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Rabies Vaccinations - UKHSA

The LMC suggest that patients contacting GP surgeries with concerns about possible rabies exposure should be signposted to A&E for Initial Risk Assessment and Notification to UKHSA. It is the UKHSA that supplies the vaccine & immunoglobulin. Although not commissioned, we feel it is reasonable for primary care to administer the latter vaccines on appropriate dates (usually 4 are needed in total on days 0, 3, 7, and 21) determined by A&E and RIGS (Rabies Immunoglobulin Service), when they have arrived from UKHSA. (GPs should not be involved with the Immunoglobulin which needs infiltrating around the wound in high risk cases)

Please see below for more information and clinicians can contact RIGS on 0330 128 1020 who can provide support if needed and arrange vaccine delivery (although this should have been organised by A&E) ."

<https://www.gov.uk/government/publications/rabies-post-exposure-prophylaxis-management-guidelines>

Rabies post-exposure treatment: management guidelines
1 May 2024. Added link to "Rabies risks by country" list. 23 January 2023. Updated sections C1 and D1 of 'Rabies: guidelines on managing rabies post-exposure treatment'.

<https://www.gov.uk/government/publications/immunoglobulin-when-to-use/rabies-and-immunoglobulin-service-rigs>

<https://www.gov.uk/government/collections/rabies-risk-assessment-post-exposure-treatment-management>

MSUs in red tops

A reminder that urine samples for MC&S culture need to be sent in a red topped bottle, as these contain boric acid powder to stabilize the sample for longer transport times.

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:

8th September 2025

From 7.30 PM

LMC Office

Greg Pacey
rotherhamlmc@hotmail.com
www.rotherhamlmc.org

Chair,
Dr Julie Eversden
julie.eversden@nhs.net

Disclaimer

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

Radiology

We now have an email address for GPs to use for A&G as an alternative to on-hold phone call is rg-h-tr.radiology.sec@nhs.net

This is not on ERS and although you can count this as A&G you will need to keep a record of it to log onto CQRS at month-end.

Coeliac Disease Follow-up

The LMC have been investigating requests from dieticians for routine annual blood tests for asymptomatic patients with coeliac disease. Although mentioned as an option for patients with concerns or symptoms under NICE guidelines, these aren't needed / contracted as routine annual monitoring.

The LMC have spoken to dietetics and gastroenterology and they will stop requesting routine annual monitoring bloods from general practice while they review coeliac disease follow ups.

Tirzepatide

NHS South Yorkshire ICB is seeking Practices level of interest in a Local Enhanced Service for the prescribing of tirzepatide for patients living with overweight and obesity.

Please complete this MS Forms once on behalf of your practice having first considered the information pack attached.

The information within this pack will be subject to change but intends to give enough information to allow practices to make an informed response.

Responding to this survey does not commit your practice to delivering a LES/LCS but will help inform the ICB about viable delivery options.

Please note that any service other than a Primary Care LES/LCS will need formal procurement processes that will take around six months plus additional service mobilisation time.

Please respond to this survey once as a Practice by close of play 1st September.

Sharepoint site: [LES/LCS survey for tirzepatide prescribing for overweight and obesity](#)

Survey: <https://forms.office.com/e/BamPMPkCRs>

Please also feedback any comments/concerns about a possible tirzepatide LES to us at Rotherham LMC as well and we can use your views in our ongoing discussions.

RDaSH Waiting Times

Cheryl Gowland, GP Liaison Lead at RDaSH, writes: -

We have spent a lot of time listening to the views of primary care colleagues, especially in general practice how we can improve patient's experience of care. And how we can reduce time taken up inside practices with inefficient systems here. One part of that change is now live, there is much more to come!

On our website we now publish wait times by service. These are not average waits, they are the time someone referred today would expect to wait to be seen. The design of that website has been built with GP colleagues. It shows roughly how long someone will currently wait for routine care. We hope this helps practices as referrers, but it also means patients themselves can look the information up and contact us direct if they wish or are waiting for longer. We hope this may reduce a little such requests from patients of their practice.

Those wait times are now available on the Trust website at <https://www.rdash.nhs.uk/your-care/waiting-times/> and will be updated at the end of each month, every month. This information will be shared with patients as part of initial communication upon referral but please feel free to share the link across your practice teams should they be approached for the information.

Our promise remains to reduce to no more than four weeks our waits from April 2026. This would be an NHS-leading position, whose purpose is to reduce the anxiety for patients of long waits, often for conditions that they may have waited themselves some time before discussing with a clinician. We know that, despite RDaSH investment of over £2m since 2023, waiting times for neurodiversity diagnosis are not going to meet our promise, and we will continue to update on when we will reduce this wait from two years or more to a wait measured in months.

Next month, we will share with practices the wider work we are doing to change referral processes and make it much easier to contact clinicians here.

Thank you for your continued support – and we would welcome feedback via GP Liaison at rdash.pcliaison@nhs.net on this publication or any other matter.

Continued

GPC ADVICE

National Neighbourhood Health Implementation Programme (NNHIP) guidance

NHS England [launched NNHIP this month](#), inviting applications to join the first wave of the programme. GPCE has produced a brief '[focus on' document](#) outlining the programme, the threats and opportunities involved and a checklist of key questions and issues for practices and those thinking of signing up. Rotherham have submitted a bid for this.

Following the shift of care into the community via the new 'neighbourhood health' schemes, GPC England has also produced [guidance](#) setting core principles on how GP practices and GP federations should engage with this and operate in an ethical, constructive and supportive manner.

Safe working guidance resources

The following resources are intended to help you navigate the 2025/26 contractual changes coming into effect on 1 October, e.g. patient access to non-urgent e-consultation requests throughout core hours, and the GP Connect switch on for Community Pharmacy read / write access.

Pushing back on workload transfer

It is crucial that GPs and practices devote their time and energy to providing services and care that are commissioned and resourced. We have pulled from our existing [guidance](#) key headlines [on how you might push back on unresourced work](#), this includes a list of N/DESS and LESSs. If you know of a LES in your area that is not listed, please let us know and share the specification via info.GPC@bma.org.uk

We have also produced a [checklist relating to workflow and triage](#).

Regulation 17 guidance

We have published [guidance for LMCs](#) and practices on the interpretation of [Regulation 17](#), and in particular, whether ICBs can determine what services fall within the definition of 'essential services' in the standard GMS contract and demand that GP practices provide those services.

Template letter to decline transfer of prescribing responsibility

We have published a [template letter to decline transfer of prescribing responsibility to General Practice](#), which is also included in our [Safe working guidance](#) template letters (Appendix 2).

We also urge you to continue to use all other resources in the [Safe working guidance](#) to help you safely manage practice workflow and triage.

Focus on physician assistants

Following the publication of the [Leng Review into PAs and AAs](#), GPC England has produced new [guidance](#) to help GPs and practices consider how to respond to the changes recommended by the review and subsequent instructions from NHS England.

NHSE intends to publish the updated Network Contract DES specification and Part B guidance for 2025/26 on 31 July so that the maximum reimbursement amounts for ARRS staff can be uplifted (and backdated to 1 April) and to introduce the new provisions which allow PCNs to claim reimbursement for absent ARRS GPs who are employed by a third party. Following the publication of the Leng Review, the ARRS Physician Assistant and Apprentice Physician Assistant role descriptions (annex B of the Network Contract DES specification) have also been amended, and have been shared with GPCE for comment.

OpenSAFELY Data Provision Notice

[Data Provision Notice](#) (DPN) for OpenSAFELY to allow expansion to non-COVID-19 analyses has been sent to practices using EMIS Web (Optum) and SystmOne (TPP). The functionality to allow an opt-in for EMIS rolled out this week, and the functionality for SystmOne is already there. Medicus is out of scope.

OpenSAFELY has the full support of GPCE and Joint GP IT Committee. The original COVID-19 service grew out of the pandemic and was unique in the sense that it functioned as a Trusted Research Environment where the most disclosive data (the GP data) stayed in the system suppliers' systems, with the GP remaining as data controller, but, via the Data Direction/DPN in force, made those data available for querying by NHSE, with the subsequent outputs coming under the controllership of NHSE. There is a level of transparency with OpenSAFELY not seen elsewhere – a key factor in gaining our support.

Practices have to comply with the Data Provision Notice by law, however the data will not be able to be accessed until practices, as the data controller, have signalled approval.

Seasonal Flu Programme

NHS England has published the specification for the annual flu programme. The specification and other related documents are available [here](#). Practices will have until **21 August** to sign up.

HPV catch-up campaign

NHSE has released information about the HPV vaccinating catch-up campaign (21 July 2025 to 31 March 2026). Practices should invite unvaccinated individuals aged 16-24, including:

- all females born on or before 1 September 2009 – up to their 25th birthday

- males born from 1 September 2006 to 31 August 2009 (inclusive). Eligibility for boys was only extended to those entering year 8 from September 2019, in line with the JCVI recommendation

Practices will be eligible for an item of services fee (£10.06) for each vaccination administered, in line with the SFE. Further information is available on the [NHS England website](#).

MMR vaccinations for practice staff

Due to recent measles outbreaks, NHSE has confirmed that GP practices will be allowed to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). This is a time limited arrangement from 1 August 2025 until 31 March 2026.

Completing doses must be administered in accordance with the recommended intervals in the [Green Book](#) and by 31 March 2026. An item of service fee cannot be claimed for MMR vaccines administered to staff registered with another practice, but indemnity cover will be provided through the [Clinical Negligence Scheme for General Practice](#) (CNSGP) and nationally supplied MMR stock can be used.