



Leylands Medical Centre Monthly Roundup: July 2026

Your Monthly Catch-Up on What's Happening in Primary Care with our view on the latest issues.

New and updated guidance

Osteoporosis: risk assessment (NG259) — new direct-to-DXA route for people aged 30 and over with a hip or vertebral fragility fracture, or 2 or more fragility fractures; consider VFA alongside DXA in women aged 60 and over and men aged 70 and over. For others, consider DXA at a 10-year major osteoporotic fracture risk of 10% or more; untreated people below 10% should generally be reassessed after 5 years.

Source: <https://www.nice.org.uk/guidance/ng259>

Metabolic dysfunction-associated steatotic liver disease (MASLD) (NG49) — terminology update: NAFLD is now MASLD and NASH is now MASH, so clinical terminology, coding and

patient information should be updated. This does not substantively change the existing primary-care assessment and fibrosis-testing pathway.

Source: <https://www.nice.org.uk/guidance/ng49>

The Leylands View:

With osteoporosis, we're good at treating reactively and monitoring but perhaps there is room for improvement in risk assessing prior to fracture....

When should we consider risk? What risk factors should we consider?

There is some ongoing work around steroid use, particularly in asthma which will help us take a systematic approach to assessment.

Fatty liver - terminology changes. Many of these bypass the summarisers as they come from liver USS / CT Abdo. Be sure to code and summarise appropriately, ensure no alcoholic component and that appropriate bloods have been completed to exclude viral and autoimmune causes, and so a Fib4 score can be calculated.

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 April/June 2026

Safety alerts & BNF changes

Domperidone — now contraindicated in confirmed or suspected pheochromocytoma; stop treatment immediately, switch to an alternative and investigate possible pheochromocytoma after unexplained severe hypertension. ⚠

<https://www.gov.uk/drug-device-alerts/mhra-safety-roundup-july-2026>

Botulinum toxin type A — strengthened warning about iatrogenic botulism; counsel patients about delayed swallowing, speech or breathing symptoms and direct suspected cases to emergency assessment.

<https://www.gov.uk/drug-device-alerts/mhra-safety-roundup-july-2026>

The Leylands View

Domperidone was a very popular drug for nausea which has largely gone out of fashion due to associated cardiac risks particularly in the elderly. Its license only extends to treatment for maximum of one week. This new alert simply adds to the evidence that it should have no place in primary prescribing any longer

Botox is common. Bradford has a high proportion of aesthetic clinics - including unregulated ones. It still astounds us that there are people willing to allow a non qualified clinician to stick a needle in their face and inject one of the most toxic substances known to humankind, nonetheless these people exist and we should be vigilant.

Digital & political developments

Cloud-based telephony reporting - the national publication now includes practice-level call-waiting times between 8am–10am and throughout core hours, increasing external visibility of telephone-access performance. Source: <https://digital.nhs.uk/data-and-information/publications/statistical/cloud-based-telephony-data-in-general-practice/june-2026>

The Leylands View

Looking at the data from NHSE for June, we found that:

Cloud-based telephony: how are we doing?

Cloud-based telephony allows multiple callers to queue simultaneously, request an automatic callback and be directed to the correct service. It was introduced nationally to reduce engaged tones and the traditional “8 am scramble”.

NHS England’s June 2026 data show that Leylands is broadly performing in the middle range compared with other local practices:

- ***10.4% of calls were missed*** — the same as the local average and better than the England figure of 11.7%.

- *12% of callers requested a callback, compared with 8.9% locally. All 1,690 requested callbacks were automatically initiated.*
- *51.3% of answered calls were answered within two minutes, below the local figure of 62.4%.*
- *24.1% waited over five minutes, compared with approximately 20% locally and nationally.*
- *Performance from 8–10 am was relatively strong: 54% answered within two minutes, compared with 42.6% locally.*

What does this mean?

This is a significant improvement compared to pre total triage and pre CBT. We'll be looking at this data and seeing where any changes may be needed.

Other practice clinical updates

CQC - you may not have heard (!) but we are now officially OUTSTANDING 🏆. So far we've had contact with the BBC, T&A and NHS England, and Downing Street 🏛️! all wanting to know more about the work you are all doing. A proud moment.

Management Structure Changes - Tom has already emailed everyone, and I have alluded to the changes on WhatsApp, but we're hoping that these changes will help consolidate the good work done so far, and provide a strong foundation to allow us to continue to improve and develop.

Triage First - We now have a 'Triage First Framework' outlining the expectations of how a triage day should flow, which will allow us to be more consistent. Metrics around conversion rates to 15min appointment (<40%) and turnaround times allow us to have targets to aim for.

Last weeks discussion around admin slots was helpful and the decision was to keep these, but maintain strict criteria about their use:

Appropriate Requests

- Clarification or follow-up relating to a 15-minute appointment or blood test undertaken within the last 3 months.
- Information sharing.

Inappropriate Requests

- Follow-up from a consultation completed by the triage GP.
- Follow-up from a consultation that took place more than 3 months ago.
- Acute deterioration of any condition including symptomatic palliative patients

Booking an Admin Slot

When booking a patient into an admin slot, you must:

1. **Advise the patient that a GP will review the information within the next 7 days.** Do not give the impression that they will automatically receive a telephone call or appointment. The GP assigned to the admin slot will determine the appropriate next steps.
2. **Book admin slot via the 'Internal appointments' template** clearly documenting why the request has been triaged to an admin slot. This will help the reviewing GP understand the rationale for the booking.
3. **Book only into a future admin slot.** Do not book into a clinic that has already started.

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

Obesity QoF (OB004 and OB005)

Indicator Definition

- Patients aged **18+**
- BMI:**>30**, or**>27.5 (BAME)**
- Must be **referred to a weight management programme within 90 days of BMI recording**

Key Operational Rule

👉 The **90-day window starts from the BMI recording**

What must be recorded

- Referral to weight management **OR**
- A valid reason why not (patient declined, unsuitable, service unavailable)