



**Barnsley**  
Local Medical  
Committee

WEDNESDAY 15<sup>TH</sup> December 2025

# LMC Update

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Presented by Dr Clare Bannon CEO BARNSELY LMC  
And Munsif Mufalil Medical Director Barnsley LMC

# What does this mean for practices?

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It is Barnsley LMC's view that this policy is in direct competition with GPs compliance with Health and Safety legislation and GMC's GMP and as such:

1. From 1st October 2025, patients must be able to contact the surgery via all 3 modalities during core hours
2. The response must be given before midnight on the day it is received
3. Must involve active triage, cannot be a blanket response, this would need to be clinical triage for anyone presenting with symptoms.
4. Once safe capacity has been reached practices should
  - a. declare themselves red on DOS/by completing capacity and demand tool and informing the ICB
  - b. Assume all requests are urgent and redirect to NHS 111, A&E or walk in centres as clinically appropriate

See full Guidance from BBO LMC

## National picture

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- The vast majority of practices are breaching OC rules at various points
- Wes Streeting has decided that they will not negotiate exclusively with GPCE/BMA on the GP contract
- LMC has concerns about current GPCE leadership
- Lack of national guidance on HCA vaccinations and Referral pathways
- Government plans for all referrals to be triaged with a view to rejection of 'inappropriate GP referrals'

# ICB changes - Risk vs Opportunity

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- Plan for much more 'strategic commissioning' – high level
- Funding flows likely to change may mean LCS and other funding held by providers -  
?Trusts? ?Federation? ?Local councils?
- Potential for greater GP influence on certain support services such as IT or Medicines management but funding and staffing will be significantly reduced
- Working more closely with Acute trusts likely to pose both risks and potential benefits
- Increased importance of standing together and pushing back on resourced work
- Left shift must be appropriately resourced.



# Shared care and Locally commissioned services Update

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Agreement in principle to starting again and ensuring commissioning gaps are resolved.

4 Place solution all LMCs agree IOS and that PSSRU figures should be used

Collective action around shared care has prioritized this for the ICB. We have been clear this needs an uplift – we are currently being paid at the same prices as 10 years ago despite at least 40% inflation

LMC seeking for place agreement on uplift if SY agreement not reached



# Vaccinations and HCAs

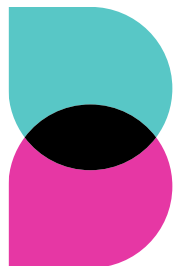
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- HCAs must only give vaccinations under PSD – no change
- Prescriber must assess the patient and provide consent
- Use of Template and electronic communications to allow this. Have news lettered YouTube videos that can be sent.
- GP/ANP should be available and HCA can check if there are any concerns/changes.
- PSDs must be signed in advance not retrospectively



Thank you for listening.

Questions?



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