



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 17th February 2026

Reasonable Adjustment Digital Flag (RADF)

You may recently have seen communications regarding the new information standard requiring publicly funded health and social care providers to comply with the [Reasonable Adjustment Digital Flag](#) by **30 September 2026**. We are aware that national messaging suggests individual practices confirm whether their clinical IT supplier is engaging with RADF integration. To avoid duplication of effort, we have reviewed the current position for EMIS Web - it indicates that read/write functionality is planned (with a date to be confirmed)

At present, system integration and usability remain limited. For these reasons, practices may wish to take a proportionate and pragmatic approach. While the underlying care-planning principles are positive and may benefit patients, large-scale workflow changes may not be efficient until system functionality is more mature. Practices with capacity may choose to engage earlier, including use of the national portal that is already accessible. Others may reasonably focus on preparation and await improved system interoperability, which will hopefully be in place prior to the deadline mentioned above.

We will continue to monitor developments and share any updates as they become available to us. [Please contact us](#) if you have queries or would like to share local experience or concerns.

Inappropriate Workload Transfer

Practices are reminded that when pushing back unfunded work to secondary care, there is no requirement for a clinical signature or for a specific GP's name to be cited on the letter. A response issued on practice headed paper and signed on behalf of the practice is sufficient. [Template letters to support this process are available on the LMC website](#). If further or inappropriate requests are made, practices are encouraged to push back and [contact the LMC for support](#) where necessary.

LMC HR Hints & Tips: Change Management Webinar – Monday 23rd Feb 2026

As part of our HR Hints and Tips series, the LMC HR Training Service is hosting a focused 30 minute webinar on Change Management in the workplace.

The details are below:

- Date: Monday 23rd February 2026
- Time: 1:00pm - 1:30pm
- £35 per person to attend
- Online via Microsoft Teams

The shorter sessions are designed to provide timely support around upcoming changes in employment law helping you stay informed without needing to commit to longer training events. To book a place, please contact [Rebecca Noblett](#).





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NHS England Chaperones & Prevention of Sexual Misconduct in the NHS Guidance

The BMA GPC are writing to NHS England further to the publication of their document [Improving chaperoning practice in the NHS: key principles and guidance](#) following its publication in December. This guidance, and its implementation, form a key part of the actions listed in the [Update on actions to prevent sexual misconduct in the NHS](#) released on the same day.

GPs and their practices treat the protection of patients and staff alike with the utmost seriousness, and whilst GPC support the principles behind this guidance and recognise the potential for staff isolation, the fact that so many consultations are one-on-one presents issues for practices regarding keeping all who use, and work in, the service safe.

ICBs will be expected to provide support for practices in implementing these new standards, but some aspects of the guidance will be challenging to implement fully, with the chaperoning guidance in particular presenting practical difficulties as the document represents a significant expansion of the typical practice policy. Please note the following:

- Chaperones for all intimate examinations in patients under 18 (this would mean a GP carrying out a new baby check, or assessing nappy rash would need a chaperone for example, and this would need to be separate to the parent or family member bringing the child)
- Chaperones for online and telephone appointments (it's difficult to see how this can be practicably offered)
- Home visits (the guidance recognises the challenges of lone working, but does not acknowledge the capacity constraints, nor the impact of small practice sizes as factors)

GPC will be reflecting on the need for proportionality, common sense and patient/parent choice to reassure GPs and their teams, and we will keep you updated.

Professional obligations and protecting patients

Some LMCs have raised concerns about GP partners receiving contract breach notices from ICBs where actions were taken to comply with Good Medical Practice (GMP) and protect patient safety.

GPC is seeking examples where alleged breaches arose from decisions made to uphold professional standards, manage unsafe workload or staffing pressures, maintain continuity of care, or act ethically in line with GMC expectations.

GPs are legally and professionally required to put patient safety and quality of care first. Where contractual or commissioning expectations appear to conflict with these duties, practices may feel compelled to act in patients' best interests, even where this risks challenge from commissioners.

Understanding how ICBs are applying contracts and breach processes in these circumstances is vital to inform GPC England's national policy work and support LMCs.

Practices that have received a breach notice linked to compliance with GMP are encouraged to share a brief, confidential outline with us [at the LMC](#) or GPC England at info.gpc@bma.org.uk.





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Focus on: Vaccination by non-registered healthcare workers

GPC has published a [‘Focus on guidance on vaccinations by non-registered healthcare workers](#), following an update by the UK Health Security Agency (UKHSA) to their guidance on the national minimum standards and core curriculum for vaccination training.

UKHSA’s guidance outlines the requirements for vaccinating staff, including the role non-registered healthcare professionals should play in the provision of vaccinations. This clarification around the role of HCSWs may not be in line with existing interpretation and could potentially significantly impact upon the way in which practices design and deliver mass vaccinations programmes.

Read the GPC guidance: [Vaccination and immunisation programmes](#)

Letter to CMO about vaccination programmes

GPC have written to the Chief Medical Officer, Professor Chris Whitty, to highlight concerns about lack of funding uplifts for GP practices providing routine and seasonal vaccination programmes. Despite an agreement from NHS England to uplift the payments for routine childhood vaccinations by £2 per dose, funding for GP vaccination programmes has fallen significantly behind inflation during this time, losing over a quarter of its value. Safeguarding and increasing uptake for these programmes should be a priority for the Government and the NHS, especially in light of the risks in recent years from infectious diseases alongside falling rates of vaccination. GPC will continue to pursue all avenues, to support practices.

MPs challenge pause to children’s ADHD and autism assessments (L&SC Only)

MPs across the patch have written to Lancashire and South Cumbria NHS Foundation Trust raising serious concerns about its decision to pause new referrals and halt progress on existing waiting lists for children’s ADHD and autism assessments.

The MPs warn that long delays are already causing distress for families and that a diagnosis is essential for accessing appropriate education, healthcare and support. They argue the pause risks widening inequalities, particularly for those unable to afford private assessments.

They have asked the Secretary of State for urgent intervention and are seeking clarity on the reasons for the pause, the support available during this period, and a clear plan to reinstate assessments.

[Read the letter here.](#)

The LMC continues to raise issues with the current situation with the ICB, particularly as complaints on this issue will arise, practices have no control over the situation and families will increasingly seek support, including new referrals to Right to Choose providers.

