

Newsletter

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Sheffield
LMC



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COLLECTIVE ACTION

Following a referendum in which 99% of participating BMA GP members voted to reject the imposed contract, GPCE has entered collective action in response to unlimited demand, unsafe workloads, and insufficient workforce and premises capacity. The committee considers that the Government has failed to provide credible assurances on how practices can safely meet contractual expectations, particularly in relation to same-day access requirements, and the continued “left shift” of hospital work into general practice without commensurate resourcing.

GPC England has recommended that the first collective action focuses on reviewing GP patient data shared outside the practice with the wider NHS and other organisations. Practices are asked to write to their ICB using a BMA-provided template to clarify the legal basis for current data flows. Mandatory data sharing for direct patient care or explicit contractual requirements continues unchanged.

The purpose of this action is to ensure that all data-sharing arrangements are lawful, proportionate, and in the best interests of both patients and practices. It is intended to be beneficial to both practices and patients, while highlighting the wider system impacts, particularly as plans progress towards greater integration and neighbourhood health models.

There has been some concern regarding the mention of two specific companies in the BMA template letter and the potential risk of defamation. The BMA has confirmed that the wording has been extensively reviewed by its internal legal team and by external King’s Counsel specialising in defamation, and that it does not expose practices to risk of claim. The original template letter can be accessed [here](#).

To further address local concerns, Sheffield LMC has produced an amended version of the letter with the relevant sections removed along with the contact details for the South Yorkshire ICB Chief Clinical Information Officer, Dr Richard Cullen and South Yorkshire ICB CEO Chris Edwards, for practices wishing to use a locally adapted approach. We would advise sending these to Dr Cullen at richard.cullen3@nhs.net and Chris Edwards at christopher.edwards7@nhs.net and Sheffield LMC at administrator@sheffieldlmc.org.uk. You may also wish to include Dr David Crichton at david.crichton2@nhs.net and Dr Anthony Fitzgerald at anthony.fitzgerald3@nhs.net.

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GP REIMBURSEMENT SCHEME

NHS England have recently published the updated [Statement of Financial Entitlements \(SFE\)](#), including information relating to the practice-level GP reimbursement scheme.

The criteria for claiming reimbursement is contained within the SFEs, and covers:

- newly appointed salaried GPs where evidence of additionality can be demonstrated (compared to baseline appointment data from January 2026)
- an increase in the number of sessions of an existing employed salaried GP, where evidence of additionality can be demonstrated and the GP was working fewer than 9 sessions per week

- for practices who are members of a PCN, claims for reimbursement can be submitted to enable the continuation of employment of salaried GPs where it can be demonstrated that the post was previously funded by either PCN CAIP payments or the PCN Test Sites Programme and that funding is ceasing or has ceased

Claims are to be submitted monthly in arrears via Calculating Quality Reporting Services Local (CQRSL) system. A maximum of £15,290 per session can be claimed inclusive of the cost of the salary of the GP and the employer's contribution for national insurance and pension.

Total claims per contractor under this Scheme are subject to a financial entitlement cap of £4.57 multiplied by the practice adjusted population per practice during the financial year. Retrospective claims for April 2026 can be submitted with May 2026 claims via the CQRSL platform.

NHSE have indicated that this funding will be recurrent, although the documentation has not been signed off yet. For further details, please see the SFEs.

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UPDATES TO THE PCN DES

Part of the imposed contract changes for 2026/7 include updates to the PCN DES. CAIP funding has been repurposed from The PCN DES to fund practice based GP recruitment. (Please see above details for implementation of the new scheme.) GP ARRS role funding will continue.

The PCN DES contract includes the ability of ICBs to make Local Variations (LVs) to the DES in a move away from a National agreement only. The updated version can be found [here](#). The green highlighted parts indicate the new potential for LVs. The Headline changes for 2026/7 can be found [here](#), with the Local Variation additional changes found [here](#).

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URGENT DENTAL CARE PILOT IN SHEFFIELD

From Monday 13th April, Charles Clifford Dental Hospital and the School of Clinical Dentistry at the University of Sheffield have launched a FREE three-month walk-in pilot where supervised dental students will offer urgent dental care to adults aged 16+.

The service will be provided at Charles Clifford Dental Hospital in an approved and supported environment, with students receiving close support from specialists.

This initiative responds directly to the growing need for accessible urgent dental services. Reintroducing a walk-in model will improve patient access while creating valuable, supervised clinical learning opportunities for our students.

Service Details

- What: Urgent dental care provided by supervised dental students
- Access: Walk-in (1st Floor Reception) or call ahead to check availability
- Times: Monday–Friday | 9:00–11:00 and 14:00–15:00 excluding Bank Holidays
- Phone: 0114 271 7800
- Where: Charles Clifford Dental Hospital

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BIOLOGIC MEDICATION RECORDING IN PRIMARY CARE RECORDS SURVEY

South Yorkshire Primary Care Services have created a survey about the current practice of recording biologic medications in a patient's primary care record. The survey ([Survey of biologic medication recording in primary care records. – Fill in form](#)) will take 3-5 minutes to complete.

The purpose is to inform an audit being delivered from both Sheffield Teaching Hospitals Rheumatology department and Primary Care, which will assess the accuracy of biologic recording in a patient's summary care record.

Given that the summary care record is informed by a patient's primary care record, the survey is intended to gain an insight of how practices currently record biologics and to ask for input from primary care to help shape the audit. South Yorkshire Primary Care Services hope that this will allow for a more meaningful project and facilitate more effective interventions following the first audit cycle.

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](#)



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