

Newsletter

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Sheffield
LMC



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WELCOME TO LYNSEY COPE

This week we were pleased to welcome Lynsey Cope to the role of LMC Manager. Lynsey has worked in general practice for over 12 years and brings a wealth of experience and knowledge with her. She will be dealing with personnel/staffing issues and management of the finances, as well as assisting the Executive in prioritising and carrying out action required to fulfil the functions of the LMC as the representative body of Sheffield GPs.

Lynsey can be contacted via manager@sheffieldlmc.org.uk, or via (0114) 2588755 8 am to 4 pm Monday and Tuesday, 9 am to 5 pm Wednesday to Friday.

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TIRZEPATIDE (MOUNJARO) UPDATE

The LMC has recently produced an update on [Tirzepatide \(Mounjaro\)](#), which links to recently published British Medical Association (BMA) guidance and covers the following topics:

- South Yorkshire Integrated Care Board (ICB) Interim Position.
- Timelines.
- Cohort Access Groups for Implementation in Primary Care Settings.
- Private Provider Requests for Information/Clarification.

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THE VALUE OF A GP REPORT

In response to GPs leaving the profession or reducing their NHS commitments, driven by immense pressure, burnout, unmanageable and often unsafe workloads, and the pull of more attractive careers abroad, at the UK LMC Conference in May General Practitioners Committee (GPC) UK launched [The Value of a GP](#) report. The report brings together a robust body of evidence to highlight the irreplaceable role of general practice in the UK, as well as demonstrating the far-reaching impact of GPs, not only on the health and experience of individual patients but on the overall efficiency, sustainability, and economic value of the NHS itself.

Dr Katie Bramall, Chair of GPC England gave a speech at the UK Conference about the report, which can be accessed [here](#).

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LMC UK CONFERENCE 2025: 'THE GP UNEMPLOYMENT PARADOX'

The [LMC UK Conference](#) was held last month in Glasgow, attended on behalf of Sheffield LMC by Alastair Bradley (LMC Secretary), Gareth McCrea (LMC Vice Chair) and Laura Smy (LMC Executive Officer). Danielle McSeveney (LMC Chair) also attended in her capacity as General Practitioners Committee (GPC) observer.

The Conference, which had a theme of the 'GP unemployment paradox', included a themed debate on the unemployment crisis, and the Chair of the BMA Sessional GPs Committee, Dr Mark Steggles, shared ["heartbreaking" stories from GPs who are struggling to find any or enough work](#) in the NHS, as the unemployment crisis in general practice deepens.

In a speech by the Co-Chairs of the British Medical Association (BMA) GP Registrars Committee, Dr Victoria McKay and Dr Cheska Ball called for ["ring-fenced funding direct to practices to employ newly qualified GPs"](#).

The Conference resolutions can be found [here](#).

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GP UNEMPLOYMENT CAMPAIGN

The Sessional GPs Committee and GP Registrars Committee of the British Medical Association (BMA) recently [launched a major campaign](#) to expose the worsening crisis of GP under and unemployment. In a [joint letter to the Secretary of State](#), the committees issued an urgent call for action, warning that up to a thousand GP registrars finishing training this August could be left without jobs, despite patients facing severe delays in care and practising GPs struggling under unsafe, unsustainable workloads.

This unacceptable situation is backed by the BMA [survey](#): 15% of GPs could not find any suitable work, 56% are seeking more NHS hours without success, and 21% are planning to leave the profession altogether.

The letter demands immediate Government intervention, including ring fenced, direct to practice core funding separate from the Additional Roles Reimbursement Scheme (ARRS), to employ newly qualified and underemployed GPs in roles that deliver continuity of care. Read more about the GP un/underemployment campaign [here](#).

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RIGHT TO CHOOSE (RTC) AND SHARED CARE GUIDANCE FOR ADHD/ASD

Further to the article in our [February LMC newsletter](#) noting new guidance on RtC and Shared Care Guidance for ADHD/ASD, please note that following requests from NHS South Yorkshire Integrated Care Board (ICB), minor amendments have been made to our guidance. The latest version can be found [here](#).

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ENSURING A UNIFIED VOICE FOR SHEFFIELD GENERAL PRACTICE

**Thursday 3 July 2025
1 pm to 2.30 pm
Via Microsoft Teams**

The following information was recently circulated to Practice Managers on behalf of the Sheffield General Practice Provider Forum: *As you will no doubt be aware we are entering a critical period of transformation across the NHS, with significant changes to the ICB model now underway and the abolishment of NHSE over the next 18 months. The NHS 10-year plan is also expected to be published imminently. These changes will see a major restructuring at both national and regional levels, including substantial reductions in ICB roles and functions. The 10-year plan is likely to reinforce the hospital to community shift and integrated working within neighbourhoods. The evolving landscape highlights the importance of general practice having a leadership voice within the system, to lead and influence future service design and delivery. The Sheffield GP Provider Forum has been discussing how General Practice in the city coordinates its response to the transformation agenda and to the inevitable reduction in the Sheffield ICB capacity to support GP Practices in the future.*

To ensure Sheffield general practice has a strong, unified voice in shaping future commissioning decisions and neighbourhood models, we are convening a Critical GP citywide online meeting on Thursday 3rd July, from 13:00 to 14:30, your attendance and input are vital. Without cohesive action now, we risk others stepping into gaps we are well placed to fill. This is a unique opportunity to consolidate our influence, clarify our shared ambitions, and ensure that local priorities are reflected in regional planning.

We understand that an Agenda and joining details will be circulated shortly. In the meantime, the following Teams link has been shared with the LMC:

Microsoft Teams [Need help?](#)
[Join the meeting now](#)
Meeting ID: 316 901 896 630 7
Passcode: kV2E7Zr2

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TIER 2 VISA LICENSED SPONSOR PRACTICES

We have received a number of queries regarding difficulties obtaining employment due to there not being a compiled list of Sheffield GP practices that are Tier 2 visa licensed sponsor practices. On making enquiries with a number of organisations, it would appear that this information is not held locally. In addition, the [Register of licensed sponsors](#) is not regularly updated and has been found to be out-of-date.

We are grateful to the Practice Managers we contacted for clarifying the status of their practices. The practices that recently confirmed that they are licensed practices are:

- Burngreave Surgery
- Dovercourt Surgery
- Handsworth Medical Centre
- Primary Care Sheffield (PCS)
- Sheffield Medical Centre
- Shiregreen Medical Centre
- Sloan Medical Centre
- Steel City General Practice
- The Crookes Practice

We are aware of a number of other practices that were licensed in 2024/25, but would not necessarily expecting to be so in 2025/26. As such, they have not been included in the above list.

If any practices listed above have now ceased to be licensed it would be appreciated if the LMC office could be informed via manager@sheffieldlmc.org.uk. Likewise, if any practices have continued to be licensed, or have recently been licensed and are not included, please do let the LMC office know.

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GP SURGERY REFURBISHMENT FUNDING

In response to the [Government's announcement](#) of new funding for GP surgery refurbishments, Dr Katie Bramall-Stainer, Chair of General Practitioners Committee (GPC) England, said: "All new funding is welcome in the current parlous situation many GPs find themselves in, but the scale of the task facing the Government is far greater than these sums would suggest. To put it in context, £102m would barely pay for a handful of individual new surgeries, let alone do much to restore the more than 1000 it is aimed at. Many of these surgeries are a constant headache for the GPs who work in them. GPs want to be focused on patient care and delivering a good service - not anxious about the decision to either keep staff or keep their surgery buildings in a fit condition."

The full statement can be found [here](#).

In addition, a feature on GP practices working out of crowded spaces recently appeared in [the Doctor](#) magazine.

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CHILDHOOD IMMUNISATION PROGRAMME: CHANGES FOR 2025/26

NHS England (NHSE) has confirmed the following changes to the Childhood Immunisation Programme.

From 1 July 2025:

- Cessation of the Hib/MenC 12-month dose.
- PCV 13 dose 1 moved from 12 weeks to 16 weeks.
- MenB dose 2 moved from 16 weeks to 12 weeks.
- Cessation of the monovalent HepB for the selective HepB programme 12-month dose.

From 1 January 2026:

- Introduction of an additional dose of DTaP/IPV/Hib/HepB vaccine at a new routine 18-month appointment.
- MMR dose 2 moved from 3 years 4 months to the new routine 18-month appointment.

Full details of these changes are available [here](#).

There is also a UK Health Security Agency (UKHSA) webinar planned for Wednesday 11 June, 2 pm to 3.15 pm to discuss these changes further. The form to be completed to register interest in the webinar can be found [here](#).

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DOCTORS' AND DENTISTS' REVIEW BODY (DDRB) PAY AWARD 2025-26

The DDRB pay award recommendations for 2025-26 were recently announced, with a 4% uplift to the pay element of the GP contract and the pay range for salaried GPs. The Government has accepted the recommendations in full.

Dr Katie Bramall-Stainer, Chair of General Practitioners Committee (GPC) England, has written to Wes Streeting, Secretary of State for Health and Social Care, to seek clarity and to ensure GPs and practices face no financial disadvantage, ensuring the full 4% can be passed onto employed GPs, to meet Agenda for Change (AfC) guidance in Additional Roles Reimbursement Scheme (ARRS) roles. The case has also been made as to why the 4% needs to be applied across all pay domains to support practice stability.

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UNDIAGNOSED INFECTED BLOOD PATIENTS

All new patients registering at GP practices are to be asked if they had a blood transfusion before 1996, as part of an [NHS drive to find undiagnosed patients affected by the contaminated blood scandal](#). Each year, around 400,000 people born before 1996 - around half of new sign-ups online - will now be asked if they received a historic blood transfusion, with those who did then being offered a test for Hepatitis C.

Patients will be able to order discreet, [self-testing Hepatitis C kits](#) to complete at home, involving an easy finger prick blood sample which is then posted to a lab for analysis - or they can also access testing at GP surgeries, sexual health clinics and other services.

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FORESIGHT AI MODEL TRAINED ON GP DATA

Reports in the press noted that GP Data extracted via the General Practice Extraction Service (GPES) under a repurposed COVID-19 extract formed part of a wider set of data that had been used to train an AI model. This was without the knowledge or approval of an advisory group set up to oversee it.

As a result, the BMA and the Royal College of General Practitioners (RCGP) wrote to NHS England via their Joint GP IT Committee, outlining the seriousness of this action. Immediate clarity has been sought on how the data sharing took place. This is an ongoing situation, and the BMA expects to provide further updates shortly.

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SENIORITY PAYMENTS UPDATE

Seniority payments were historically made to GP partners based on their length of NHS service and income received. The Scheme closed to new members on 1 April 2014, and was then phased out over a 6-year period to March 2020. These annually released sums were diverted into the Global Sum. Seniority payments were based on thirds of average partner income, with no payment being made if a partner drew under a third of average income, 60% between one-third and two-thirds, and those receiving over two thirds average income receiving a full payment. The actual entitlement depended on the publication of each year's Final Seniority Factor (FSF), which was last published in April 2020.

After many months of discussions, the British Medical Association (BMA) has received assurances from Primary Care Support England (PCSE) that they will not seek to undertake a reconciliation exercise for the financial years 2013/14, 2014/15 or 2015/16. However, a very small number of practices may receive further communications in future about the Tranche 1 years (2017/18, 2018/19, and 2019/20). Further information is available [here](#).

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CARE QUALITY COMMISSION (CQC) MYTHBUSTERS

CQC National Clinical Advisors and Policy Team issue [guidance](#) to clear up some common myths about CQC inspections, as well as sharing guidance on best practice, which practices may wish to be aware of.

The following mythbuster has been added or updated in recent weeks:

[GP mythbuster 12: Accessing medical records and carrying out clinical searches \(April 2025\)](#)

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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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