured part of the NHS.” Practices become invisible at system level just when workload is at its most unsustainable.

What we need from you?

GPAS completion rates have plummeted over the past six months. Staff burnout and apathy towards an uncaring system may have contributed to this, but this is the one tool that can at least try to help demonstrate all the hard work general practice does but never gets credit for!

1. Complete GPAS once a week (it takes under 2 minutes)
2. Be honest: Red and Black states are not a sign of failure - they reflect reality.
3. Encourage colleagues: The more practices who submit, the stronger our collective voice.





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Final word

GPAS is not about monitoring you. It is about protecting you. It is our only real-time, collective evidence base to show the pressures we all feel everyday.

If practices disengage, we risk silence - and silence will always be filled by the hospital narrative. Please continue to complete GPAS each week.

Physician Associates within General Practice - Update

In our last briefing, we shared with you our understanding of the current information in the wider system about the impact of the Leng Review and the subsequent NHSE FAQs. The LMC acknowledge that there are uncertainties and some confusion about how this should be applied at local level and that there is a judicial review underway. Equally, we recognise that this is an extremely difficult time for those PAs who are currently employed within General Practice and what it means for them and their long-term career/development opportunities.

We are aware of some concerns expressed about the content of our earlier briefing and want to be clear that the LMC does not have any authority to make decisions on behalf of practices regarding the employment and utilisation of PAs. Our aim is to share guidance and updates from the various professional bodies to support you in making informed decisions about how you might approach this guidance. It is for Practices/PCNs to undertake a risk assessment about how this guidance (and any other guidance available to Practices/PCNs) applies to your own organisation and how you might choose (or not) to make any adjustments to the delivery of services and the management of staff potentially affected taking into account the available guidance.

There are two specific items which we want to highlight:

1. PA and Clinical Negligence Liabilities

In our previous briefing, we commented that if Practices/ PCNs continue to employ PAs without implementing the NHSE/RCGP recommended changes there was a risk that this could potentially render any insurance cover invalid. We did, however, stress to you that it is the employer's responsibility to discuss, and confirm this with your indemnity providers and then make your own assessment about how to proceed.

Updated Position

We have now been made aware that Avon LMC wrote to CNSGP to clarify their position and CNSGP confirmed on 5th August 2025 that as long as care provided by PAs is part of the Practice's contractual obligations, any resulting negligence claims are likely to be covered - even if the scope differs from the recommendations made by the RCGP or the Leng Review.

You can read CNSGP's full statement here: [Physician Associates -Avon LMC](#)

We would still advise Practices / PCNs who employ PAs to check this with your indemnity providers.





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2. Employment responsibilities

As noted earlier, those PAs who are currently employed within Practices/PCNs are experiencing a high degree of uncertainty and emotional turmoil about what the Leng Review etc means for their own employment position and future employment opportunities and career development.

All employers are bound by the requirements of current employment legislation. So, for those PAs currently employed within a Practice/PCN you should note that you are required to discuss any job title or other proposed changes with the employee and review their employment contracts in accordance with ACAS guidance – the Avon LMC document provides a helpful section on this particular aspect. This should be included within your own risk assessment to determine the possibility and impact of potential negative outcomes which could result in a claim to an Employment Tribunal and financial consequences arising from such claims.

If you require any further advice on the matter please don't hesitate to contact hr@nwlmc.org

LMC Partnership Agreement Drafting Service

We're pleased to share that Abi Askew has returned from maternity leave, and with her return the LMC Partnership Agreement Drafting Service is back up and running for practices across Lancashire & Cumbria.

This bespoke service is delivered in partnership with a specialist law firm, led by a legally qualified team with expertise in partnership and contract law—ensuring your agreement is accurate, robust, and tailored to your needs.

Having an up-to-date partnership agreement in place is essential. It protects both you as an individual and your practice as a whole by clearly setting out the responsibilities and obligations of all partners. Importantly, it should always be agreed in advance with any incoming partner.

For further information or to access the service, please contact [Abi Askew](#).

Are you confident you're fully prepared for your next CQC inspection?

Keeping up to date with the Care Quality Commission's requirements can feel like a full-time job for Practice Managers.

Your LMC is here to support you. We offer a free CQC updates service, helping you stay on top of the latest guidance, regulatory changes, and practical tips for compliance.

With our service, you'll receive:

- Clear updates on CQC requirements
- Practical advice tailored to GP practices
- Peace of mind that you're inspection-ready

This service is completely free for member practices. Please get in touch with [Toni](#) to find out more.





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Upcoming contractual changes – from 1 October

From 1 October 2025, practices will be required to keep online consultation request software open throughout core hours. The original proposal included all consultations (including urgent/same-day), but following repeated BMA GPCE pushback on the patient safety risks of unmonitored urgent requests, the contractual requirement has been limited to *routine* requests only. Practices can continue to manage urgent cases via telephone or walk-in, and those already operating total triage can carry on.

The start date was delayed from April to October 2025 to ensure safeguards are in place. GPCE continues to stress to NHSE and DHSC that without these protections, the change risks increasing workload and clinical safety concerns. Work is ongoing with legal experts, software suppliers and the Joint GP IT Committee to ensure systems are robust, secure and workable for practices.

GPCE recognises that many practices are concerned about the additional burden these changes may bring. GPCE will be meeting with NHSE and DHSC in the coming weeks and, at the committee meeting on 18 September, will agree next steps for the profession. GPCE will continue to push for flexibilities that safeguard patients, staff and practices.

GP Connect: Update Record

Over recent months BMA GPCE has been engaging with NHSE to highlight concerns and the need for safeguards over the functioning of *GP Connect: Update Record* and its use with Pharmacy First in particular. GPCE agreed to the contractual requirement for this be turned on by practices from 1st October 2025, subject to further discussions on it being ready to roll out. The current implementation of *GP Connect: Update Record* was discussed at last week's JGPITC, and the committee does not yet have confidence that the current implementation is fit for purpose. The propagation of pregnancy coding errors earlier in the year to those practices who hadn't already turned it off as part of collection action is just one example of the problems associated with its current implementation. JGPITC has committed to working with the relevant stakeholders including NHSE make this product safe and fit for purpose for patients and practices.

QRISK

This past week GPCE were alerted to the disablement of, and lack of update to the QRISK calculator on GP software systems. The calculator has now been enabled again on EMIS. Concerns with QRISK2 were initially communicated as a risk to NHSE's National Director of Primary Care Dr Amanda Doyle, back in January 2025 in a letter from the JGPITC. Despite highlighting the importance of embedding accurate and efficient processes within GP IT systems to help identify those patients most at risk, and the need to avoid increasing workload, there has been no response nor changes made to address the concerns. We will be reiterating these concerns and seeking clarification on the matter in further communications this week.

Read the BMA GPCE [letter](#) to NHSE about the obstacles impeding the implementation of QRISK3 in GP software systems.





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OpenSAFELY data provision notice

Practices using EMIS Web (Optum) and SystmOne (TPP) should continue to accept the DPN (data provision notice) for OpenSAFELY to allow expansion to non-COVID-19 analyses. Following feedback from practices and LMCs, OpenSAFELY was discussed at last week's JGPITC and a simplified briefing pack is being prepared for practices. OpenSAFELY has the full support of GPCE and JGPITC and can be a safe alternative for practices when compared with the multiple data sharing agreements being foisted onto surgeries.

The [RCGP has also published helpful information](#)

SRM - 10 year Health Plan & impact on General Practice

The BMA is holding a [Special Representative Meeting \(SRM\)](#) on 14 September 2025, to debate the risk of the NHS England 10-Year Health Plan.

The meeting will be held virtually and debate the risk of the plan to the medical profession at large, including a dedicated section on the potential implications for general practice and the independent contractor model, and will help direct the BMA's response to the proposals. Read the [Agenda](#).

GPCE has already raised a number of concerns with the plan and the potential negative consequences on practices and their patients, especially the risks posed by its proposals on greater integration and the potential for GP services to be vertically taken over by hospitals and other large providers.

Read the [BMA's comprehensive analysis of the 10 Year Health Plan](#).

National Neighbourhood Health Implementation Programme (NNHIP) survey

GPCE is seeking feedback on awareness and engagement with the first wave of NNHIP applications invited in July. This insight will be used to lobby for improvements to the process and to support members involved now and in future.

GPCE is keen to hear from those leading locally, as well as from colleagues less engaged or unaware of the programme. Take part [here](#)

GPCE is also inviting copies of local NNHIP plans via info.gpc@bma.org.uk to help share learning and support GPs and practices.

Rabies vaccination

Following recent concerns about NHS England's advice on the contractual requirements of post-exposure Rabies vaccination, the BMA GPCE have formally written to NHSE to outline the Committee's position. They are challenging this interpretation on the basis that post rabies exposure vaccination is not listed within the SFE and, therefore, does not translate into a vaccination included within the 2021 contract changes.





Update from the Consortium of Lancashire & Cumbria LMCs



The LMC is pleased to offer a new Occupational Health Service designed to support General Practice and their employees.

WHAT WE OFFER

- ✓ Absence Medicals – £300
- ✓ Ill Health Retirement Reports – approx. £600–£700*
*(subject to case review)

WHY CHOOSE US

Services delivered by experienced GPs with occupational health expertise.

- ✓ Confidential
- ✓ No referral threshold
- ✓ Quick turn around
- ✓ Accessible & Local

SERVICE LOCATIONS

- Castle Medical Group, Clitheroe
- Garstang Medical Practice, Preston
- Site visits for bulk requests can be arranged.
- Video consultations will also be considered.



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