



Leylands Medical Centre Monthly Roundup: April 2026

Your Monthly Catch-Up on What's Happening in Primary Care with our view on the latest issues. Fairly light this month - next update end of May (ish!)

New and updated guidance

Type 2 diabetes in adults: management (NG28) - Big changes - updated first-line/early add-on choices (incl. wider SGLT2 use and CV/renal-protective options).

Source: <https://www.nice.org.uk/guidance/ng28>

No new updates for March

The Leylands View:

No March updates, the info below has been retained as the work to incorporate this into Diabetes LTC management is ongoing.

Initial assessment is key because it informs what happens next (Obese ? CKD ? Age of onset <40? Heart failure? CHD ? Frail ? or none of the above)

Then, it's all about the SGLT-2's....

But Metformin remains first line in ALL situations (except eGFR<30)

See link above.

Nursing and pharmacy teams will be having separate conversations about this.

*Please be explicit about risk stratification and initial assessment **at the point of diagnosis.***

Immunisation & vaccines

Uncertain or imperfect immunisations? Here's what to do: updated UKHSA flow-chart

Source: [Vaccination of individuals with uncertain or incomplete immunisation - GOV.UK](#)

No new updates for March 2026

Safety alerts & BNF changes

 **No new updates for March 2026**

Digital & political developments

Imposed 2026/27 GP contract changes (England) — proposals include “unlimited” same-day urgent access and restrictions on capping online requests -

Changes to the GP contract include the following:

- Ensure unlimited same-day patient access for patients with clinically urgent needs
- Forbidding practices from capping online consultation requests – even when they’re full
- Use of advice and guidance will become contractual. This is where hospital specialists may be forced to limit accepted referrals and instead reject and return them to GPs

with ongoing guidance to manage patients in the community unless they deteriorate further, to improve waiting lists.

Source: [BMA Media Centre](#)

The Leylands view:

We've always provided great access for 'urgent' issues, and continue to do so. We're not capping OC's so the first two points we have covered anyway, even though we take issue with the idea of 'unlimited' access.

There are other metrics on the horizon about phone wait times, numbers of appointments etc having to meet certain targets, further details pending.

99% of BMA GP members who participated in the recent referendum voted to reject the changes in the imposed 2026/27 contract, leading to a new round of 'collective action' - which will largely involve reviewing non contractual data sharing agreements. In the meantime the government is negotiating with the GPC...

Other practice clinical updates

CQC - Still no report back, they are working on it. Expected within the next two weeks 🙏

Practice mental health worker - appointments are being under utilised - Now NO NEED TO BRING TO PLT. Sense check referrals with another GP and refer directly. The Triage template has been amended to reflect this

MIND clinics in enhanced access - Also being under utilised, please continue to refer direct from triage or from regular appointments.

Triage First - We now have ten weeks of data which is being reviewed. This will allow us to create a 'Triage First Framework' outlining the expectations of how a triage day should flow, which will allow us to be more consistent. For example metrics around conversion rates to 15min appointment, signposting, turnaround times etc...

It has also allowed us to analyse demand and capacity with a view to a redistribution of resource through the week to target the heavier days. This could mean tweaking the number of people in the triage team Vs regular clinic but also for example the % availability of routine booking links for any given day and also routine:same day appointment ratios.

For those involved in triage, please continue to feedback via RAPP or email