

Newsletter

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Sheffield
LMC



INSIDE THIS ISSUE:

HENOCH-SCHÖNLEIN PURPURA (HSP) MANAGEMENT

WOUND CARE

**SHEFFIELD TEACHING HOSPITALS
ELECTRONIC PRESCRIBING RECORD**

BMA ANALYSIS OF THE BUDGET

GP CONTRACT CONSULTATION

**NEIGHBOURHOOD HEALTH SERVICES IN
NHCS (NEIGHBOURHOOD HEALTH
CENTRES)**

OPENSAFELY

**ONLINE CONSULTATION SURVEY
RESULTS**

HENOCH-SCHÖNLEIN PURPURA (HSP) MANAGEMENT

The LMC have recently been in discussion with Sheffield Childrens Hospital (SCH) to address concerns regarding the current guidelines for the management of Henoch-Schönlein Purpura (HSP) following communications received by constituent practices.

Sheffield Children's Hospital proposed guidance advise follow-up within the GP surgery at weeks 1, 4, 8, and 12, then at 6 and 12 months.

We have advised the current follow-up expectations for General Practice in terms of workload, clinical risk, and funding without an appropriate commissioned service represents an unfunded transfer of work from paediatrics to primary care, which places additional pressure on general practice services that are already under significant strain. It is crucial that guidelines and protocols do not inadvertently exacerbate the situation by transferring responsibilities without appropriate funding as such it would be reasonable for Practices in Sheffield to decline this work.

Due to the clinical risk in the initial weeks post diagnosis should practices choose to do so we would advise practices to make the discharging team aware with some urgency so alternatives may be arranged.

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WOUND CARE

Sheffield LMC are aware of Practices being asked to undertake Level 2 wound care which is not covered within the core contract or included within the Sheffield Over and Above Locally commissioned service. The LMC have always maintained that convenience for the patient should not come ahead of safe and appropriately sourced / funded clinical care. Where a request is beyond the experience and remit of the healthcare professional that is not covered in the Over and Above LCS, we would referral to the appropriate service.

It is worth noting the recent judicial review in he following link: <https://www.judiciary.uk/prevention-of-future-death-reports/karen-day-prevention-of-future-deaths-report/>. As you will note from the report, 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:

Wounds 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.

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SHEFFIELD TEACHING HOSPITALS FOUNDATION TRUST ELECTRONIC PRESCRIBING RECORD

Sheffield LMC have received large numbers of concerns raised by practices about the impact of the new EPR at STH. These concerns have not abated, although STH have been informed of many of the issues. We observed that a review of possibly serious incidents caused by the EPR had not been addressed, nor had the time and financial impact on general practice. We are grateful to all practices who completed our short survey for the week 10-14th November (22 in all).

We have reviewed the results of this survey and written to STH to express these concerns and request a meeting to discuss the ongoing workload their new EPR is causing in general practice. The letter can be found [here](#).

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BMA ANALYSIS OF THE BUDGET

The Autumn Budget included a range of measures which will likely impact GPs. From the perspective of employers, the National Living Wage, for workers aged 21 and over, is set to rise by 4%. It will be important that additional costs for GPs as employers are reimbursed and the BMA will push for this.

Tax thresholds are being frozen, which will mean employees will pay a greater share of their income in tax as their salaries rise. Alongside the freeze in personal tax rates, the threshold at which employer National Insurance Contributions are paid will also be frozen, again placing upward pressure on GP employer costs.

Higher than expected inflation means that NHS budgets will grow at an even slower rate going forward. £300 million in additional capital investment was announced to support new technologies across the NHS. There was also a commitment to deliver 120 operational Neighbourhood Health Centres by 2030, with the government confirming these would be delivered via a Public Private Partnership funding model.

Pension changes should not affect the vast majority as the NHS pension is **not** a salary sacrifice scheme so the changes announced in the Budget on this aspect will not affect you. Read the full BMA analysis of the Budget: [Budgets and fiscal events - Budget - BMA](#).

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GP CONTRACT CONSULTATION

The BMA have recently learned that the government is going to consult on 2026/27 changes to the GP contract more widely. Please see the below statement from the BMA.

“The fact is that relevant stakeholders are consulted in every annual contract cycle to capture a full breadth of views, but the BMA are pleased that the government recognise this is a departure from their usual process.

GPC England may also decide to consult more widely, and the BMA are confident there will be more consensus across various stakeholders than the government perhaps realises, and this provides an excellent opportunity for mutual collaboration.

If it comes to it, the BMA can see how and why the government might want to avoid April 2026 changes being termed a contractual imposition, and there is a risk that they won't even try to make it palatable, or potentially use the opportunity to deliver what will be a very difficult contract for the profession. The BMA stand ready to deal with all eventualities.

However, the way things stand the government know they will have to engage with GPC England separately regarding the statement of financial entitlements - and they have confirmed that will be the case, so too have they confirmed their commitment to GMS renewal within this Parliament.

The BMA now await with interest what their proposals are for 2026/27 - and we still await to hear back following the sharing of the safety concerns arising from the online consultation survey from over 1,300 practices – 1/5 of all practices in England. Thank you to those who completed this and we are using the data right now. You can read more on it [here](#) and below.”

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NEIGHBOURHOOD HEALTH SERVICES AND NHCS (NEIGHBOURHOOD HEALTH CENTRES)

The UK Government has announced plans to create 250 new NHCs (Neighbourhood Health Centres) in England, in line with the 10 Year Health Plan. 120 NHCs are intended to be operational by 2030 and are expected to bring a range of services (including general practice, physiotherapy, and others) together in a single ‘co-located’ space, with the stated goal of improving access to care and improving prevention. It remains unclear how these NHCs will interact with existing GP practices and other community services.

The Government also aims to use Public-Private Partnerships to fund the construction of the new NHCs, which has raised serious concerns about repeating the failings and long-term costs of prior Private Finance Initiative programmes. The BMA states that “we must not see a repeat of the cripplingly expensive Private Finance Initiative from the 2000s which some parts of the NHS are still paying off with eye watering payments to private companies.”

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OPENSAFELY

Practices using SystmOne or EMIS Web are reminded to activate the NHS OpenSAFELY Data Analytics Service in their clinical systems following the data direction that was issued on 9 June 2025 by the Department of Health & Social Care. The BMA understand NHS England have written to practices who are yet to activate to remind them. Instructions are available [here](#). Activation is a legal requirement of the Health and Social Care Act.

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ONLINE CONSULTATION SURVEY RESULTS

The BMA sends thank you to everyone who took the time to respond to their online consultation survey. More than 1,300 responses were received - one in five practices in England, representing nearly 14 million patients.

The [survey showed significant concerns about the GP contract changes relating to online requirements introduced on 1 October 2025](#). 73% of responding practices said they had to change how they work because of the contract change, and many reported negative effects on both patients and staff. 42% of practices have had to reduce face-to-face appointments, reducing the time patients spend with their GP. 45% of these practices said they’ve had to redeploy staff to accommodate for the changes, and over half had seen a negative effect on patient care. Despite our warning of the risk of patient harm, 74% of practices had seen an increase in workload, 68% reported an increase in stress, and 54% said there was an increase in working hours.

The BMA’s current dispute with the Government includes this issue, after the BMA reported the Government had failed to meaningfully engage with GPC England to deliver the necessary safeguards prior to 1 October 2025, as per the BMA’s conditions to agreeing the terms of the 2025/26 contract.

The BMA have said “Patient access must be clinically safe. To ensure that happens, practices must retain the ability to manage their consultation systems safely, including when demand exceeds safe capacity, rather than being forced to prioritise convenience over patient need in a woefully under-resourced environment.” The BMA urge colleagues to continue using our [safe working guidance](#).

[Watch a video](#) from the BMA of what GPs really think about the online consultation changes.

Read more about the survey results and the BMA’s dispute on the [GP contract campaign webpage](#).

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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