

Newsletter

March 2026

Sheffield
LMC



INSIDE THIS ISSUE:

CONTRACTUAL STATUS OF RECENT REQUESTS TO GENERAL PRACTICES

CONSENSUS AND POLICY ON THE PRIMARY & SECONDARY CARE INTERFACE IN SOUTH YORKSHIRE

REFRESH OF THE 'PRESSURES IN GENERAL PRACTICE' WEBPAGE

UPDATE ON PENSIONS AND MISSING RECORDS

IMPROVING THE NATION'S DIET: THE IMPACT OF ULTRA-PROCESSED FOOD

PARLIAMENTARY HEALTH AND SOCIAL CARE SELECT COMMITTEE SUBMISSION

PHARMACY SERVICES MICROSITE FOR PATIENTS

ONLINE ESA113 FORM

CHAPERONE GUIDANCE

CONTRACTUAL STATUS OF RECENT REQUESTS OF GENERAL PRACTICE

The LMC are aware of a number of requests of general practice in recent weeks and we wanted to highlight the contractual status of these.

1. Quality Improvement QOF indicators - manual entry

This request was circulated mid-February, however, the LMC noted that these were income protected in 2024/25 and then retired.

Data from Indicators no longer in QOF (INLIQ): "Discontinuation: Following a review that concluded the administrative burden outweighed the benefits, 2023/24 INLIQ was the final publication, and the collection has been discontinued"

There is, therefore, no requirement to complete the manual CQRS templates for QI indicators, and has been confirmed by NHSE.

2. Freedom to Speak up Guardian

Practices will have received a communication from SY ICB in early February relating to practices establishing a freedom to speak up guardian and registering on a database with names and updates. We recognise the benefit to staff and ultimately patients of having staff to safely raise concerns with. Here we are merely noting the contractual requirement which is covered in [CQC "Mythbuster 87"](#)

"All organisations that provide services under the NHS Standard Contract are required to appoint a Freedom to Speak Up Guardian. Although not compulsory, the National Guardian's Office expects primary care provider organisations, health and care leadership organisations and regulators to appoint Freedom to Speak Up Guardians. GP practices can work with other practices in the area or with other stakeholders, their primary care network or integrated care board to achieve this."

This is a sign of a well-led organisation but is an expectation and not a contractual requirement.

3. Learn From Patient Safety Events (LFPSE)

This system of reporting patient safety issues on a centralised database has moved from The National Reporting and Learning System (NRLS) to the LFPSE. There is a contractual requirement (Standard GMS Contract 21/08/2025 16.8 K.1) for practices to register for and maintain for administrative purposes an account with the LFPSE service. However, there is no contractual requirement to submit data to this service.

Again we note the merits of creating a database to identify patterns of incidents, the LMC are merely highlighting the contractual nature of this system.

Organisations without a Local Risk Management System (typically private primary care providers, such as GP, dental and optometry practices and community pharmacies) are asked to record patient safety events directly onto LFPSE by registering for an account and using the [online Learn From Patient Safety Events service](#).

Further specific advice for GP practices is given in [CQC GP Mythbuster 24](#).

Again this is a sign of a well-led organisation, but data submission is not a contractual requirement.

oOo

CONSENSUS AND POLICY ON THE PRIMARY & SECONDARY CARE INTERFACE IN SOUTH YORKSHIRE

This policy sets out the principles and expectations for how primary care, secondary care, community services, and mental health services in South Yorkshire should work together.

Its core principles include treating all colleagues with respect and compassion, keeping the patient at the centre when making decisions or negotiating responsibilities and the fundamental principle that each clinician should undertake necessary actions themselves whenever within their competency and avoid unnecessary hand-offs.

Key areas of relevance to GPs:

1. **Onward referrals:** Secondary, community, and mental health services should make direct onward referrals to other specialties when needed, patients should *not* be sent back to the GP solely as an administrative step.
2. **Fit Notes (Med3):** Secondary care, community, and mental health clinicians should issue Med3 certificates when they are the team managing the condition affecting fitness.
3. **Prescribing Responsibilities:** Secondary care should:
 - Ideally provide the initial prescription for medications they initiate. Where this is not possible and there is a non-urgent need a request may be made to General Practice, patients must be informed this may take up to 2 weeks.
 - Shared care: Transfer prescribing to primary care only when the agreed processes have taken place and the practice has formally accepted.
 - Where there is an immediate need for the medication a minimum of 2 weeks supply of any new medication should be given by the specialist.
4. **Test Responsibility:** The clinician who orders a test is responsible for receiving, acting on, and communicating the result to the patient.

You should *not* be asked to chase or act on test results unless explicitly agreed.

You can refer back to the policy [here](#) if any of these principles are not followed.

oOo

REFRESH OF THE 'PRESSURES IN GENERAL PRACTICE' WEBPAGE

The BMA has produced a [new page analysing the current state of general practice in England](#). Drawing on the latest workforce and appointment statistics, it highlights how rising patient demand, shrinking GP workforce and workload pressures are affecting GP services; from longer waits to increased use of urgent care. It also explains how insufficient core GP contract funding and limited infrastructure are hindering recruitment, creating the paradox of GP underemployment despite high demand.

oOo

UPDATE ON PENSIONS AND MISSING RECORDS

In April 2025, the BMA submitted a freedom of information request to the NHS Business Service Authority (NHS BSA) asking how many GPs in England had missing years of pensions data in their records - shockingly, it revealed that it was 56%. The [BMA re-submitted the same request in January](#), with the hope that the meetings with NHS BSA, PCSE & the DHSC would improve the situation. The BMA were disappointed that 51 % of the current cohort in the scheme still don't have an up-to-date record.

Not having an up-to-date pension record makes it impossible to plan for retirement and to assess immediate pension tax position. The BMA is here to help their members engage with relevant parties effectively, and you can use the [BMA's step by step campaign](#) to get your pension record up to date. The guide includes templates to use at each stage and guidance on when to escalate queries to appropriate bodies to seek financial compensation.

oOo

IMPROVING THE NATION'S DIET: THE IMPACT OF ULTRA-PROCESSED FOOD

A new BMA report [Improving the nation's diet: the impact of ultra-processed food](#) has been published, which examines the consequences of harmful dietary patterns, including rising consumption of UPFs (ultra processed foods) and calls for measures to protect the health of the population. Read more [here](#).

oOo

PARLIAMENTARY HEALTH AND SOCIAL CARE SELECT COMMITTEE SUBMISSION

The BMA has submitted written evidence to the 'Health and Social Care Select Committee inquiry into delivering the neighbourhood health service: estates inquiry'. The response outlines their recommendations and concerns including views on the NHS ten-year health plan, ensuring that GP premises are supported to meet future patient need. We also explain our concerns regarding the use of private finance initiatives within the NHS and the importance of appropriately resourcing general practice. The BMA will share a copy of their submission once it has been published by the committee.

oOo

PHARMACY SERVICES MICROSITE FOR PATIENTS

[Community Pharmacy England \(CPE\)](#) has developed a small '[micro website](#)' to provide information to patients on three Community Pharmacy Contractual Framework (CPCF) services and directing them to the NHS website search functionality should they wish to identify a pharmacy to access a service. This is intended to address concerns that some websites providing similar information for patients only direct them to a limited list of pharmacies providing the services. The microsite also contains information for patients on their right to choose which pharmacy they use for the provision of services.

oOo

REMOVAL OF ONLINE ESA113 FORM

The DWP has contacted GPCE to note that they are aware of a significant fraud risk associated with the [online ESA113 form](#) (for healthcare professionals to fill in if DWP asks for information in connection with Employment and Support Allowance or Universal Credit). They have checked and the total number of downloads in the 12 months to 30 September 2025 was only 1,261 i.e. about 100 a month and therefore DWP will ask for it to be removed from [GOV.UK](#) and also remove the reference to it in the introductory notes of the paper version of the 113.

oOo

CHAPERONE GUIDANCE

Concerns have been raised with the BMA about NHSE's recent guidance on [Improving chaperoning practice in the NHS](#), based on [GMC guidance on Intimate examinations and chaperones](#). The BMA have previously identified this as a significant challenge for doctors. This is covered in the BMA's [Core Ethics Guidance](#) in [Sect. 2.5](#).

Please forward any articles for inclusion in the LMC newsletter to
manager@sheffieldlmc.org.uk

Submission deadlines can be found [here](#)

Contact details for Sheffield LMC Executive can be found [here](#)
Contact details for Sheffield LMC Secretariat can be found [here](#)



FREE COACHING & MENTORING SERVICE with a local GP Mentor

Sheffield LMC's free peer to peer coaching, mentoring and signposting for General Practice. Free and open to all represented Sheffield GPs. More information can be found [here](#) or by scanning the QR code.

