

Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 16th September 2025

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

GPAS is the primary care equivalent of hospital OPEL alerts. Practices report their operational status (Green/Amber/Red/Black) weekly, and anonymised data is shared with ICBs, NHS England, and trusts.

Why it's important:

- Ensures general practice pressures are visible and comparable to hospitals.
- Provides hard data, not anecdotes, on unsafe workload and staffing gaps.
- Protects practices by formally flagging safety concerns.
- Strengthens LMC negotiations for resources and support.

If we stop reporting:

General practice risks becoming invisible, leaving hospitals to dominate the system narrative.

What you need to do:

- Submit GPAS weekly (it takes under 2 minutes).
- Be honest Red/Black reflect reality, not failure.
- Encourage colleagues to take part; collective input strengthens our voice.

GPAS is about protecting practices, not monitoring them. Silence will be filled by the hospital narrative – let's make sure our voice is heard.

You can see the latest SitRep results on our website.

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, email enquiries@nwlmcs.org. Submission links are sent out every Tuesday and Wednesday.

IntraHealth data files - Lancs & South Cumbria area

We understand that most practices in L&SC area may be receiving backdated data files relating to vaccinations provided by IntraHealth between Sept 2022 – Jan 2025, raising concerns about workload, data accuracy and patient safety. Although initially sent as PDF files, from 1 Oct 2025 we understand the intention is to share in CSV format for batch uploading. It has already been raised to LMC by one practice that there are data quality issues with the information they have received so far and that there may be issues using EMIS Batch Data Manager. We have, therefore, raised urgent queries with NHSE as the commissioner of these services about the proposed solution to this issue and the role of the DPO commissioned to support practices and are awaiting an update.





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LMC HR Advisory Service – Offer to PCNs

We know that some PCNs already contract with an independent HR service provider, however, such contracts may be due to expire, and this may be the perfect opportunity for PCNs to utilise the LMC HR Service.

Costs

As we are part of the wider NHS family, our job is to support you and assist in keeping your costs as low as possible. Engaging with our service means that we can keep costs low (based on a costing of 6p per patient headcount), provide a service which understands your business needs and uses professional HR experts who have had considerable NHS experience in both primary care, acute/secondary care and the strategic issues within the wider NHS. This is also backed up by support from an established legal firm specialising in employment law especially within the NHS. All of which is included in the price – based on a patient/population size of 30,000 the cost would be approx. £1800 a year for example.

Please contact the LMC HR Service Lead, Stevie Simpkin via email stevie.simpkin@nwlmcs.org and we can make the necessary arrangements to begin a formal contract with you.

Focus on - GP Contractual Changes from 1st October 2025

From 1st October 2025, new regulatory and contractual requirements will come into effect for GP practices. To support practices in understanding and preparing for these changes, the BMA GPCE has published two new "Focus on..." guidance documents:

1. Managing Patient Care Safely Post-1st October 2025

This guidance outlines the impact of the new requirement for practices to offer patients access via online consultation tools throughout core hours (8am–6.30pm). It highlights the risks to patient safety and staff wellbeing, sets out GPCE's position, and provides practical advice and a suggested SOP for safe management of demand, triage, and capacity.

2. Changes to Regulations on Patient Contact with the Practice

This explains the regulatory amendments requiring that patients must be able to contact their practice in person, by phone, and online throughout core hours. It clarifies contractual obligations, subcontracting arrangements, and provides answers to common questions about how practices should respond to patient contact under the new framework.

Both documents are available to download below:

<u>Focus on... Managing Patient Care Safely Post-1st October 2025</u> <u>Focus on... 1st October 2025 Changes to Regulations on Patient Contact with the Practice</u>

We encourage practices to review these resources to ensure they are prepared and compliant ahead of the changes.

The BMA GPC continue to push back and is in ongoing discussions with DHSC and NHS England. We will keep you updated as soon as new information becomes available.





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Misleading weight loss advert

It was drawn to GPCE's attention that a digital weight management company had published an advertisement for weight loss medication blaming GPs by stating that "many GPs are ruling out overweight women". Upon being made aware of this ad, GPCE contacted the company stating that this was factually inaccurate and should be immediately withdrawn. GPCE highlighted NHSE's guidance on the commissioning of GLP1/GIPs and their provision, which precludes GPs from prescribing other than in extremely limited scenarios if commissioning arrangements are in place.

The company responded, recognising that the message in the ad was not articulated fairly or correctly, and the ad was immediately removed.

Read GPCE's Focus on guidance on Tirzepatide for weight management in General Practice.

If you come across advertising that inaccurately portrays general practice or is otherwise misleading, please make GPCE aware by emailing info.gpc@bma.org.uk

Welcoming Assistance Dogs in GP Surgeries

We've attached a quick guide from Assistance Dogs UK (ADUK) with practical advice for GP practices on supporting patients who rely on highly trained assistance dogs. It covers your legal responsibilities, how to manage common concerns, and simple steps to ensure your surgery is accessible and welcoming.

Take a look at the attached guide here.

Inaccurate blood results

A BBC investigation has discovered that errors by machines used to diagnose diabetes means that patients have been wrongly diagnosed with type 2 diabetes and prescribed medication that they don't need.

NHS England has confirmed 16 hospital trusts use the machines, made by Trinity Biotech, which have produced inaccurate test results, and at least 55,000 people in England will need further blood tests. NHSE has also said that fewer than 10% of their laboratories were affected and all have either replaced the machines or addressed calibration issues.

If your practice is one of those affected, please contact - info.gpc@bma.org.uk.

GP pressures

The latest GP appointment data shows that July 2025 was the busiest July on record, with general practice teams delivering 33.6 million appointments – up 4.3% on last year and 24% higher than prepandemic.

Workforce data showed there were the equivalent of 28,278 fully qualified full-time GPs in July, still 1,086 fewer than in 2015, despite a gradual rise since 2023.

Meanwhile, GPs are now responsible for 17% more patients than in 2015, underlining the growing workload and pressure across practices.

Read more on the BMA data analysis page: Pressures in general practice data analysis





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GP unemployment crisis

General practice is the backbone of the NHS, but rising demand is met with GP underemployment, unemployment, and limited resources.

The BMA are calling on the Government to end GP unemployment. Watch their video where GPs explain the End GP unemployment crisis.

Visit <u>the GP Support Hub</u> - a dedicated space to help navigate the challenges of underemployment, unemployment and financial uncertainty.

Blended Learning: Training great GPs require real patients

Great GPs are made through experience. Knowledge, communication, and clinical reasoning are essential, but many skills - the "soft" ones - can only be honed with real patients.

The GP Registrar and GPC England committees have expressed concern around how <u>'Blended Learning'</u> could reduce GP Registrars' 'face-to-face clinical exposure from 70% to as little as 37% of a registrar's time (BMA GP Registrar Blended Survey). There is a deep commitment to maintaining clinical and quality standards of experience and learning from both committees. Optional, well-designed blended learning may support flexibility or exam preparation, but it must not be used as a replacement for in-practice face to face experience.

GPRC and GPC England are working together and with NHSE to ensure that GP training experience and standards are safeguarded for future cohorts. Please read the article by Dr Helen Salisbury, BMA Council member: https://www.bmj.com/content/390/bmj.r1617

Research Opportunity – Bowel Screening

The University of Central Lancashire (UCLan) is inviting GPs, Nurses, and Practice Managers to take part in an interview exploring opinions on the use of system-based tools (e.g., EMIS, System1, AccuRX, iPlato) in primary care to help improve bowel screening uptake. The study is run by UCLan on behalf of Lancashire and South Cumbria Cancer Alliance and Blackburn with Darwen Borough Council Public Health team. It would involve taking part in an online one-to-one interview lasting approximately 30 minutes. You will be compensated for your time.

Email Dr Rebecca Jefferson, Research Associate (<u>rljefferson1@uclan.ac.uk</u>) for more information and to express an interest intaking part. UCLan Ethics Reference: [HEALTH 01170]

North Cumbria LMC Soapbox

Our monthly Soapbox is an open, informal drop-in session for GPs and Practice Staff. It's your chance to raise queries, share concerns, or simply have a chat with the LMC team. The next North Cumbria Soapbox will take place Wednesday 1st October at 1pm via Microsoft Teams. An invite has been circulated.

Come along at any point during the meeting, stay for five minutes or the whole hour. We're here to listen, support, and help where we can.

