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## Levemir Switch

DSNs were unaware that primary care is not contracted to initiate/change insulin, nor do they have the knowledge or capacity to take on this work. DSNs unfortunately don't have the capacity to manage all 600+ patients who need the switch either. They have changed a few patients over already, taking an initial 45min consultation. The LMC will send out a survey to practices, to see who could take on the workload IF funding is available (DSN's happy to train staff). The LMC are currently seeking a solution with the ICB.

Meanwhile practices are reminded that it isn't core GP work to do Insulin switches, and if you have neither the capacity nor knowledge to do this work you should identify your patients and refer into the DSN service.

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## Admittance to AMU for adults, from primary care Clinicians

Over the past few months, we have become aware that Transfer of Care Hub (TOCH) staff have been declining GP referrals to AMU. There has been no formal change to the pathway; however, this has developed gradually due to pressure on AMU bed availability, the lack of overflow space, and new TOCH staff being unaware of previous pathways. As there is currently nowhere to hold patients safely when AMU is full, we have been asked to send patients who require admission but do not meet MSDEC criteria directly to UECC. RDGH is currently reviewing admission pathways and will look to relaunch these with joint communication and education soon.

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## Tirzepatide LES

As recently advised, whilst the LMC welcomes the opportunity for practices to consider providing this service to Rotherham patients we feel that the current specification needs to be significantly simplified for the funding offered. As always, the final decision rests with individual practices.

## 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:**

**9<sup>th</sup> February 2026**

**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.

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## Orthopaedic Triage Service

The OTS (Orthopaedic Triage Service, previously MKATS) is currently unable to arrange blood tests (they can add requests to ICE but cannot take the samples) and cannot order Nerve Conduction Studies. Rotherham Place has been asked to explore IT solutions, as these requests are currently being redirected back to GPs, despite this being secondary care workload, which is not within our contract and is highlighted in the Interface Consensus document. OTS has also asked that Primary Care does not assure patients they will receive an MRI, as scans will only be arranged if clinically appropriate.

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## Dietetics

The LMC have met with dietetics (Claire Denning) and gastroenterology (new consultant Dr Mohammed Hussain). Dr Hussain is looking into a pathway for dieticians to request bloods themselves with support from the gastroenterologists as they are not currently able to request bloods. If the dieticians have specific concerns about a patient and ask for investigations to be done whilst this pathway is being worked up it is reasonable for them to refer back to the GP for consideration of this. Also discussed direct dietician to Gastro referrals - all in agreement this is sensible and in line with consensus interface document. The practicalities of this are being raised at the hospital at by the dietetic department.

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## Dietetic Infant Feeding Pathway

The dietetic infant feeding clinic is currently seeing a third of all infants in Rotherham and is consequently struggling to see in a timely manner. The service are planning new referral forms with clearer criteria on what infants they are able to see, for non-suspected allergy feeding issues the 0-19 service are most appropriate to review.

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## Haematology and Sleep study referrals

The haematology consultants have written an updated version of Haematology Top Tips, which is currently being finalised and will then be added to the Your Health Rotherham Top Tips resource. This is really helpful regarding those minor abnormalities that we can manage in primary care. There are also hopes for a PLT education session to accompany this.

Dr Alfred presented the department's A&G figures: they respond to approximately 150 A&G requests per month, with the overwhelming majority answered within two working days.

Their request to us in primary care is to ensure that all relevant information is included in A&G submissions to allow them to provide a considered and accurate response. Also if there is uncertainty about whether a case meets haematology 2WW criteria, they advise using A&G in the first instance.

And a reminder to all clinicians new to Rotherham primary care that the MGUS red amber green risk flowchart and patient leaflet is already on toptips.

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## Non-medical Prescribing (NMP) Guidance & Matrix

Lyndsey Hamilton, Business Support Officer, SYICB writes: *To support NMP's/ IP's in primary care, we have written a policy/framework, an audit tool (appendix 2) and a matrix of employer responsibilities (appendix 3) towards those who they employ who have qualified at NMP's:*

<https://mot.southyorkshire.icb.nhs.uk/search?locations=south-yorkshire&q=NMP>

*All of this is guidance to support you. It does not supercede any local guidance you have written but is intended to support/guide it. We are aware that for many small practices, the additional resource of doing something like this is not within your capacity so this is a collection of local guidance based on national policies and documents. It has been checked and ratified at local level by South Yorkshire ICB Chief Medical Officer, Chief Pharmacy Officer and Chief Nursing officer as well as engagement with local stakeholders. It will support your CQC requirements and the individual clinician's clinical practice and revalidation.*

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## PC Onboarding & Data Sharing

The LMC have been asked to remind practices to consider signing the data sharing agreement for InSYghts, which will help in the assessment and delivery of the neighbourhood Health programme. We discussed this last year and the LMC view is that the data shared is anonymised and there is oversight by GPs of what the data is being used for, so it's ok to sign up.

Helen Stone, Senior Product Manager, writes: *In the Data processing agreement (NECS DPA for SYBICB Practices):*



NECS%20DPA%20for  
%20SYBICB%20Practic

*Please enter your practice code, practice name on page two, Practice name and address on page four, contact details on page twelve and thirteen, a contact email address on page sixteen and Sign on page seventeen / eighteen and sign the appendix on page twenty-two and*

*then return both agreements as full documents to the above mailbox address.*

*We are happy to accept digital signatures if they come from the signatories' direct email address, and please return the document in full. These can be done through DocuSign or via adding a digital signature via the pen within the drawing tool in word and return to the email inbox [syicb.primarycaredata@nhs.net](mailto:syicb.primarycaredata@nhs.net)*

*What happens after signing up? Once the Data processing agreement has been returned, we will send out instructions from the North of England commissioning support unit (NECS) giving a step-by-step guide to how to activate your system ready for the first extract – they are already doing this for areas in West Yorkshire so have an established process in place and will be on hand to support.*

*We are looking for representatives interested in governing how we use this data to join the Primary Care Data Advisory Group. If So, please tell us if you are interested in representing your area at this forum and we will look at setting up the first virtual meeting and developing a joint robust governance.*

*Please do not hesitate to contact us to discuss any of your concerns or for further information by contacting the mailbox - [syicb.primarycaredata@nhs.net](mailto:syicb.primarycaredata@nhs.net)*

## GPC ADVICE

### **General Practice: Critically Endangered - Facing Extinction**

Last Thursday, GPC England met at BMA House for the first meeting of 2026; this week marked 'Blue Monday' - the lowest emotional point of the winter. You won't be alone in struggling to find the joy in general practice currently, especially given relentless online demand and respiratory illnesses which have taken their toll on practices and GPs nationwide. We are seeing some of our busiest days, with record numbers of patient contacts leaving us feeling unsafe and unsupported - taking us further away from face-to-face continuity of care with our patients, the true bedrock of general practice.

We see and hear the immense effort you're putting into adjusting staffing, systems, and subcontracting arrangements following on from October. We're also grateful to those of you raising concerns about the sustainability and safety of the implementation. Your GPCE representatives discussed managing pressure, particularly when demand consistently outstrips capacity, and when we inevitably encounter situations where full compliance with the three access modes across the full hours of the day is just not feasible.

**To this end, we will be holding two webinars at the end of the month - these will be of most interest to GMS contractors but will be open to all GPs - please sign up below.**

This week your elected officer team will be meeting DHSC and NHSE to press on with discussions around the Government's consultation on the 2026/27 GMS Contract and discussing our recent practice finance survey results, and we shall be following-up again with NHS England the week after too. Following these discussions once a final contract has been proposed, GPC England will vote on the final offer.

The committee also received:

- Feedback from national GP focus groups – painting a widespread bleak midwinter picture – overworked, under-resourced, but importantly, still feeling the sense of value and pride in the work GPs do for our patients
- A keynote speaker from the Irish Medical Organisation who provided an overview of the GMS contract in the Republic of Ireland and the experience of negotiating their public/private 2019 contract
- Breakout groups to consider next steps in our contract dispute with reflections from our team of external strategic advisers with whom we are working on the new GMS contract

We know how vital these discussions are to the whole profession, we want your feedback and to bring you along with us, so please do join us either over lunch on the Wednesday, or on the Thursday evening:

- **Wednesday 28 January 12 - 2pm** [register here](#)
- **Thursday 29 January 7 - 9pm** [register here](#)

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## Flu and Covid Vaccination Programme 2026-27

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NHS England (NHSE) has published a joint COVID and flu specification for 2026. This moves the COVID vaccination programme to a practice level, removing the need for COVID vaccinations to be delivered via a PCN. However, practices will still be able to deliver just the flu programme.

The BMA continues to raise with NHS England the impact the lack of uplift to item of service payments is having on the viability of both programmes with a number of practices informing the BMA that they are closely considering whether to continue participation in the flu programme in future years.

We are aware of the reduction in funding for the seasonal flu and covid programme. Nick Duckworth Senior Policy Advisor (Independent Contractors) National Negotiations and Representation for BMA writes:

*"We've warned NHS England multiple times that they are fast approaching a situation where the vaccination programmes are simply financially unviable, and practices are forced into a position where they can no longer justify signing up (and we're aware of examples where that is already the case). We've also met with the UKHSA to deliver the same message, given the potential impact on public health if practices do withdraw. We're continuing to push it with NHSE and DH during the GMS contract consultation as well."*

Specification available here:

[https://www.england.nhs.uk/long-read/2026-27-covid-adult-influenza-vaccination-service-specification-general-practice/?utm\\_campaign=525158\\_11122025%20NEWSLETTER%20GPs%20England%20M&utm\\_medium=email&utm\\_source=The%20British%20Medical%20Association%20%28Comms%20Engagment%29&dm\\_t=0,0,0,0,0,0](https://www.england.nhs.uk/long-read/2026-27-covid-adult-influenza-vaccination-service-specification-general-practice/?utm_campaign=525158_11122025%20NEWSLETTER%20GPs%20England%20M&utm_medium=email&utm_source=The%20British%20Medical%20Association%20%28Comms%20Engagment%29&dm_t=0,0,0,0,0,0)

## Power in numbers: uniting sessional GPs for change

**3 Feb, 7–8.30pm**

This is the second event in our national engagement series created to bring sessional GPs together, amplify your experiences, and ensure your voice drives the BMA's work on your behalf.

At our first event, you told us the top three issues facing sessional GPs today:

- pay rates that are too low
- underemployment and lack of available work
- contracts not being honoured.

We listened, and this event is all about what the BMA can do to act on your behalf, and the rights you hold as a sessional GP. [Register your place >](#)

## Ambient voice technologies

NHS England has published a [press release](#) claiming AI note taking 'could save clinicians up to 2 or 3 minutes for each patient consultation, freeing up more time for them to see other patients'. Practices are reminded of the [guidance NHS England publishes](#) and the necessary steps they must take should they choose to make use of these technologies. Patients must be made aware that consultations are recorded for interpretation by computer and their rights of access to any recordings made, and any interim transcripts created by the AVT should be made available for review. Errors, or 'hallucinations', in the AVT output, in addition to immediate correction, should be reported to the MHRA via its [Yellow Card reporting scheme](#).