



BLMC NEWSLETTER –17th of July 2026

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1.Counting the Cost - FP69 Financial Impact Briefing

Please find attached Financial Impact Briefing Report which was produced earlier this week.

This report has been prepared for distribution to practices and their local media, including newspapers and other regional news outlets. To support media engagement, a "Notes for Editors" section has been included.

We encourage you to share the report as widely as possible to maximise media coverage and raise awareness of the significant financial pressures facing practices.



2. Tier 2 adult weight management promotional content – sent on behalf of Bham City Council Public Health

We're getting in touch to ask for your support in promoting BCC's free adult weight management services to Birmingham residents.

Healum delivers our free 12-week digital weight management programme that provides personalised plans, healthy recipes, progress tracking tools and support from trained accountability partners.

BeeZee Adults provides a free healthy lifestyle and weight management programme for adults with disabilities, offering both online and in-person group sessions across Birmingham.

In the attached word document is a promotional toolkit containing ready-to-use resources, including:
Assets on CANVA including social media graphics and digital posters with a QR code

Social media post copy

A news[letter](#)/web article

3. RSV vaccination programme national invitation campaign

In July 2026 NHS England will run a national RSV invitation campaign to support uptake of the vaccine. Invitations will be sent to individuals aged 80 years and over that became eligible for the older adults RSV vaccination programme from 1 April 2026.

The invitation will advise people to contact their general practice to book an RSV vaccination appointment. In areas where community pharmacy providers are commissioned to deliver RSV vaccinations, the invitation will also include a link to the National Booking Service and RSV walk-in service finder.

Practices and community pharmacies are asked to ensure they have sufficient capacity to meet the expected increase in demand for RSV vaccination appointments.

Practices are reminded that they are still required to proactively call and recall older adults for the RSV vaccination programme in accordance with [Vaccination and Immunisations Standards](#).

4. GP Patient Survey results 2026 published today

The 2026 [GP Patient Survey results](#), which include information on patient experience of general practice, NHS dentistry and community pharmacy, have been published today.

The results of the survey show a positive uplift in patients' experience of general practice, NHS dental and community pharmacy services when compared with 2025, reflecting a continued upward trend over the past two years.

Key findings include

76.7 per cent had a good overall experience of their GP practice, an increase of 1.3 percentage points from 2025 (75.4 per cent).

There has been a growth in people contacting their GP practice online or via the NHS App, with 30.8 per cent in 2026 compared to 22.4 per cent in 2025.



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More patients reported a positive experience of contacting their GP practice via phone or website/NHS App, with over half of patients describing making contact as 'easy'

Use of online GP practice services has also increased – 79.2 per cent of respondents used online services in the last 12 months compared with 74.4 per cent in 2025.

73.5 per cent had a good overall experience of NHS dental services, an increase of 2.7 percentage points from 2025. 81.5 per cent of patients who tried to get an NHS dental appointment in the last two years had been able to do so, a 3.3 percentage point increase from 2025 (78.2 per cent)

86.5 per cent of patients surveyed reported having used at least one pharmacy service in the last 12 months, and of those, 88.9 per cent had a good experience of using these pharmacy services (a 0.9 percentage point increase from 2025).

The results are a positive reflection of the hard work of teams in rolling out improvement measures; digital telephony and triage systems in general practice; Pharmacy First, which is providing more convenient access to care for patients with minor illnesses; and focusing on patients needing urgent dental care, which are all making it easier for patients to access primary care.

Ipsos, who run the survey on behalf of NHS England, is hosting a webinar on 15 July, 12pm-12.30pm, where more information about the survey, looking at key results from 2026 and how they compare to last year, will be provided. Sign up today at [GP Patient Survey Publication Webinar](#).

5.Rebuild General Practice News[letter](#)** - Summer 2026**

Please find attached latest Rebuild General Practice News**[letter](#)** for your information.

6.New GPC England Officer team

We want to take this opportunity to introduce the new GPCE team. Many of you will already have seen the [email and video from the new GPC England Chair, Dr Clare Bannon](#), that went out at the end of last week. Clare is now joined by Dr Manu Agrawal, Dr David Wrigley and Dr Shan Hussain as Deputy chairs of GPCE (see their information below). In our first week we have taken GPC England feedback on the way forward and view around collective action. We have all heard the calls for a clear ask and clear, strong, collective action. We will be meeting with NHSE, DHSC and Ministers over the coming weeks. Whilst we are clear this is an opportunity for a fresh start, we are also clear that General practice needs a substantial increase in funding, our initial ask is for £40 per patient per year alongside contract reform. We will be consolidating the collective actions already in place with [patient facing materials](#), being sent to every practice. This will give your new GPCE team an opportunity to have initial discussions with government, as you discuss current issues with your patients over the next 6 weeks. Our initial priorities are assurances that all money underspent through list verification are returned to front line GP patient care, and that NHS England produces clear guidance around the requirements for local GP agreement to referral pathways and referral forms. If these issues are not resolved quickly we are working on strong collective action that practices and their GPs can take in the coming months.



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Read more about taking collective action (CA) below and [access our resources on taking part in CA](#).

Dr Clare Bannon
GPC England chair

Dr Manu Agrawal
GPCE deputy chair

Dr Shan Hussain
GPCE deputy chair

Dr David Wrigley
GPCE deputy chair

7. Deputy chair bios

Dr Manu Kishore Agrawal is an experienced GP Partner, PCN Clinical Director and Chair of the South Staffordshire Local Medical Committee (LMC). As a newly elected [Deputy Chair of the BMA's General Practitioners Committee for England \(GPCE\)](#) and dedicated advocate for the GP Partnership model, his main focus is stabilising practices by campaigning to increase core GMS funding.

Dr Shan Hussain is a GP partner based in Nottinghamshire and has worked as a GP for 19 years. He has previously served on the BMA Council and as Chair of Nottinghamshire's Local Medical Committee. He is presently the elected GPC representative for Derbyshire and Nottinghamshire

Dr David Wrigley has been a GP partner in Carnforth, north Lancashire for over 20 years – a railway town. His practice is semi-rural across a huge geographical area of north Lancashire/south Cumbria, with five branch surgeries. Dr Wrigley has been a BMA activist for over 20 years and started out on the GP Registrars Committee and then had a regional seat on GPC for many years. He is also currently a member of BMA UK Council, vice chair of Morecambe Bay LMC and has been a chief officer and deputy chair of BMA Council.

8. Neighbourhoods update

We are aware that in many areas practices may be feeling under pressure to agree to new neighbourhood working models, and with the announcement of the consultation on neighbourhood models announced this week, there is increasing uncertainty and concern. As the newly elected Officer Team for GPC England we are keen to make this a focus over the coming months and will be producing further guidance for practices over how to engage with these proposals in a way that protects themselves and their patients. In the meantime, we would like to reassure practices that they do not have to, and should not be pressured to, sign up to local neighbourhood proposals. There must be full and meaningful engagement with practices and LMCs to ensure there is appropriate governance in place as well as ring-fenced budgets for key areas especially around resourcing left shift of work, protections around sharing confidential data and proper utilisation of estates. Read our [update](#)



9.FP69 list cleansing update

Across England, practices are witnessing an unprecedented acceleration in patient list cleansing. What might appear to be a routine administrative exercise has rapidly become one of the most significant financial and operational challenges facing general practice this year. There is not only a financial impact on practices, but it may also be restricting patient access, especially for more vulnerable groups.

GPC England wrote to Minister Kinnock to raise our concerns, but have only received limited reassurances about the process. However, he has confirmed that funding released from this activity will be reinvested in general practice services and we are continuing to discuss with NHS England how this will be done. If your practice has seen a significant reduction in income from this process, please contact info.gpc@bma.org.uk with details.

The BMA media team are also looking for case studies and would like to hear from practices that have been adversely affected or from patients that have been erroneously removed. Please email Travis Yearwood tyearwood@bma.org.uk in our media team for further information.

10.UK LMC Conference news

The [resolutions](#) from the UK LMC Conference held in Belfast on 13-15 May have now been published, and shared at the link, for your information.

11.Collective action activity July - Decline any new Shared Care Arrangements & Review existing Shared Care Arrangements - action guidance and updated forms attached

[Email from Dr Katie Bramall GPC England chair](#)

[How to take part in GP collective action in England](#)

We're thankful to every practice that has taken part in collective action during May and June to stay safe and sustainable in the face of the 2026/27 imposed GP contract.

We have received a further [update](#) from the GPCE in relation to the next steps around collective action for practices to take, which we have summarised below. Participating in these actions keeps your practice safe and puts pressure on the Government to address the unsustainable demands and unsafe resourcing facing our profession. Proposed actions are straightforward and will not breach your contract.

From 1 July, GPCE are asking GPs and practices to take part in the next monthly step-up of collective action escalation, this time focused on Shared Care Arrangements. Practices are asked to:

Decline any new Shared Care Arrangements that are not supported by a locally commissioned formal agreement, adequate resourcing, and clear clinical responsibilities.

Review existing Shared Care Arrangements to ensure they remain safe, appropriately commissioned, and are supported by up-to-date protocols.



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However, BLMC must highlight point 5.1.8 of the Enhanced Service Offer, which states:

5.1.8 Shared Care Drug Prescribing Requirement

A generic requirement for practices to participate in shared care with providers providing services in the NHS contractual framework where clinically appropriate and where the practice accepts the invitation to share care in line with GMC guidance and the IMOC ESCA; utilising the Decision to Decline Prescribing forms where needed.

Due consideration should be given to all individual ESCA requests in accordance with the BSOL formulary. Where ESCA requests are declined, practices are expected to provide a clear, evidence-based explanation for the decision, demonstrating that each request has been assessed at the individual patient level.

To help support this process, practices can facilitate clinically appropriate shared care monitoring and prescribing arrangements with other local practices as an alternative to routinely returning prescribing to secondary care. Practices should escalate any patterns of clinically inappropriate requests and rationale for declining to their Practice Support Pharmacist (PSP).

Reporting outcomes for the MMO component:

Practice achievement against this service requirement will be signed off by the Medicines Management and Optimisation Team (MMOT) and details provided to the Practice.

6-monthly [update](#) reports

MMO audit paperwork

Practice achievement reviewed and signed off by the Medicines Management and Optimisation (MMO) team.

Reporting by exception

Practices that have signed up to the ESO can decline on a patient-by-patient basis, but we suggest practices avoid using lack of adequate resourcing as a reason. No shared care arrangement can be imposed by a secondary care provider. A transfer of prescribing responsibility only takes effect once the practice has given explicit written acceptance.

Under paragraph 79 of the [GMC's guidance on shared care](#), a GP accepting shared care must be competent to exercise their share of clinical responsibility and must make sure that appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them. Where a practice cannot be confident that it has the competence and capacity to put in place and maintain appropriate monitoring arrangements for a specific request, this is relevant to that GMC duty and provides a legitimate, individual basis for declining, separate from local funding considerations.

Practices are reminded that the BSOL formulary (www.birminghamandsurroundsformulary.nhs.uk) sets out the specific ESCA terms for each shared care drug, including expected monitoring arrangements. Checking the relevant ESCA before accepting or declining a request will help ensure the decision is properly evidenced against that drug's specific requirements.

BLMC separately continues to press the ICB on the underlying funding of ESCAs, which is not provided for in any specific quantity or measurement through the ESO, and payment has not increased for more than 10 years, despite the exponential rise in ESCAs and associated workload. This is a commissioning issue BLMC continues to raise with the ICB, and practices should rely on individual, patient-level reasons rather than this wider funding point when completing a Decision to Decline form.

Please find attached the latest version of the Decision to Decline Prescribing form. This is to help assist practices in making their own patient level decisions as part of collective action.

We shall continue to keep you all [updated](#) as collective action progresses.



12. Collective action: June onwards

During June, [we asked practices to remove or ignore any non-contractual medicines optimisation software and amend the choices of acute prescription](#), which may fall outside the remit of the ICB formulary. This may include, for example, issuing a branded or liquid formulation that may still be a perfectly acceptable and justifiable choice for the care of the patient in front of you in the consultation. Read our [Focus on guidance on Switching off medicines optimisation software](#)

The LMC has issued advice copied below:

We have received a further [update](#) from the GPC in relation to the next steps around collective action for practices to take, which we have copied below:

We're thankful to every practice that has taken part in collective action around data sharing agreements during May to stay safe and sustainable in the face of the 2026/27 imposed GP contract

From today 1 June, we are urging GPs and practices across England to take part in the next monthly step-up of collective action escalation. An SMS message is being sent to all BMA GP members across England encouraging them to take this further action.

From today, we are asking GPs and practices to remove or ignore any non-contractual medicines optimisation software, and furthermore, GPs should then amend their choices of acute prescriptions, which may well fall outside local ICB formularies. We know some practices may have such software added onto their systems or may have e.g. prescribing incentives as part of a locally commissioned service. In those cases, LMCs will be able to advise further on this.

Central to the ongoing collective action for May is a request that practices send a template [letter](#) to their local system to assess each existing DSA the practice is currently signed up to, while indicating you will examine voluntary secondary use data sharing agreements (DSAs) from May 2026. Have you sent your [letter](#)? Thousands of practices have, and we will be sharing a follow-up template [letter](#) very soon. In the meantime, if you're yet to send yours - it's not too late.

However, the LMC must point out to you that point 5.1.2 of the Enhanced Service Offer states:

5.1.2 Prescribing Operations Governance:

Practices should demonstrate adherence to national and local guidance to ensure prescribers are attributed to the correct practice(s) and practices have appropriate processes in place in relation to prescriptions and prescribing

Area



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Support effective use of prescribing support software

Practice responsibility

Check that the software is enabled on all systems and by all clinicians, utilisation of built in feedback function when necessary, Audit use of software within practice annually and complete actions from outcomes

MMO responsibility

To share usage reports (acceptance rates and savings achieved in relation to ICB practice averages)

Therefore, if any practices were to undertake this collective action, you would clearly be in breach of the ESO contract. Birmingham LMC will be notifying GPCE of this so that they are aware as to why Birmingham Practices have not participated in this action.

13. Collective Action: May onwards

Central to the ongoing collective action that began in May was practices sending a [letter](#) to their ICB: asking them to assess each existing DSA your practice is currently signed up to while indicating you will stop agreeing to voluntary secondary uses data sharing agreements (DSAs)

Now send your [follow-up letter](#). Thousands of practices have sent both, the two templates can be found on our [resource page on Collective Action](#). If you're yet to send yours - it's not too late

Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net. If you do call the offices, then please leave a message as this will be transferred direct to our emails and we can respond quicker.

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Helpful Links:

BMA Website: <https://www.bma.org.uk/advice-and-support/gp-practices>

GOVERNMENT Website: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support. **NHS ENGLAND Website:** <https://www.england.nhs.uk/>