

# Newsletter

## February 2026

Sheffield  
LMC



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### UNFUNDED PRESCRIBING PRESSURES IN GENERAL PRACTICE

In July 2024 Sheffield LMC wrote to Integrated Medicines Optimisation Committee (IMOC) to express our concerns and to withdraw our attendance henceforth, due to IMOC not addressing GP concerns raised by LMCs in the region. It was felt that while the voice and views of Sheffield General Practice were being heard, the views expressed were not being taken into account in the decision-making process. Decisions about what General Practice can/can't do, and should/shouldn't do, were being taken without the support of General Practice. Sheffield LMC have continued to provide written comments on papers that are relevant to General Practice but advised the committee we could not accept further workload transfer without adequate funding. This decision was not taken lightly and was made after a period where the LMC repeatedly flagged these concerns.

As part of our concerns, we have advised that Sheffield LMC would not accept any new shared care protocols without the funding issues being resolved. Sheffield LMC felt this needed to be a priority as General Practice continues to be overwhelmed with un-resourced work from all directions. The Sheffield Place ICB team have been made aware of the LMCs position. Delivery of current shared care protocols and prescribing guidelines forms part of the Over and Above LCS. GPs who are signed up to this are therefore contracted to provide these services. However, practices may still decline shared care prescribing on a case-by-case basis. This may be due to capacity pressures or limits in clinical expertise. Each case should be individually assessed, and blanket rejection of NHS shared care prescribing, or policies to this effect, are unwise and could potentially represent a breach of contract. Please note that shared care is an NHS arrangement and there is no contractual obligation to enter shared care with private providers.

The LMC supports practices to act within their contractual obligations, as such our advice is that blanket rejection of shared care prescribing, or policies to this effect, are unwise and could potentially represent a breach of contract.

#### **New Shared Care Protocols (SCPs) that Sheffield LMC have not agreed to since July 2024:**

Liothyronine

Ryego

Relugolix (Assuming approved in February 2026)

#### **Alterations to traffic light status without Sheffield LMC approval:**

Metolazone: Amber to Amber G

Rimagepant/Atogepant: Acute migraines: red to green.

Prophylaxis: Red to Amber G

Tirzepatide in diabetes: Amber G

Imiquimod: Amber to Green (stock issues with other AK agents)

Tirbaniulin ointment: Amber to green

Roclanda: Amber G (Assuming approved in February 2026)

Sheffield LMC does not support the use of the Amber-G classification in the TLDR. Unlike true shared-care Amber drugs, Amber-G has no shared-care agreement, no funding, and no ongoing specialist responsibility. This leaves GPs carrying full prescribing responsibility and liability, similar to Red drugs, without the support or commissioning arrangements needed to do so safely. NICE recommendations do not automatically make a treatment part of the GP contract, and increased pressure for primary care to absorb new prescribing workloads is neither realistic nor appropriate without proper commissioning.

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## **CLINICAL GUIDELINES FOR PRIMARY CARE TO SUPPORT THE USE OF TIRZEPATIDE FOR WEIGHT MANAGEMENT**

Following discussion at Integrated Medicines Optimisation (IMOC), the Clinical Guidelines for Primary Care to Support the Use of Tirzepatide for Weight Management has been approved by IMOC and is now live on the [South Yorkshire Integrated Care Board \(SYICB\) Medicine's Optimisation](#) website. Please see [here](#) for guidance and further information.

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## **NHS SOUTH YORKSHIRE INTEGRATED CARE SYSTEM: POSITION ON APPROPRIATE 7 DAY PRESCRIBING/PRESCRIBING PERIODICITY**

Following discussion at Integrated Medicines Optimisation (IMOC) the South Yorkshire Integrated Care System: Position on Appropriate 7 day Prescribing/Prescribing Periodicity was approved by Integrated Medicines Optimisation (IMOC) on 9 January 2026 and is live on the [South Yorkshire Integrated Care Board \(SYICB\) Medicine's Optimisation](#) website. Please see [here](#) for guidance and further information.

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## **FOCUS ON: VACCINATION BY NON-REGISTERED HEALTHCARE WORKERS**

GPC England has published a '[Focus on guidance on vaccinations by non-registered healthcare workers](#)', following an update by the UK Health Security Agency (UKHSA) to their guidance on the national minimum standards and core curriculum for vaccination training.

UKHA's guidance outlines the requirements for vaccinating staff, including the role non-registered healthcare professionals should play in the provision of vaccinations. This clarification around the role of Healthcare Support Workers (HCSWs) may not be in line with existing interpretation and could potentially significantly impact upon the way in which practices design and deliver mass vaccinations programmes.

Read the GPC England guidance here: [Vaccination and immunisation programmes](#)

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## **NHS ENGLAND CHAPERONES & PREVENTION OF SEXUAL MISCONDUCT IN THE NHS GUIDANCE**

The BMA are writing to NHS England further to the publication of their document [Improving chaperoning practice in the NHS: key principles and guidance](#) following its publication in December. This guidance, and its implementation, form a key part of the actions listed in the [Update on actions to prevent sexual misconduct in the NHS](#) released on the same day.

GPs and their practices treat the protection of patients and staff alike with the utmost seriousness, and whilst the BMA support the principles behind this guidance and recognise the potential for staff isolation, they state that the fact that so many consultations are one-on-one presents issues for practices regarding keeping all who use, and work in, the service safe.

ICBs will be expected to provide support for practices in implementing these new standards, but some aspects of the guidance will be challenging to implement fully, with the chaperoning guidance in particular presenting practical difficulties as the document represents a significant expansion of the typical practice policy. We would highlight the following:

- Chaperones for all intimate examinations in patients under 18 (this would mean a GP carrying out a new baby check, or assessing nappy rash would need a chaperone for example, and this would need to be separate to the parent or family member bringing the child)
- Chaperones for online and telephone appointments (it's difficult to see how this can be practicably offered)
- Home visits (the guidance recognises the challenges of lone working, but does not acknowledge the capacity constraints, nor the impact of small practice sizes as factors)

GPC England will be reflecting on the need for proportionality, common sense and patient/parent choice to reassure GPs and their teams, and we will continue to keep you updated.

### **PRACTICE NOT TO BLAME FOR A&E ATTENDANCES**

GPC England chair Dr Katie Bramall recently responded to a Guardian article: Huge rise in number of people in England's A&Es for coughs or hiccups, 31 December. Dr Bramall said:

'England's general practice meets unsustainable pressures with record productivity: 250,000 additional GP practice appointments are being delivered a day compared with 2019. It is the fall in the number of inpatient beds gumming up the A&E system, not a fall in GPs' capacity to treat patients.

With that said, we have thousands of GPs looking for NHS work across England right now. Just 105 more GPs could have delivered the 1.9m appointments for people seeking help for headaches that the article mentions who went instead to A&E over the last five years.

We are still 750 GPs short of where we stood a decade ago, with GPs receiving only 34p per patient per day. The government is keen to progress its "neighbourhood" model, but without more GPs and more funding for them, patients won't see any meaningful change.'

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### **AMBIENT VOICE TECHNOLOGIES**

On Thursday 15 January 2025, NHS England 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 by the BMA 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.

Sheffield LMC have asked South Yorkshire ICB for support in developing Clinical Safety Officers for general practice covering the development and use of these new technologies.

**Please forward any articles for inclusion in the LMC newsletter to**  
[manager@sheffieldlmc.org.uk](mailto: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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