



Leylands Medical Centre Monthly Roundup: May & June 2026

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

New and updated guidance

Menopause: identification and management (NG23) - narrow changes re unscheduled bleeding on HRT.

- In people with a **uterus**, bleeding can be a common side effect: in the **first 6 months** after starting systemic HRT, or within **3 months** of changing the dose or preparation.
- They should be advised to seek medical help promptly if **unscheduled bleeding occurs beyond those timeframes**.

- NICE signposts to **British Menopause Society guidance** on managing unscheduled bleeding on HRT.
- Separate but relevant: NICE also published TA1143 on **fezolinetant** on **31 March 2026**. It can be used for **moderate to severe vasomotor symptoms** when **HRT is unsuitable**, and must be funded by NHS England within 90 days of final publication.

<https://www.nice.org.uk/guidance/ng23>

Postnatal care (NG 194) - small change on vitamin D prophylaxis, if choosing oral, multiple doses may be needed.

<https://www.nice.org.uk/guidance/ng194>

The Leylands View:

There an unscheduled bleeding on HRT pathway in GP Assist which is in line with NICE guidance - do check it out. I asked for the ICB position on Veozah:

Veozah (fezolinetant) our ICB position:

Fezolinetant is current a do not prescribe medication for preventing hot flushes associated with the menopause in West Yorkshire ICB

Once the NICE guidance is published, it will go through the West Yorkshire Area Prescribing Committee process to be implemented in the 90-day period along with confirmation of its prescribing classification, e.g. whether a specialist has to initiate it/recommend it etc. or if any guidance is needed.

Therefore, it may be June 2026 before we have an approved clarified prescribing classification for this medication and indication to inform how it should be used within West Yorkshire.

Postnatal care - there is a post natal review template on GP Assist, (and Ardens I suspect), how do we ensure that the maternal check does not simply get lost in the baby check ?

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

Nasal decongestant sprays and drops containing xylometazoline hydrochloride / oxymetazoline hydrochloride: increased risk of rebound congestion, rhinitis medicamentosa, and tachyphylaxis with overuse

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

Finasteride and Dutasteride – updated safety warnings for psychiatric side effects and sexual dysfunction -

- when prescribing finasteride, review their medical record, ask patients if they have a history of depression or suicidal ideation and review patients regularly for psychiatric and/or sexual side effects
- patients prescribed finasteride should stop taking the medicine if they develop suicidal thoughts or depression and contact their healthcare professional as soon as possible

ACE inhibitors — strengthened warning on delayed bradykinin-mediated angioedema; stop immediately if suspected and do not restart. ⚠

https://www.gov.uk/drug-safety-update/ace-inhibitors-be-aware-of-the-distinction-between-bradykinin-and-histamine-mediated-angioedema-as-treatment-strategies-differ-significantly?utm_source=chatgpt.com

The Leylands View

We do not prescribe nasal decongestants, but be aware that patients with chronic rhinitis may be using OTC products

The work re finasteride was already done earlier last year, and the audit now forms part of our annual safety audit programme meaning patients will get an annual communication.

Digital & political developments

Local Enhanced Services

The ICB has published a set of local enhanced services for a range of activities we undertake. These changes are probably the biggest in the last 20 years and set a direction of travel of practices having to do a lot more work for the same funding. The board is currently grappling

with the best way to manage this extra work. In the coming months you may notice some changes to workflows around certain services e.g ECG, Spirometry to name a few.

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, 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