



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 26th August 2025

MGUS - LMC statement

We wanted to remind you of the LMC position regarding MGUS monitoring and the suggestion by [Lancs & South Cumbria ICB that it is a responsibility of General Practice.](#)

The LMC's position on this is unequivocal: MGUS monitoring is not part of the core GMS contract, it remains a secondary care responsibility, and there is no contractual or funding basis for this workload to be transferred to General Practice.

We have written formally to the Lancs & South Cumbria ICB Medical Director to make this clear, outlining significant concerns about patient safety, clinical governance, unfunded workload transfer, and medicolegal risks. For your reference, please see our full letter [HERE](#) to the ICB so you can see the detailed position your LMC has put forward on behalf of practices.

In the absence of formal contractual agreement and appropriate resourcing, the LMC advises practices to decline responsibility for MGUS monitoring. DDRB Pay Award 2025-26

CQC - LMC Support

Many of you will know that CQC are currently inspecting local Practices. Under the new inspection framework, they are taking a much tougher approach, so it's important not to assume that a previous 'Good' rating will automatically be carried forward.

As a reminder, the LMC provides free support to help Practices prepare. This includes CQC updates for all staff, guidance on what to expect on Inspection Day, an onsite 'walk-around' session and practical advice on common questions and concerns. For example [see our registered manager interview preparation guide here.](#)

We run regular CQC update sessions for staff – you can find out more [on our website](#) or by contacting our Events & Liaison Officer at Rebecca.noblett@nwlmc.org. For general advice and support, please get in touch with our CQC Lead at Toni.parker@nwlmc.org

Remote verification of death Guidance and FAQ for GPs

Academy Matters AI Special Edition - ML IT Training Newsletter - August 2025

See the [August 2025 - MLCSU Academy](#) newsletter.





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Shared Order Comms Programme

In recent months, the LMC has been following proposals for shared order comms systems across the area with interest and has been represented at steering group meetings with wider system partners. Below is an update from Owen Grimsey (Shared Order Comms Programme Manager) relating to the early stages of this programme:

Our current contract with EMIS for the TQuest suite (TQuest/Keystone/Review) will expire at the end of the financial year (March 26). Prior to that there is an end-of-life notice in place for all but the latest version of Keystone (V1.3.1 - v1.7.0) with users expected to move to v1.8 by January 26.

We were originally told TQuest and Review needed replacing, but it looks like they now have at least another 12 months.

In line with strategy, promoting clinical system convergence, we applied for national funding to establish a shared single Order Comms solution which could be used for all GP and Community users in the area based around the prevalent system CliniSys ICE. The areas covered by BTH and UHMB were determined to be a priority based on the aforementioned end-of-life notice noted, and that BTH radiology was a national outlier as they are still largely paper based. Funding to establish the shared system for use in these priority areas was notionally allocated, subject to business case. After a number of hurdles, we have been notified that the national team are happy with the case and it is scheduled to go to panel in a couple of weeks. Assuming all is well we can expect an MoU for the funds and can issue a contract.

Despite original hopes that we may be able to deliver a replacement to TQuest before the end-of-life notice took effect, it is now clear we can't expect to have the ICE instance stood up ahead of Aug 26 due to the build requirements. This leaves us with an 8 month gap where we bear the risk of an unsupported system, something we are keen to mitigate as soon as possible.

We have avoided beginning discussions with EMIS until we had confidence that the project was feasible and that the funding was available. We have now reached that point, and have requested a meeting with EMIS to look at options. These could include extending the life of the current version beyond its scheduled life, or taking an interim keystone upgrade. There is also the possibility of moving to Labcomm (part of ICE) early. Each of these options will have a cost that need to be assessed against the risks to determine the most appropriate mitigation

We have not met with EMIS yet, but once we have we will be able to issue a clearer statement around the risk and the actions we intend to take to mitigate that risk.

If you have any queries about this programme, [please get in touch](#).





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Remote verification of death Guidance and FAQ for GPs

Background/Summary

Following updated guidance published in 2025 by the Academy of Medical Royal Colleges (AoMRC), the position on remote verification of death (VoD) has changed from temporary pandemic arrangements. There is also 2024 guidance from Hospice UK that relates to this topic.

- AoMRC Code of Practice (Jan 2025): [Click here to view](#)
- Hospice UK RNVoEAD Guidance (June 2025): [Click here to view](#)

LMC Position

In response to an enquiry on the LMC position, the Consortium Executive Board have discussed this recently and provide the following advice to practices:

- Remote VoD should now be considered exceptional and not standard practice post-pandemic.
- Verification of death is *not* a GP responsibility in most circumstances.
- Anyone can verify death
- Registered nurses, paramedics, and care staff are usually the healthcare professionals that verify deaths in the community. Employers are responsible for ensuring their staff are appropriately trained and competent in verification of death. AoMRC make it clear that training for VoD is an organisational duty and must be supported by clinical governance processes.
- Practices and GPs should not feel obligated to verify death remotely or in person unless in very specific circumstances. [See FAQs here.](#)

10 Year Health Plan - BMA Analysis and SRM

Ahead of the [BMA's upcoming SRM](#) (special representative meeting) on Sunday 14 September, the [BMA has published its comprehensive analysis of the UK Government's 10 Year Health Plan](#) and its potential implications for doctors in England. This includes an emphasis on the particular challenges facing general practice – including the risks posed to the partnership model by the proposed introduction of IHOs (Integrated Health Organisations) and a new Neighbourhood Health Service.

NHS.net e-mail addresses for newly qualified GPs

GPs who have recently qualified may wish to move their account to the locum container within *NHS mail* (soon to be renamed *NHS.net Connect*). This is in order to maintain their NHS e-mail address along with access to Microsoft's Apps for Enterprise if they no longer have an employing organisation and will be undertaking locum work in the near term. Read [here](#) for advice on how to do this.

Rabies Vaccination update

The [previous LMC update](#) set out NHS England's position with regards to the contractual requirements for post-exposure rabies vaccination.

The BMA GPC are seeking to challenge this interpretation on the basis that post rabies exposure vaccination is not listed within the SFE (statement of financial entitlements) and, therefore, does not translate into a vaccination included within the 2021 contract changes





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NHSE Update to Practices

Last week, NHSE wrote to general practice and local systems regarding contractual changes from October 1st.

The Joint GP IT Committee of the BMA and RCGP will meet on 3 September and be able to take a view as to whether the changes made to the GP Connect Update Record functionality are sufficient to meet the required safeguards sought by the profession, and the BMA GPC will take their advice. BMA GPC will be meeting on 18 September and updated guidance will be published around that point, on both GP Connect Update Record (not currently contractual) and also regarding online consults being kept switched on throughout core hours for non-urgent (routine) consultation requests, depending on the outcomes from the committee.

Many practices have escalated concerns regarding this letter. Specific concerns have been voiced regarding the You & Your GP Practice document, citing *"The practice team will consider your request for an appointment or medical advice and tell you **within one working day** what will happen next."*

NHSE have clarified that the 'within one working day' is the automated SMS/email which is sent by NHS systems acknowledging receipt of the patient's query, and is not an expectation of clinical judgement. The BMA GPC have asked for this wording to be amended. The expectations on response times have not changed from the existing expectations, as set out in the regulations which were imposed on the profession under the previous government, and which have been in place since April 2023. Likewise with regards to opening hours of practices, subcontracting arrangements to cover practice education, or arrangements with local OOH organisations will remain and there is no change.

Focus on managing patient care safely post 1 October 2025

As part of the [GMS contract changes 25/26](#), from 1 October 2025 practices are contractually required to ensure that patients can access services via online consultation software, during core hours (8am–6.30pm). The BMA GPC advise practices to review their workflow and triaging arrangements, to continue to manage patient care safely. All GP practices should prioritise safe working, ensuring patients receive care in an environment in which clinical colleagues can safely work. Read the BMA [focus on managing patient care safely](#).

Medical Performers List

The BMA GPC met with NHSE to discuss issues with the Medical Performers List. As a result, advice has gone out to all heads of professional standards to explain that careful consideration of the nature of (as well as the contractual arrangements for) the care being delivered by a GP is required before any proposed removal from the Performers List. NHSE were also clear that it is their role to remove practitioners from the list, and not for GPs to remove themselves, or initiate this process. Read the [full letter to affected members](#)





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Leng Review and NHSE announcement

Further to the [Brieflet circulated on 29/7/25](#), the LMC HR team have further guidance for Practices and PCNs to consider.

The Leng Review and subsequent correspondence from NHSE and ICBs appears to be clear about the outcome of the review and the associated recommendations plus actions required by NHS Trusts and Primary Care organisations. Practices are independent organisations who are under contract to the NHS via DES/GMS/PMS etc to deliver services so whilst you are an independent organisation there is still a duty to comply with NHS policy to protect the safety of patients.

If Practice's/ PCNs continue to employ PA's who undertake their current role (i.e.: not implementing the recommendations issued via NHSE/ICB) and an issue occurs, it is probable that it would render any insurance cover you have in place invalid. Thus, any legal claim will not be covered if the individual is not operating with the national guidelines/standards and the Practice/ PCN has not followed NHSE/ICB instructions. Practice's and PCNs are then at risk of significant financial claims, as employers, it is important, as previously advised, to commence consultation with staff affected to vary their role as a result of a national instruction. We would regard this as a reasonable variation of their terms and conditions, although it is best to obtain agreement to the changes following consultation, if possible. As a suggestion, Practice's and PCNs undertaking consultation, may also want to say that the position will be reviewed if any further information or decisions are made in the future.

To date, there has been no national position statement issued confirming (or otherwise) the comment of the Union UMAPs, about pausing any decisions until the outcome of the judicial review, and it is noted that the PAs union were unsuccessful in their attempt to obtain an injunction in relation to the Leng Review's recommendations – albeit the Union say they will continue to challenge the matter.

If you require any further guidance on the matter, please contact hr@nwlmc.org

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 now that it has been sent.

OpenSAFELY has the full support of GPC England and the Joint GP IT Committee and, as NHS England becomes the data controller of the outputs of queried data, any data protection risks are held by NHS England. It is a legal requirement for practices to accept the DPN. Data will only be made available under the legal direction once the practice has signalled approval.





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Tirzepatide

NHS commissioning of Tirzepatide (Mounjaro®) for obesity management remains restricted to those meeting the NHSE eligibility criteria, i.e. patients with a BMI of 40 or above and four or more qualifying comorbidities, as outlined [in NHSE's interim national commissioning guidance](#).

Individuals who have previously accessed Tirzepatide via private clinics can only continue treatment under the NHS if they meet eligibility requirements upon assessment by an ICB-commissioned weight management service. If these criteria are not met, patients should be advised of this. GP may want to reassure such patients that stopping Tirzepatide (when used for weight loss) is not associated with withdrawal symptoms and encourage ongoing healthy lifestyle measures to manage weight loss.

Any person presenting to an NHS service with questions about their private Tirzepatide prescription, including stopping or tapering off the drug, should be directed to speak with their private provider.

For practical advice for primary care settings, including a template letter to private providers, please visit the BMA [Focus on guidance: Tirzepatide\(Mounjaro\)](#).

For Lancashire and South Cumbria, we continue to support practices with resources and guidance around [patient queries](#), [media](#) or MP scrutiny, and complaints regarding access and eligibility for this medication, while also pressing commissioners for clarity on local plans. At present, the ICB has not commissioned a service or pathway, although a business case is due to go to board in the coming weeks. Until a service is formally commissioned, GP practices are not responsible for providing this.

NENC ICB has extended the deadline for signing up to the LES and are now giving Practices until the 12th September to sign up for it.

North West TB Medication Supply and Access Forum

In the light of access difficulties with medications to treat TB, you are invited to take part in a forum on Thursday 28th August where TB clinicians, representatives from NHSE, SPS and UKHSA will update on the national picture of supply and access, and respond to any queries across the region – please submit any questions via the form below.

[Link to submit question for the forum](#)

[Join the meeting here](#)

Meeting ID: 350 286 972 989 6

Passcode: 8nw2JQ6p

