



# Leylands Medical Centre Monthly Roundup: February 2026

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Your Monthly Catch-Up on What's Happening in Primary Care. Sorry this one's a bit later than usual. Next update - March

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New and updated guidance

**Nothing new to report in January 2026**

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](#)

**Introduction of MMRV (MMR + Varicella) into the childhood schedule** - from 1 January 2026, babies born on/after 1 January 2025 receive MMRV at 12 and 18 months; there is a defined catch-up for children born July–Dec 2024 and a wider preschool catch-up 2026–2028. No need to verify previous chickenpox infection if parents respond to the MMRV offer.



Source: [Changes to the childhood vaccination schedule from January 2026](#)

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### *The Leylands view:*

The team are making excellent progress on childhood vaccination - in the last month, we have **doubled** the uptake of MMR! Early indications for the other vaccines show improved uptake too. A big to the whole team involved. In addition, MMRV is now in full swing - chickenpox in the UK may soon become an infection confined to the history books

As we've previously said - the majority of children that were overdue childhood immunisations **had recently been seen by a doctor or nurse** - please have this discussion with new parents at every opportunity

The MECC template does not yet include childhood imms reminders due to the complexities of the schedule and reporting, but the childhood immunisation grid in the clinical tree does.

*Remember that reviewing childhood immunisations should remain a routine part of the history taking for any child.*

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## Safety alerts & BNF changes

**Isotretinoin** – changes to prescribing guidance and additional risk minimisation measures around mental health.

Source: [MHRA Safety Roundup: January 2026](#)

**Improving Information Supplied with Gabapentinoids (Pregabalin/Gabapentin), Benzodiazepines and Z-Drugs** The MHRA has reviewed the warnings regarding addiction, dependence, withdrawal, and tolerance for gabapentin, pregabalin, benzodiazepines, and z-drugs. The findings (detailed in the Public Assessment Report) were that it was necessary to strengthen these warnings in the product information and on packaging to better inform healthcare professionals and patients of these known risks.

Source: [MHRA Safety Roundup: January 2026](#)

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### *The Leylands view:*

*Isotretinoin changes affect tier 2 dermatology with regard to prescribing but worth noting when seeing patients who are on treatment*

*Gabapentinoids, z drugs and benzos - we've known this for a long time. These are not great drugs to start people on. IF for whatever reason you do, be sure to set expectations early, limit the duration and not add to repeats. We still see examples of chronic low back pain patients being started on gabapentin - there is absolutely no role for this.*

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## Digital & political developments

**Online access during core hours:** from 1 Oct 2025, GP practices must keep online consultation systems open from 8:00–18:30; phone and walk-in options remain.

[NHS England » Online consultations – frequently asked questions and support resources](#)

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### *The Leylands view:*

 *Triage first is now into its fourth week - here are some key facts and figures*

***ZERO!*** - the number of patients told any patient to ring back tomorrow for an appointment



***up to 25%*** - the proportion of incoming requests that the Care Navigation Team are dealing with at source 

***up to 35%*** - the proportion that the Triage Team are managing remotely another 30 - 35%



***About half*** - the proportion of all incoming requests that end up in a 15m GP appointment



***Massive drop*** - in the numbers of abandoned call

***100%*** - contractual compliance achieved

*100% - of all 'GP action required' letters continue to go to the partners and this seems to be creating less downstream work so we will continue this for now*

*A big shoutout to everyone involved in making this a success. Feedback from patients is generally great given most are having an outcome within hours (minutes) of contacting the practice.*

*Using the template, we've managed to get a much better handle on high attenders (worried well), complex, comorbid patients and all those who would benefit most from continuity.*

*We're also making good use signposting both to internal and external services.*

*Please keep feeding back about the workflow, template, any niggles, quirks or issues with bookings - this remains a learning curve and we will continue to tweak things.*

*Overall we're pleased to say this has been a successful start to the process and the months of planning have paid off - well done all.*

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## Other practice clinical updates

**CQC** - are scheduled to visit w/c 16th March. Partners and managers are busy making preparations - If you see us looking a bit bleary eyed - now you know why! Here's how you can help

- make sure your mandatory learning is up to date
- if you have not had your appraisal this year, be proactive and approach your appraiser
- keep rooms tidy and free of clutter
- CQC may want to interview staff - you will be notified via email, do reply promptly (and don't forget to mention how amazing your team is 😊)
- There is a new patient SMS feedback link to send called 'CQC feedback' - so do use this instead of the normal one for the next few weeks.

**Capsule prescribing – PLT learning point** 🍬 Following PLT discussion: when prescribing capsules, please explain this clearly to patients. If a patient cannot swallow capsules, or does not want capsules due to religious reasons, advise that **non-MR/SR capsules can be opened and mixed with water or yoghurt or switch to an equivalent tablet formulation** where

available. Most tablets can be dispersed in water within 2 mins. **Avoid prescribing liquid formulations** unless clinically essential, as they are significantly more expensive and contribute to stock pressures for children and others who genuinely need liquids.

**New referral pathway - Marie Curie Community AHP Service (Bradford)** 🏠 A new Marie Curie-funded Community AHP pilot service is now accepting referrals from **GPs and district nurses**. The team (physiotherapy, occupational therapy and therapy assistant) provides **home-based support for patients with specialist palliative care needs**, focusing on mobility, function, symptom management, wellbeing and quality of life. Referrals can be made **via SystemOne**.

**Practice mental health worker** - appointments are being under utilised. Please bring appropriate patients to PLT so we can make best use of these valuable clinics.