

Newsletter

September 2026

Sheffield
LMC



INSIDE THIS ISSUE:

INTERFACE GP SUBMISSION FORM

**PHLEBOTOMY REQUESTS FROM
SECONDARY CARE**

**SEMAGLUTIDE FOR CARDIOVASCULAR
RISK REDUCTION**

**GP PRESSURES NHS COMMUNITY
PHARMACY**

**HYPERTENSION CASE-FINDING SERVICE
– REFERRALS FROM PRACTICES**

INTERFACE GP SUBMISSION FORM

The LMC continues to receive numerous concerns relating to interface issues between primary and secondary care. We try to deal with these on individual cases and liaise with the relevant Trust and department. We want to continue doing this with the caveat that we cannot receive patient identifiable data.

We want to remind practices about the [GP submission form](#) as well, often advertised in the ICB Bulletin. It is helpful if GPs can also complete this submission for any interface whether it is STH, SCH, SHPU, PCS, PCMHT, Likewise or other organisations.

The reason for this is that the ICB can collect data around numbers of issues and discuss them at regular meetings with the LMC. Currently all submissions relate to STH only and the ICB is unable to address issues with other providers if they have no data.

Many thanks for your cooperation in this matter.

oOo

PHLEBOTOMY REQUESTS FROM SECONDARY CARE

We have received a number of complaints from GPs relating to inappropriate requests by secondary care for GPs to do bloods on housebound patients, claiming they have lost requesting rights to access community phlebotomy. We have raised this with STH and the ICB as an inappropriate transfer of workload.

The issue arises from the housebound community phlebotomy service which is for the sole use of community services.

We have highlighted to STH colleagues that, if the patient is genuinely housebound they should be asking the district nursing service (run by STH) to perform the bloods in their name. If the patient is mobile then it is their duty to make alternative arrangements to request bloods.

Asking the GP because they are writing anyway is both an unfunded transfer of workload and responsibility for the results.

Please ensure any such requests are passed back to the originator. You can also complete the [online submission form](#) which will indicate to the ICB the scale of the problem.

oOo

SEMAGLUTIDE FOR CARDIOVASCULAR RISK REDUCTION

The introduction of Semaglutide for cardiovascular risk reduction is a welcome and important development, with clear evidence demonstrating a reduction in major cardiovascular events. However, its implementation must be supported by appropriate funding, commissioning, and infrastructure. The advice that General practice should not be expected to deliver this work within existing resources. [Read the BMA's guidance here.](#)

oOo

GP PRESSURES

In July 2026 the NHS employed the equivalent of 29,057 fully qualified full-time GPs – a slight increase from the previous month (29,008). Despite the GP workforce growing, there are still 307 fewer fully qualified FTE GPs than in September 2015.

During this time, there has been a rise in the number of patients. GPs employed by practices are now responsible for about 12% more patients than in 2015, demonstrating significant workload pressures. There is also an increase in appointments, with 34 million standard appointments delivered in July 2026 – an average of 1.48 million appointments per working day.

Read more from the BMA about [the pressures facing general practice](#).

oOo

REPORT INTO USE OF ADVICE AND GUIDANCE (A&G) REFERRALS

As previously reported in the BMA bulletin, [HSSIB's report on the use of A&G referral](#) services in England found evidence that patients were harmed when hospital referrals were pushed back instead of accepted.

Since the imposition of the 2026 contract that further embedded the use of A&G in General Practice, the BMA have repeatedly raised issues with its implementation, and this report vindicates those concerns, showing that patients have come to harm as a result of a rushed-out and inconsistently applied process.

The BMA continue to argue for an urgent review of a system that is putting patients at risk.

oOo

NHS COMMUNITY PHARMACY HYPERTENSION CASE-FINDING SERVICE – REFERRALS FROM PRACTICES

Changes to the service have been made from 3rd September 2026, with amended patient eligibility criteria that focus principally on hypertension case-finding. The key changes affecting general practice are:

- Only patients without a prior diagnosis of hypertension and who have not had their blood pressure checked in the last 5 years can be referred/signposted by general practice for a clinic BP check.
- Ambulatory blood pressure monitoring (ABPM) can only be offered to adults who are aged 40 years and over. Practices can still refer patients with a pre-existing diagnosis of hypertension for ABPM.

Further information can be found in a Community Pharmacy England [briefing document for practices](#).

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.

