



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 19th August 2025

Oviva Referrals — Reminder on Prescribing & Monitoring Responsibilities (Lancs & South Cumbria)

Please be reminded of the [ICB's position statement](#), which confirms that while patients meeting the criteria can be referred to Oviva, GPs are not expected to take on any prescribing or monitoring responsibilities following a consultation with Oviva.

Please note the following key points:

- No prescribing or monitoring: GPs are not obliged to manage any prescribing or monitoring tasks linked to Oviva consultations; these remain outside the commissioned scope.
- No re-referrals or extra investigations: Practices should not re-refer patients or repeat blood tests where referrals were correctly completed under the guidance in place at the time.
- Referral updates via ICB digital teams: Any new referral forms will be uploaded to EMIS via ICB digital teams—practices do not need to actively check Oviva's site for changes.
- Reduce unnecessary workload: Any further information requests beyond the initial referral should be handled by Oviva or the patient, unless there's a clear clinical necessity involving the GP.

We continue to press Oviva for clarity and more sustainable processes. In the meantime, practices are not expected to respond to retrospective criteria changes, additional administrative burdens, or prescribing/monitoring prompts.

DDRB Pay Award 2025-26

The Government has accepted the DDRB recommendations for 2025/26, which include a 4% uplift for NHS contractor/partner GPs as well as NHS practice-employed salaried GPs.

This means a supplemental uplift to global sum, additional funding within the PCN ARRS allocation and uplifts to the ceilings on reimbursable claims for SFE (Statement of Financial Entitlements) allowances including parental and sickness leave, applicable to both partners and employed colleagues.

There have also been changes in SFE entitlements for ARRS-funded GPs who are not employed directly by PCN member practices, giving their other employers parity in terms of claiming, for example, parental and sickness leave. These changes are all backdated to 1 April 2025. Practices should review these changes and if appropriate uplift any claims already made from 1 April 2025.

[Read the BMA GPCs comprehensive FAQs document to help you understand the implications of the pay uplift and how it applies to your practice >](#)

GMC: State of Medical Education and Practice in the UK

The GMC has published its 2025 report on the workplace experiences of doctors. [Read it here](#). This shows, despite some overall improvements, the reported experience of doctors is that the health service remains under severe strain, which affects both the profession and public.





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Safe Working Resources

The following resources are intended to help you navigate the 2025/26 contractual changes coming into effect on 1 October, e.g. patient access to non-urgent e-consultation requests throughout core hours, and the GP Connect switch on for community pharmacy read/write access.

Focus on managing patient care safely post 1 October 2025

As part of the [GMS contract changes 2025/26](#), from 1 October 2025 practices will be contractually required to ensure that patients can access services via online consultation software, during core hours (8am–6.30pm). The BMA GPC advises practices to start reviewing their current workflow and triaging arrangements, to continue to manage patient care safely. The BMA GPC's view is that, where demand outstrips capacity, this will inevitably lead to waiting lists for routine care in some cases – especially if patients wish to see the same GP each time. The BMA GPC believes all GP practices should prioritise safe working, ensuring patients receive care in an environment in which clinical colleagues can safely work.

The 10 Year Health Plan

The Government's 10 Year Health Plan represents a fundamental change in the way the NHS is run in England. The BMA is now setting its policy in relation to the Plan and **they need your input**. The 10 Year Health Plan was published in early July and can be found [here](#). A high-level BMA summary of the Plan can be found on the BMA's [website](#). You can find the LMC Chief Executive's letter in relation to the plan on the following link: [Urgent: Grave threat to the future of General Practice](#)

Your views on the plan are crucial to inform discussion at a Special Representative Meeting of the BMA being held on 13 September, which will set the policy on the Plan. Share your views in our survey [here](#).

Primary Care Doctor Guidance

The BMA GPC has published [guidance](#) for Government, employers and practices relating to doctors working in general practice who are not qualified GPs and are not on the GP training scheme. This outlines recommendations for the role and the extent of the care they can provide in general practice settings.

National Information Governance Liability Cover

The agreed GMS contract changes for 2025/26 contained provisions to contractualise the availability of online consultation access for patients and expand the use of GP Connect. In addition, there has been a rapid expansion of new AI driven tools including those used to transcribe and summarise consultations. In that context, the BMA GPC has called on NHS Resolution to establish a national information governance liability programme to ensure that GPs will be able to meet the expectations set out by Government to harness the power of AI, while recognising that they cannot be held solely to account for information governance problems they had little to no role in making. We will update accordingly.





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National GP Patient Survey

The [GP patient survey results](#) for 2025 were recently published. Among the results, the survey has identified that despite the severe pressures family doctors are under, they have seen 30 million patients in one month alone. Dr James Booth, BMA GPC England policy lead for contracts and regulations, has written a blog about the results: [The results are in– GPs do an amazing job](#)

Nursing and Care Home Flags

Last year, the Institute of General Practice Managers wrote to NHS England flagging an issue where GP practices had not been coding some care home patients correctly in their clinical system following a change to the coding, mandated in 2022. This meant they had not received correct weighted patient payments under the Carr-Hill Formula. NHSE has concluded that, while responsibility for correctly coding nursing home patients sits with the practice, it has written to ICBs recommending they make a payment adjustment where a practice can evidence they have not been paid correctly.

The communication advises ICBs of the issue, the investigations undertaken and that the commissioner should accept claims for back payment of nursing home flags that have been missed by the GP practice, from Q1 2022/23 onwards. It also suggests a method of calculation for the back payment. Primary Care Support England has also re-issued the communications to practices advising them of how to correctly code their nursing home patients and ensure their website and other guidance is up to date.

GP in ARRS: Have your say

The BMA is undertaking a review of the ARRS, with a focus on the amendment allowing GPs to be hired under the scheme. There are two different surveys:

- one for GPs who are currently or have previously been employed under the ARRS – the BMA want to hear about your experience of the role – [take the survey](#)
- one for contractors, regardless of whether you've used the scheme – your views on its impact, effectiveness, and implementation – [take the survey](#)

The BMA want to understand your experience, so they can tell NHS England and the Government what is and isn't working well, as they work to push for better terms and conditions for GPs.

Premises Letter to Karin Smyth, Minister of State for Health (Secondary Care)

Following the July BMA GPC committee meeting attended by Stephen Kinnock MP, where he engaged directly with members on the ongoing NHS Property Services service charges crisis, the GPCE chair and policy lead for premises have written to Karin Smyth, the minister with responsibility for the NHS estates portfolio. The letter reiterates the urgent concerns raised during the meeting regarding unresolved service charges and draws attention to the [NHS Confederation report](#), which recommends transferring ownership of premises from NHSPS over to ICBs. The BMA GPC is pressing for ministerial action to address the financial and operational pressures this issue continues to place on practices. A meeting with the minister has been requested for September by which time the results of the 2025 premises survey will be available





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Rabies

The BMA GPC recently asked NHS England to clarify the contractual position and SFE provisions in relation to pre-post exposure vaccinations and treatment –including for rabies. This followed written concerns the BMA had made over the arrangements in the past. The response is set out below.

Current position

In the 2021/22 GP contract, vaccinations and immunisations moved from being an additional service to an essential service, which is available to the whole practice population. Since April 2021, all practices have been expected to offer all routine, pre- and post-exposure vaccinations and NHS travel vaccinations to their registered eligible population, as the overwhelming majority already do. This is set out in the update to the GP contract for 2020/21.

£30m was invested by 2021/22 in V&I services (through global sum) from existing and agreed total contract resources. This was to continue to cover NHS travel vaccinations and pre/post exposure prophylaxis vaccinations and to fund the consistent national routine vaccination offer. Significant outbreak management is not covered in global sum. NHS England continue to expect commissioners to take the lead on response, working with practices and providing funding where necessary (for example if the vaccine does not already accrue payment).

Rabies as set out in the SFE

The provisions regarding post-exposure vaccinations for rabies are not set out in the SFE as it is considered to be an essential service (since 2021/22). Post-exposure rabies is also an immediately necessary treatment.

The vaccination for rabies is supplied to GP practices free on request (and usually within 24 hours) by UKHSA/health protection teams.

Provisions for pre-exposure to rabies and localised outbreaks are funded under global sum and are set out in the SFE.

A GP practice could also, if necessary, order and be reimbursed for post-exposure vaccination for rabies under regulation 65 of the GMS contract (provision of drugs, medicines and appliances for immediate treatment of personal administration).

