

## In This Issue

- Paediatric Virtual Wards
- Coeliac Disease
- SMI LES
- Primary Care InSYghts Portal
- BMA Professional Fees Newsletter
- Tirzepatide (Mounjaro) for weight management in General Practice

## GPC Advice

- DDRB pay award 2025-26
- GP wellbeing resources
- New GP drive to find undiagnosed infected blood patients
- Seniority payments update

## Paediatric Virtual Wards

Gemma Hayden, Programme Manager, Paediatric Innovator Programme has been working with Avanti Gunasekera and TFRT on piloting paediatric virtual wards. The community nursing team have been working closely with The Village Surgery for the past few months and now feel that they can expand to other surgeries across Rotherham. Virtual wards allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most and reducing the burden of travel for families. The community nursing team in TRFT are using technology to remotely monitor children and young people in their own home. They also provide wrap around community care 7 days a week 08:00-20:00 and CAU take over outside these times and can arrange a direct admission to the CAU if required.

Practices are encouraged to participate in the pilot scheme. If you are interested, please contact Gemma via:

[gemma.hayden@nhs.net](mailto:gemma.hayden@nhs.net)

Meanwhile you may find the following leaflet useful:



Virtual Ward  
Leaflet.pdf

## Coeliac disease monitoring requests from the dietetic department

An issue has been raised with the LMC about requests from the dieticians to take 'full coeliac bloods routinely for coeliac patients in primary care, which is outside our core contract. The LMC have sought advice from the gastroenterology department at Rotherham General Hospital and are arranging a meeting with the dieticians to discuss this further and will feedback to colleagues.

## LMC Meetings

*GP constituents are always welcome to attend meetings of the LMC as observers. Meetings are held alternatively online via Microsoft Teams or in The Boardroom of Rotherham Hospital. Please contact the LMC office if you wish to attend*

### **NEXT LMC MEETING:**

**21<sup>st</sup> July 2025**

**From 7.30 PM**

## LMC Office

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## Disclaimer

The content of this newsletter is confidential and intended solely for GPs and Practice Managers in Rotherham.

## SMI LES

RDASH data analysts are currently undertaking a project to support clinical teams to consistently capture and record clinical diagnoses, validate and align the SMI register in primary and secondary care, and to achieve the target of annual health checks for these patients.

The primary care 'ask' is to send your practice SMI register to the data analyst on request and then have a meeting in practice to review the patients who need to be either removed or added from the practice SMI register.

After a robust discussion on the process, the LMC are happy to support it, and would encourage your engagement with the RDASH team. We note that stable patients on antipsychotics should remain on the register for annual health checks (although they could be referred back to RDASH to consider weaning off medication, and subsequent removal from the SMI register if clinically appropriate). Secondary care will clearly identify by letter any patients with a new or change in SMI diagnosis with the request to add them to the SMI register.

## Primary Care InSYghts Portal

Dr Richard Cullen writes about a new portal for GPs comprising:

**Data Tools** – This is the section where you find prebuilt Power BI tools to look at the data at different levels and dashboards that visualise and analyse data.

**Research sharing** – This is where work done between University partners will be shared, so we can learn together

**Training materials** – A sharing space with some of our internal staff courses around data and how to use guides.

**Information Governance** – This will contain useful IG links, and information including sign-up information for the PC onboarding project

The site can be accessed via the Clinical Apps portal [Clinical Applications Sharepoint Site](#) or directly via the link [Primary Care InSYghts](#)

To be able to access the site you must be on the list for the Clinical Apps page (CASO) (You can bookmark these sites if it helps in your web browser). If anyone cannot access a page via the CASO SharePoint page, they should be presented with a "request access" box - it should also show the message "If you are requesting access, please indicate which GP surgery and/or PCN you work for". An email will then be sent across to the CASO Team for access approval - If you do not include the information requested, your request will not be approved. If you cannot view Data inside any of the BI tools Please do let us know by clicking the request access button or emailing [syicb.datainsyghts@nhs.net](mailto:syicb.datainsyghts@nhs.net)

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## BMA Professional Fees Newsletter

This is a useful summary of some workstreams ongoing, and it covers a few basics regarding charging for fees which is useful for all GPs to read.



Professional Fees  
Spring Newsletter (1).

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## Tirzepatide (Mounjaro) for weight management in General Practice

National guidance has just been published on the BMA website at:

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/focus-on-tirzepatide-mounjaro-for-weight-management-in-general-practice>

**South Yorkshire and Rotherham guidelines are expected shortly and we will update members.**

### **In the meantime:**

GPC England has produced a Focus on Tirzepatide (Mounjaro) for weight management in General Practice document, which explains how Tirzepatide is used, commissioning arrangements (responsibility for funding lies with ICBs), and responding to information requests from private providers.

The guidance also includes [a template letter](#) for practices to respond to requests for medical information following a private consultation.

## GPC ADVICE

### DDRB pay award 2025-26

Last week, the DDRB pay award recommendations for 2025-26 were finally 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, but 4% won't be enough to 'fix the front door' of the NHS nor expand GP teams and 'bring back the family doctor'.

Our new report "The value of a GP" informs HM Treasury ahead of the comprehensive spending review why only more investment into general practice will secure the recovery of the wider NHS.

I have written to Wes Streeting to seek necessary clarity and to ensure GPs and practices face no financial disadvantage. We need clear funding to ensure the full 4% can be passed onto employed GPs, to meet AfC guidance in ARRS roles, and have also made the case as to why the 4% needs to be applied across all three pay domains to support practice stability.

It is clear there is insufficient investment to allow practices to create additional GP roles. We advised Mr Streeting in late July 2024 of GPC England's view that whilst the GPs in ARRS policy was helpful as a quick fix upon immediate arrival in Government, it won't deliver on improving continuity of care, nor social equity, nor the evolving problem of emerging GP unemployment.

We wrote regarding this critical issue last week, this week I have again asked Mr Streeting to look at direct practice reimbursement for additional GP roles. Government needs to act now, ahead of August, and ahead of the new cohort of GPs qualifying in this country, many of whom will be preparing for under-employment, and unemployment. We have a moral and ethical duty to them, and the taxpayer, to keep them in our NHS practices, providing care to patients. GPs without jobs = patients without care.

### GP wellbeing resources

After the shock and upset of the Bank Holiday events in Liverpool, our thoughts turn to our GP colleagues providing help and support to affected communities. So often we are the first port of call for societal stress, and that can take its toll. Last week also saw the tragic news of the loss of life of Chorley GP, Zak Uddin. Our thoughts are with his family, practice and patients.

Please remember you have the support of your colleagues, LMC and the BMA. A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK. We have produced a [poster with 10 top tips](#) to help support the wellbeing of you and your colleagues.

The [Cameron Fund](#) supports GPs and their families in times of financial need, whether through ill-health, disability, bereavement, relationship breakdown or loss of employment. The [RCGP](#) also has information on GP wellbeing support.

Please visit the BMA's [wellbeing support services page](#) or call [0330 123 1245](#) for wellbeing support.

### **New GP drive to find 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.

### **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 six-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, we have now finally received assurances from 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](#).