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## **BLMC NEWSLETTER –10<sup>th</sup> of August 2026**

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1. ***Data Sharing Agreements and Extraction Agreements***
2. ***GMS Regulation 17, OB005 and weight loss medication – ICBs cannot dictate what counts as an essential service***
3. ***Post- exposure vaccination for Rabies***
4. ***Neighbourhood arrangements***
5. ***GP appointments and workforce data***
6. ***Ensuring the efficient supply and distribution of medicines to patients***
7. ***MenB time-limited vaccination offer – update***
8. ***Reminder to sign up to the seasonal vaccination service for the autumn/winter campaign 2026/27***
9. ***Diabetes drug being discontinued***
10. ***New GMS, PMS and APMS standard contracts and variations published***
11. ***SENT ON BEHALF OF BIRMINGHAM PUBLIC HEALTH – Government Consultation on Tobacco and Vapes Packaging, Appearance and Display***
12. ***SENT ON BEHALF OF BIRMINGHAM PUBLIC HEALTH – Birmingham Stop Smoking Service Provider – CO monitor: D-Piece replacement guidance. IMPORTANT***
13. ***Seasonal vaccinations provider programme guide autumn/winter 26/27***
14. ***Seasonal flu vaccination service specifications update include people experiencing homelessness***
15. ***Infection prevention and control (IPC), PPE and FIT testing requirements***



## **1.Data Sharing Agreements and Extraction Agreements**

A number of practices have been asked to sign Data Sharing Agreements (DSAs) and Extraction Agreements (EAs), including those linked to the BCHC Data Warehouse and frequent service user identification work.

For this direct care use case, our concern is that practices should be able to respect patients' explicit dissent to data sharing. We also continue to have concerns about the volume of data being extracted, including consultation text, for a limited purpose such as identifying patients for INT work, which is non contractual and may not be funded.

Separately, for any population health use, indemnity arrangements remain unresolved and this should also be considered before signing. This also sits within the wider GPC England collective action guidance on data sharing for secondary use, and we want to remind practices there is more to consider before signing.

If your practice is approached to sign a DSA or EA, please contact the LMC office before doing so and we can talk you through where things currently stand. However, this is entirely a decision for individual practices.

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## **2.GMS Regulation 17, OB005 and weight loss medication – ICBs cannot dictate what counts as an essential service**

Some ICBs are telling practices that QOF indicator OB005, or the initiation and monitoring of weight loss medication (GLP-1s, Mounjaro etc), is contractually core work. **It isn't.**

GPC England legal advice is clear: ICBs cannot decide what counts as essential services. The only question is whether the GMS contract requires the practice to provide a service in house, not by referral. Beyond the five Defined Services (cervical screening, child health surveillance, contraception, maternity, vaccines and immunisations), practices have discretion. QOF is voluntary and does not create an obligation on its own. Nor does an ICB choosing not to commission a service create one.

Whether to run an in-house weight loss service is also a separate funding decision. Many LMCs, including ours, do not consider OB005 funding sufficient to cover it. However, this is entirely a decision for individual practices.

Full guidance and a template letter: [Definition of essential services - Regulation 17 guidance](#)

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### **3. Post-exposure vaccination for Rabies**

We are continuing to meet with NHS England and UKHSA to discuss the approach to post-exposure vaccination and treatment of potential Rabies cases.

Under the definition of vaccination services set out within the Regulations, we do not believe that GP provision of post-exposure rabies vaccination is a specific contractual requirement, although in some areas there may be local agreements in place to contract and fund this work, outside of national GMS arrangements. As with any services provided under the broader definition of essential Services, it is up to the practice to determine how that should be delivered, including referral to more appropriate speciality services ([see further guidance](#)).

Similarly, there may be occasional requests for practices to provide irrigation of wounds with human rabies immunoglobulin (HRIG). This requires appropriate training/experience to minimise the potential for patient harm, and we believe that this should be referred to an appropriate service.

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### **4. Neighbourhood arrangements**

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](#), there is increasing uncertainty and concern. 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](#) and [watch a video on X](#) by the GPC England chair, Dr Clare Bannon.

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### **5. GP appointments and workforce data**

In June 2026, NHS employed the equivalent of 29,008 fully qualified full-time GPs. Despite a slight rise in numbers since 2023, GP practices still employ 356 fewer fully qualified FTE GPs than they did in 2015. There has also been a decrease of 1,474 practices, whilst patient numbers have continued rising: as of June 2026, 63.4 million patients were registered with practices in England – an average of 10,316 per practice. As a result, each full-time equivalent GP is responsible for an average of 2,187 patients; an increase of 249 patients per GP since 2015.

Read more about [the pressures facing general practice](#).

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## **6. Ensuring the efficient supply and distribution of medicines to patients**

The Department for Health and Social Care has published a guidance document [Ensuring the efficient supply and distribution of medicines to patients](#). This sets out best practice to ensure the efficient supply of medicines to patients and to minimise the risk of shortages. It does not place any new requirements on those who supply, procure or dispense NHS medicines.

The BMA, along with other stakeholders, has endorsed this guidance.

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## **7. MenB time-limited vaccination offer — update**

The Meningococcal B (MenB) vaccination service launched on 20 July 2026. Guidance on vaccine supply, ordering, and delivery, plus a provider FAQ covering allocations, ordering, walk-in patients, second doses, and stock management, [is now available on the vaccinations and screening NHS Futures workspace \(log-in required\)](#). For queries not covered, providers should contact their [ICB](#) using the [escalation template](#).

The ['Find a MenB pharmacy'](#) finder is live, enabling eligible individuals to find participating pharmacies and view opening times. If they walk in, they can make a local appointment or be vaccinated where possible. Pharmacies do not need to take any action in Profile Manager to appear on the finder. As the Profile Manager does not support displaying walk-in clinic times, participating pharmacies are not required to upload this information. Inclusion is managed centrally and all pharmacies that have registered and completed the necessary steps to receive stock will be published. Updates are made weekly until the week of 3 August, then regularly hereafter.

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## **8. Reminder to sign up to the seasonal vaccination service for the autumn/winter campaign 2026/27**

General practices and community pharmacies not already signed up to the autumn/winter COVID-19 and/or flu campaign should sign up by 31 July 2026, to guarantee the delivery of COVID-19 vaccine before the start of the campaign.

### General practices

Enhanced service specification is [here](#)

Practices wishing to offer the service should accept both the COVID-19 and flu offers on CQRS

Practices where another member of the PCN is offering the service on their behalf need to sign up to the COVID-19 vaccination claiming service on CQRS.

### Community pharmacy

Advanced service specification is [here](#)

Sign up is available via the MYS portal.

Providers already signed up for the services do not need to take further action

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## **9. Diabetes drug being discontinued**

Colleagues are reminded that the diabetes drug Levemir is being withdrawn, with stocks expected to be depleted by the end of December 2026.

Clinical colleagues and prescribers are asked not to start new patients on Levemir and to switch those patients currently prescribed it, to an alternative insulin. If possible it should be part of a planned review.

Please consider the current supply position of alternative insulins to avoid further disruptions. Supplies of Humulin I and Abasaglar cannot support a significant increase in demand and should not be routinely used unless there is a clear clinical need.

The advice is to begin identifying and switching affected patients to appropriate alternatives in line with [ABCD/PCDO national guidance](#), taking into account availability information in the [Medicines Supply Notice](#).

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## **10. New GMS, PMS and APMS standard contracts and variations published**

NHS England has published new standard [general medical services \(GMS\)](#), [personal medical services \(PMS\)](#) and [alternative provider medical services \(APMS\) contracts](#), along with their contract variation notices. The documentation incorporates changes made to the contract regulations in June 2026. These documents have been sent to commissioners for onward cascade to GP practices to formally notify them of changes to their contracts.

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## **11. SENT ON BEHALF OF BIRMINGHAM PUBLIC HEALTH - Government Consultation on Tobacco and Vapes Packaging, Appearance and Display**

I am writing to make you aware of the Department of Health and Social Care's recently launched consultation on **Tobacco and Vapes: Packaging, Appearance and Display**, which seeks views on proposals to regulate tobacco, vaping and nicotine product packaging, device appearance and retail displays under the Tobacco and Vapes Act.

Given the valuable insights that pharmacists, GPs and other healthcare professionals can provide on smoking cessation and vaping, it is important that their views help inform the Government's proposals.

I would be grateful if the Local Pharmaceutical Committee/Local Medical Committee could circulate details of the consultation through your networks to encourage participation from healthcare professionals.

The consultation can be accessed here: <https://www.gov.uk/government/consultations/tobacco-and-vapes-packaging-appearance-and-display>

The consultation is open until **11:59pm on 2 October 2026**

Thank you for your support in helping to ensure that the perspectives of frontline healthcare professionals are represented in the consultation response.

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## **12.SENT ON BEHALF OF BIRMINGHAM PUBLIC HEALTH**

### **Birmingham Stop Smoking Service Provider - CO monitor: D-Piece replacement guidance. IMPORTANT**

Please see the message below from Intermedical regarding the cleaning, maintenance, and infection control requirements for Bedfont Smokerlyzer devices. Could you please ensure this information is shared with any staff responsible for using, cleaning, maintaining or ordering consumables for your Smokerlyzer device(s)/ CO monitor.

Please note the following reminders:

The D-Piece should be replaced at least once each month, regardless of usage.

Only alcohol-free cleaning wipes should be used.

Alcohol-based wipes, sprays and disinfectants should not be used on or near the device.

Hands should be dry and free from alcohol sanitiser residue before handling the device.

For any future requests for mouthpieces and/or to raise any issues with your CO monitor, please contact Joanna Finn at Intermedical.

Contact details:

Joanna Finn

Email: [joanna.finn@intermedical.co.uk](mailto:joanna.finn@intermedical.co.uk)

Please note that Joanna holds the list of contracted Stop Smoking providers. For CO monitors and mouthpieces, you will not be charged, as Birmingham City Council has a contract in place with Intermedical.

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## **13.Seasonal vaccinations provider programme guide autumn/winter 26/27**

The seasonal vaccinations programme provider guide for autumn/winter 26/27 is now available on [FutureNHS](#).

The guide brings together the key operational information required for providers to deliver the adult flu, COVID-19 and/or children's flu programmes. All participating providers should review the guide and ensure they are familiar with the content relevant to their service.

Updates will be published at the same FutureNHS link throughout the season, so providers should always refer to the latest version.

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## **14. Seasonal flu vaccination service specifications updated to include people experiencing homelessness**

Further to the [recent announcement](#) that people experiencing homelessness (as defined in the Green Book) 16 years and above will be included in the national flu programme from 1 October 2026, the following service specifications have been updated to include this new cohort:

[Updated GP seasonal vaccination enhanced service \(ES\) specification covering adults](#)

[Updated GP children's flu ES specification covering 16 and 17-year-olds](#)

[Updated community pharmacy advanced service specification covering 16 and 17-year-olds](#)

Please note the community pharmacy seasonal vaccination advanced service specification already enables vaccination of this cohort.

The GP service specifications also confirm that patients with a learning disability are eligible for a flu vaccination.

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## **15. Infection prevention and control (IPC), PPE and FIT testing requirements**

[The National infection prevention and control manual \(NIPCM\)](#) for England is an evidence-based practice manual that should be adopted as mandatory guidance in NHS settings or settings where NHS services are delivered.

### **Requirements and responsibilities for personal protective equipment (PPE) and FIT testing:**

All healthcare organisations are responsible for ensuring they have sufficient supplies of the required PPE, and that their staff are trained and competent in its correct use.

Primary care providers, like all NHS providers, are now responsible for sourcing and purchasing their own PPE, including FFP3 respirator masks and FIT testing, to maintain safe working conditions for IPC.

Assurance of FIT testing is the responsibility of ICBs, and this should be undertaken in line with existing requirements, working with local stakeholders and providers as required

Useful resources:

[National infection prevention and control manual \(NIPCM\) for England](#)

[Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)

[Addendum on high consequence infectious disease \(HCID\) personal protective equipment \(PPE\)](#)

[Guidance on respiratory protective equipment \(RPE\) fit testing](#)

### **Consultation on proposals for single and multi-neighbourhood provider contracts: share feedback**



### *Supporting the Business of General Practice*

[The consultation](#) to test proposals on two new contracts for single and multi-neighbourhood providers (SNP and MNP) to help make commissioning neighbourhood health services easier for local teams is open until 10 September 2026.

NHS England welcomes feedback from commissioners, general practice, primary care networks (PCNs), trusts and other NHS service providers, as well as local authorities and patient representatives.

The aim of the consultation is to understand the range of perspectives on the proposed models. Responses will inform a further detailed consultation on firmer proposals for both the MNP and SNP contracts later this year.

#### **GPs and practice managers: help shape the future of health data policy**

The Department of Health and Social Care (DHSC) is running [a national engagement programme](#) to understand the views of individual GPs and practice managers on how patient data is used – for individual care, the planning and commissioning of NHS services and health-related research. This is an opportunity to influence decisions at a national level that will shape how patient data is used in the future. The engagement is designed to fit around busy clinical schedules, with flexible ways to get involved – from a 10-minute survey to small online workshops with peers.

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***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](mailto: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/>