Newsletter

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Sheffield LMC

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WOUND CARE

Sheffield LMC continue to receive frequent concerns from practices being asked inappropriately to undertake Level 2 wound care. This wound care is not covered within the core contract or included within the Sheffield Over and Above Locally commissioned service. Examples include: leg wounds lasting longer than 4 weeks, complex chest wound packing and management of nephrostomies.

The LMC have always maintained that convenience for the patient should not come ahead of safe and appropriately resourced / funded clinical care. Where a request is beyond the experience and remit of the healthcare professional and is not covered in the Over and Above LCS, we would recommend referral to the appropriate service. This may be the District nurses for housebound patients, Ambulatory Wound Care for mobile patients or back to the referring surgical speciality

It is worth noting the recent judicial review in the following link here. As you will note from the report, the GP practice received severe criticism and without a commissioned framework practices may not have indemnity cover for this work.

Level 1: Commissioned through the "Over and Above" Locally Commissioned Service (LCS): Surgical – suture / clip removal Grazes Skin tears Varicose veins - removal of clips Pin sites Cavity dressings – cavity wounds that could be dealt with within the competencies and training of practice nurses Lower leg wounds - not requiring compression dressings or where compression is not indicated, simple burns

Level 2: Not commissioned in primary care: Any wound not healing after 4 weeks following appropriate wound management intervention or those wounds showing signs of obvious deterioration Adult lower leg wounds Any patient with a high risk of complexity, eg underlying co-morbidity Post-operative vascular wounds Diabetic foot wounds - should be referred urgently to the diabetic foot clinic. Non-healing post-operative wounds - should be referred back to the surgeon. Complex surgical wounds requiring packing or in-situ tube management.

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CLINICAL GUIDELINES FOR PRIMARY CARE TO SUPPORT THE USE OF TIRZEPATIDE FOR WEIGHT MANAGEMENT

South Yorkshire ICB have issued local guidance, flowcharts and templates for practices to consider using when Tirzepatide is being considered for weight reduction and is available here.

This should be read in conjunction with the BMA guidance. This includes template letters to send to private providers that are requesting unfunded GP actions.

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IMPORTANT CHANGES TO THE GP REIMBURSEMENT SCHEME

Following negotiations with NHSE and DHSC the BMA advise that the GP Reimbursement Scheme, first introduced as part of the 26/27 GMS contract changes, has been updated. Commenced on October 1st practices are able to claim for locum sessions under the scheme, which means that any GP (salaried GP, locum or partner) can provide additional sessions and invoice on a locum basis where appropriate. There are some requirements to fulfil for these claims, and these are explained further in the refreshed BMA guidance below.

The updated SFE also provides additional flexibility around transitional claims and the transfer of unspent funding, which should help practices make full use of the funding available, and other changes around claim amounts and periods.

If your ICB is being difficult about claims, please let the BMA know at info.gpc@bma.org.uk. Read the BMA's Focus on guidance on the 26/27 GP reimbursement scheme

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NASGP ON FUNDING ADDITIONAL LOCUM SESSIONS: YOUR QUESTIONS ANSWERED?

We have received an update from National Association of Sessional GP's (NASGP) regarding funding for additional GP locum sessions.

Following a number of enquiries from practices seeking clarification on the guidance, NHS England has now confirmed the details in its recently updated FAQs. To support practices, practice managers and Primary Care Networks (PCNs), NASGP has put together a short, easy-to-read guide outlining the key information and helping to clarify the funding arrangements.

The guide is available to read here.

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SINGLE POINT OF ACCESS AND ADVICE & GUIDANCE

NHSE has published new guidance (technical guidance, implementation guidance) on developing and implementing Single Point of Access (SPoA) for referrals into specialist care. Importantly, this now states that SPoA proposals must be developed with the relevant LMCs and local GPs, with clear escalation routes for disagreement, uncertainty, delayed or unclear responses, or safety concerns, and that that SPoA does not override GP clinical judgement/right to refer.

Whilst this is welcome, GPCE are still pushing for a pause in implementation of SPoA and A&G pathways following the patient safety concerns raised in the report published by the HSSIB in August and the consequent ongoing external review commissioned by NHS England.

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FP69 NATIONAL LIST VALIDATION FUNDING

Practices continue to experience an unprecedented acceleration in patient list cleansing, which is becoming one of the most significant financial and operational challenges facing general practice this year. In this financial year it is expected that around 2,000,000 patients will be de-registered as they are not patients residing in the practice area and have moved elsewhere. We continue to liaise with NHSE around this process and seek improvements to the way it is being applied.

Following discussions, the BMA formally wrote to NHS England to confirm urgent meetings to discuss and agree the reinvestment of funding released through the patient list validation programme during 2026/27. NHSE announced a £40m fund to support proactive care for patients living with frailty.
The aim is to treat more patients at home. Dr. Clare Bannon (Chair GPCE) noted that this use of list cleansing funding had not been previously agreed with GPCE. She noted that this was not new money and NHSE were asking general practice to do even more without extra funding. Whilst the principle of proactive care is a good one but the money was already being used to fund staff in general practice and needed new investment.

Read the PCSE guidance on FP69 process
Read the PCSE FAQs on FP69

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2027/28 CONTRACT DISCUSSIONS

Previously the BMA reported that the Government agreed to return to formal bilateral discussions with them, and that the BMA have temporarily postponed any further escalation of collective action.

Contract negotiations for 2027/28 are due to start this month, after further discussion with NHS England, the BMA are in the process of finalising GPC England's strategy.

In entering these negotiations, the BMA's focus remains on securing a confirmed roadmap with the Government for a £50 per patient increase in core practice funding and clarity on turning unsafe demand into manageable care for patients.

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PATIENT PETITION FOR BETTER FUNDING AND SUPPORT FOR GENERAL PRACTICE

In August, the BMA sent practices posters and other materials to help spread the word about a petition for better funding and support for general practice. Have these been displayed in practice and has there been any feedback from patients? The BMA are asking for a minute of your time to fill out a short form short three-question form.

The BMA are promoting a patient petition calling for better funding and support for general practice and over 7,000 people have already signed. They would like to hear from GPs who can share what better funding would mean for their practice and the care they provide. Get in touch at info.gpc@bma.org.uk.

View and share the petition here.

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MMRV

An MMRV catch-up programme has begun for children who were aged 3 years 4 months to under 6 on 31 December 2025 (born 1 January 2020 to 31 August 2022) and who have no history of chickenpox or have not received two varicella-containing vaccine doses.

NHSE has advised that, due to issues with IT systems, in November and December 2026, automated CQRS payments will apply only where children are aged 5 or under when vaccinated. Practices vaccinating eligible children aged 6 during this period must make a manual CQRS adjustment.

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CHILDHOOD IMMUNISATION INDICATORS

As part of the October update to the SFE, and as previously announced for the 26/27 contract, NHSE have introduced additional improvement thresholds for the 3 childhood vaccination QOF indicators (VI001, VI002 and VI003).

Practices will be able to earn QOF points for these indicators by improving against their average over the previous 2 years and will receive whichever points allocation is higher of either their points based on existing achievement thresholds, or their points awarded on a sliding scale for improvement from their baseline.

Whilst the BMA welcome recognition of the ongoing issues surrounding the childhood immunisation indicators, GPCE do not believe that this approach will resolve those and will continue to lobby for more fundamental change.

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MEN B UPTAKE

The BMA are aware that UKHSA have recently announced uptake data for the one-off MenB vaccination programme, which shows that only 26.6% of school leavers have received their first dose. It's concerning to see such a low coverage, especially

following the outbreaks earlier this year. GPCE has already raised its concerns that this has been commissioned as a pharmacy only programme and the position that allowing GP practices to sign up to deliver these vaccinations would help to increase uptake.

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NATIONAL WORKFORCE REPORTING SERVICE

Contractors are reminded by the BMA that they should be regularly reviewing the data held against their practice workforce within the National Workforce Reporting Service. Accurate data on the GP workforce is vital to the work of GPCE and the Sessional GPs Committee. All work should be recorded in hours and all work servicing the NHS contract should be accounted for.

Salaried GPs are advised to check personally with practice managers that the hours recorded against their work are appropriate. Collection's take place on the last day of the month, so please review and update records before then. GP-specific statistics are published monthly and can be viewed here.

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

Sheffield LMC

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.