



## Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 29<sup>th</sup> July 2025

### Action required - LMC Occupational Health Service

We are exploring the introduction of a dedicated Occupational Health (OH) service tailored to general practices in Lancashire and Cumbria. We have created a short survey which you can [complete here](#). Your feedback will help us shape a service that meets your needs, offers value for money, and supports the wellbeing of your workforce.

### General Practice Alert State (GPAS)

You can see the latest SitRep results on [our website](#).

Submitting your data is crucial. When we don't receive your data, it limits our ability to present a strong, accurate picture to system partners. This, in turn, weakens our case when we advocate for more resources and support for your practice. Your input makes a difference — thank you for taking the time to help us fight for you.

[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 please email [enquiries@nwlmc.org](mailto:enquiries@nwlmc.org). Submission links are sent out every Tuesday and Wednesday.

### BMA 'Focus on' guidance - Neighbourhoods & Ethics

#### National Neighbourhood Health Implementation Programme (NNHIP) Guidance

NHS England [launched NNHIP this month](#), inviting applications to join the first wave of the programme. GPCE has produced a brief ['focus on' document](#) outlining the programme, the threats and opportunities involved and a checklist of key questions and issues for practices and those thinking of signing up.

#### Ethical Collaborations and GP Federations

Following the shift of care into the community via the new 'neighbourhood health' schemes, GPC England has also produced [guidance](#) setting core principles on out how GP practices and GP federations should engage with this and operate in an ethical, constructive and supportive manner.

### Neighbourhood Health Programme - North Cumbria Only

You may be aware that a pilot application for the Neighbourhood Health Implementation Programme (NNHIP) is being developed in North Cumbria as part of the NHS 10-Year Plan.

The LMC has serious concerns about the pace, process, and representation involved in this work to date. While we are not opposed to models that improve integrated care, it is essential that any proposals reflect the full breadth of general practice — not just a limited subset providers.

We have formally written to the ICB and will be sharing a detailed update with practices tomorrow, including what this means for GPs, what the BMA has said nationally, and what actions you may wish to consider.

In the meantime, if you have any questions, [please get in touch](#).





## Update from the Consortium of Lancashire & Cumbria LMCs

### **BMA GPCE meeting with Stephen Kinnock, Minister of State for Care**

Minister Stephen Kinnock visited GPCE on 17th July to address the committee and take questions. The committee expressed its disappointment and concern around the lack of any mention of GMS in the 10 Year Plan, nor any progress toward the wholesale reforms to the practice-level GMS contract that the Government have promised, which was a condition of the committee approving the 2025/26 contract and the profession ending dispute.

Dr Katie Bramall, GPC Chair, relayed the committee's concerns about the accelerated pace of roll out of the 10 Year Plan, and the real risk of General Practice being side lined, undermining the Government's objectives. Despite the Minister's verbal assurance of commitment to GMS, the committee were not sufficiently reassured of a commitment to the necessary wholesale GMS renegotiation beyond the usual annual adjustments for 2026/27 and beyond. Following the meeting, Dr Bramall has expressed to the Minister the profession's concern that the current trajectory threatens the survival of the independent contractor model and, with it, NHS general practice and the trusted family doctor relationship patients rely on and want to protect.

The committee held a series of votes composed of two motions. Whilst GPCE stopped short of voting to re-enter dispute, they were clear that the following conditions must be met by time GPCE meets on 18th September to avoid the possibility of a future return to dispute. The BMA GPC team will be meeting Government officials, DHSC and NHSE this week to discuss the following demands of GPC England:

- Confirmation of the funding envelopes for GMS26/27 and the new GMS negotiation, together with SNP and MNP nominal budgets in this Spending Review
- A roadmap regarding timelines for commitment to GMS contract renewal and investment
- Transfer of the PCN DES ARRS monies into practice-level reimbursements with defined neighbourhood outcomes from April 2026
- An emergency additional GP practice-level reimbursement scheme to reduce GP under/unemployment as soon as possible
- Extension of the Clinical Negligence Scheme for General Practice to cover liabilities pertaining to data-sharing and information governance for the GP patient record from April 2026; and
- That Government is explicit in its preference for General Practice / GP practices to lead single neighbourhood providers and to be the key parties at Place in the selected National Neighbourhood Health Implementation Programme (NNHIP) sites.

The Government now has an opportunity to provide the necessary assurances to the profession and GPC England will prepare for all possible outcomes in readiness for its meeting in September.

[Read Dr Katie Bramall's letter to Stephen Kinnock, MP](#) here





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### BMA 'Focus on' Physician Assistants & LMC HR Advice

Following the publication of the [Leng Review into PAs and AAs](#), the BMA GPC has produced new [guidance](#) to help GPs and practices consider how to respond to the changes recommended by the review and subsequent instructions from NHS England.

NHSE intends to publish the updated Network Contract DES specification and Part B guidance for 2025/26 on 31 July so that the maximum reimbursement amounts for ARRS staff can be uplifted (and backdated to 1 April) and to introduce the new provisions which allow PCNs to claim reimbursement for absent ARRS GPs who are employed by a third party. Following the publication of the Leng Review, the ARRS Physician Assistant and Apprentice Physician Assistant role descriptions (annex B of the Network Contract DES specification) have also been amended and have been shared with GPCE for comment.

### LMC HR Advice

The LMC have received a couple of queries regarding the Leng Review and the LMC HR service have offered the initial advice that we would urge Practices to consider:

- To speak with employee/s affected about the directive from NHSE as part of a formal consultation process.
- As part of the consultation, you will need to highlight and explain the announcement and how it affects their role/s and to confirm a date when the changes will come into effect.
- As this is a change to contractual terms and conditions, changes cannot be done unilaterally, and you must obtain agreement from the employee/s.
- Once you have mutual agreement, you will need to confirm the changes in writing, the date the contractual changes will commence and to confirm that the amendment arose due to NHSE statutory requirements.

We are not aware of the PA and AA UNIONS views on the matter, but we will ensure to keep Practices informed.

If you require any further guidance on the above outlined process, please contact the LMC HR team on [hr@nwlmc.org](mailto:hr@nwlmc.org)

### Seasonal Flu Programme

NHS England has published the specification for the annual flu programme. The specification and other related documents are available [here](#). Practices will have until **21 August** to sign up.





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### HPV catch-up campaign

NHSE has released information about the HPV vaccinating catch-up campaign (21 July 2025 to 31 March 2026). Practices should invite unvaccinated individuals aged 16-24, including:

- all females born on or before 1 September 2009 – up to their 25<sup>th</sup> birthday
- males born from 1 September 2006 to 31 August 2009 (inclusive). Eligibility for boys was only extended to those entering year 8 from September 2019, in line with the JCVI recommendation

Practices will be eligible for an item of services fee (£10.06) for each vaccination administered, in line with the SFE. Further information is available on the [NHS England website](#).

### MMR vaccinations for practice staff

Due to recent measles outbreaks, NHSE has confirmed that GP practices will be allowed to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). This is a time limited arrangement from 1 August 2025 until 31 March 2026. Completing doses must be administered in accordance with the recommended intervals in the [Green Book](#) and by 31 March 2026. An item of service fee cannot be claimed for MMR vaccines administered to staff registered with another practice, but indemnity cover will be provided through the [Clinical Negligence Scheme for General Practice](#) (CNSGP) and nationally supplied MMR stock can be used.

### Inclisiran reimbursement

NHSE has raised an issue regarding reimbursement for Inclisiran, whereby payments have been delayed. NHSE is working with NHSBSA to implement a system change to ensure Inclisiran is reimbursed correctly going forward. In the meantime, NHSBSA are calculating retrospective adjustments from October 2024 to ensure that any missed payments will be made to contractors via PCSE. The long-term solution will be implemented in Spring 2026.

For Lancashire & South Cumbria, Inclisiran was part of the Complex Injections LES but was removed when NHSE announced the reimbursement for Inclisiran. The LMC is currently in dispute with the ICB over this because we firmly believe that the reimbursement only covers the purchasing of Inclisiran and doesn't include payment for its administration. There is also no LES for Inclisiran in North Cumbria.

### Improving Access to UHMB for Primary Care - Morecambe Bay only

MBPCC has worked closely with UHMB to take a positive step in improving access for primary care colleagues.

A new [directory of urgent and unscheduled care contacts](#) has been shared to support direct communication with UHMB teams, as part of wider system flow improvements and new care coordination initiatives.

From 22 July 2025, UHMB's enhanced GP switchboard service will launch across all sites, offering a dedicated point of contact on 01539 715115. Calls will be escalated promptly if a direct connection isn't immediately available.





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### GP registrars taking industrial action

GP registrars will take further industrial action for full pay restoration from 06:59 on Friday 25 July to 06:59 on Wednesday 30 July. BMA GPC supports this action, recognising it as part of a broader effort to secure fair funding and tackle the GP workforce crisis. Registrars face stagnating pay, large student debts, and uncertain job prospects after CCT due to poor workforce planning.

As the Health Secretary said last year, “the NHS is broken.” If we cannot recruit and retain future GPs, recovery will be even harder. Please direct any GP Trainer or practice queries to the BMA website.

While registrars are contractually supernumerary, this will impact on training practices. Practices may signpost patients to information online but are under no obligation to respond to ICB questions about strike action. The ICB will have established procedures in place and practices may and will communicate any access pressures to their patient populations directly.

The BMA’s GP Registrars Committee (GPRC) has also [written to GP registrar](#) members to explain the specific considerations around striking within general practice.

If you're a registrar or trainer in England and have experience with blended learning in GP training, please take the BMA short survey.

GPRC has published a [GP Registrars’ Handbook](#) which the BMA encourages practices to share with Registrars.

### Help Us Grow Our Audience

We understand that you are busy and are likely to receive many emails on a daily basis. However it is important for you to receive communications from us because **we can help and support you.**

We know there are many colleagues who do not receive our brieflet, so please help us by sharing this with your team and [letting us know](#) to add them to our distribution lists.

