



BLMC NEWSLETTER – 24th of August 2026

1. **NHS Neighbourhood consultation**
2. **GP collective action in August – raising patient awareness**
3. **Sanofi flu vaccination cancellations**
4. **HSSIB report into the use of A&G (advice and guidance)**
5. **Health foundation report on GP practice funding**
6. **Reminder to opt in to participate in children's flu programme 2026-27**
7. **Resources to raise awareness of urinary tract infections in older adults**
8. **Update to the NHS Community Pharmacy Hypertension Case-Finding Service: general practice referrals for clinic blood pressure checks**
9. **General Practice Staff Survey (GPSS): staff list submission deadline approaching**
10. **Next Generation GP West Midlands Programme – Practices Please Share with your trainees**
11. **Reminder – Pensionable Pay for Overtime for Part Time Members action required**

1.NHSE Neighbourhood consultation

As you may be aware, NHS England is currently running a [consultation](#) on contractual options for the proposed Multi and Single Neighbourhood Provider models.

Whilst the BMA will be submitting a response shortly, we have produced [guidance](#) for practices and LMCs to help them input into the consultation, summarising the options outlined in the consultation and outlining key issues that they may wish to consider.

Read more about neighbourhood providers and the consultation [here](#)

We are aware that in many areas practices may be feeling under pressure to agree to neighbourhood working models. Practices do not have to, and should not be pressured to, sign up to local neighbourhood proposals, especially as such proposals are still under national consultation. If you feel under any such pressure please contact us.



2.GP collective action in August – raising patient awareness

By now, practices should have received a package of [posters](#) as part of our [collective action for August](#). We hope you've already chosen the ones that work best for your practice and displayed them where they'll have impact; do please [send us](#) a photograph of the poster in place.

There are also leaflets in different languages that you can order from the [BMA website](#), as well as short films to display on your reception screens, and graphics add to your practice website and other communications, all ready to download [here](#).



Please do sign our [public petition](#) and encourage your patients as well, to show support for general practice and call on the Government to act.

Finally, we would encourage practices to **write to your MP using** [our online tool](#) and explain directly the pressures your practice is facing.

Collective action is not stopping. The GPC England officer team is exploring options of escalation of collective action in the coming months.

Taking part in this and any future collective actions will help keep your practice safe. These actions are lawful and do not breach your contract. The new Government has an opportunity to reset relations with the profession, and the door remains open to meaningful negotiations. However, we will continue to press for the changes general practice needs if our concerns are not addressed.

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

3.Sanofi flu vaccination cancellations

We are aware that some practices have received communications from Sanofi cancelling their flu vaccine orders, due to a manufacturing error. We are liaising with NHS England who are working with suppliers to ensure that sufficient stock will be available.



4.HSSIB report into the use of A&G (advice and guidance)

[The HSSIB \(Health Services Safety Investigations Body\) has published an interim report on its investigation into the use of A&G](#) services in the NHS in England, and the impact on patient safety.

Whilst the investigation heard support for A&G services where they are working well, it also found evidence that poorly designed or inadequately monitored pathways have contributed to physical harm, delayed and missed diagnoses, and in some cases to delays in cancer care.

Since the imposition of the 2026 contract that further embedded the use of A&G in general practice, GPC England has repeatedly raised issues with its implementation, and this report vindicates those concerns, now showing that patients have come to harm as a result of a rushed-out and inconsistently applied process.

5.Health foundation report on GP practice funding

The [Health Foundation's report on GP funding](#) shows that real-terms earnings have dropped over the last 20 years, which confirms any additional funding is going into services, not GP pay.

The report is clear that GP funding is very modest with an average of £169 per patient for a full year of care compared to a single A&E attendance costing a minimum of £114 or an ambulance callout costing around £459. Extra funding is required to provide the appointments and time needed for our patients. GPs are the front door to the NHS, but broken promises from Government on funding have meant we have seen a slow and gradual decline taking general practice to breaking point.

We have lost more than 6,500 full-time GP partners since 2015, despite this GPs are delivering more appointments than ever before with 34 million delivered last month. We are asking the Government for a £50 per patient increase in funding lifting it to £219 per patient per year, allowing GPs to provide enough appointments and the proactive care that is needed.

6.Reminder to opt in to participate in children's flu programme 2026-27

Sign up is open for the 2026-27 childhood seasonal influenza vaccination programme for providers wishing to participate. GP providers can do this via CQRS, and pharmacies via the NHSBSA. See the respective [enhanced specification](#) and [advanced specification](#) here for details on the programme. Note, GP providers will need to declare participation in the service as well as their ability to claim within CQRS.



7.Resources to raise awareness of urinary tract infections in older adults

Urinary tract infections (UTIs) are both a common health concern and a major cause of illness, hospital admission and NHS demand.

In 2023/24, UTIs were responsible for [1.2 million bed days](#), and [over half of E. coli cases began as urinary infections](#).

To support prevention and earlier identification, NHS England and UKHSA have developed a practical [communications toolkit](#) and [resource](#) pack for use across primary care, pharmacies, care homes and community settings.

New resources include:

A short UTI prevention awareness video for waiting room screens

A UTI prevention poster and UTI symptom poster translated into 13 additional languages

8.Update to the NHS Community Pharmacy Hypertension Case-Finding Service: general practice referrals for clinic blood pressure checks

The [updated service specification for the NHS Community Pharmacy Hypertension Case-Finding Service](#) has been published and will come into effect from 3 September 2026.

It has been updated to align the service with its original purpose of hypertension case finding and is underpinned by [NICE guideline NG136](#). It clarifies when general practice teams can signpost or refer patients to community pharmacy for a blood pressure (BP) check or ambulatory blood pressure monitoring (ABPM).

General practice colleagues should be aware that key inclusion criteria for patients have been updated to include:

Adults aged 40 years and over without a prior diagnosis of hypertension who have not had their blood pressure checked in the last 5 years.

Adults aged 40 years and over who have had an initial clinic blood pressure check at another healthcare setting and are signposted for ABPM (e.g. by general practices, optometrists and dentists).

The process for general practice signposting to community pharmacy should be agreed locally. If general practices or other healthcare settings are signposting people who are not eligible to receive the service, pharmacies will feed this back to clarify.



9. General Practice Staff Survey (GPSS): staff list submission deadline approaching

The deadline for submitting staff lists for the 2026 General Practice Staff Survey (GPSS) is 1 September 2026. GP practices and PCNs delivering primary medical care services under NHS contracts are required to submit staff details as part of the 2026/27 GP contract requirements.

Thank you to everyone who has made submissions so far. If your organisation has not yet completed its submission, please do so via the sampling portal as soon as possible to avoid missing the deadline.

The survey runs from 5 October to 27 November 2026. Preparation resources, communications materials and FAQs are available on [FutureNHS](https://www.futurenhs.org/) (sign-in required) or please contact england.staffsurveyengagement@nhs.net.

10. Next Generation GP West Midlands Programme – Practices Please share with your trainees



A new Next Generation GP programme is coming to the West Midlands. This fully funded leadership programme hopes to inspire GPSTs and early career GPs with talks from a range of speakers, opportunities to develop leadership skills and meet like-minded colleagues. Speakers include Prof Nick Harding, Prof Sabena Jameel and Hannah Miller with more to be confirmed.

Applications are currently open via this link:

https://docs.google.com/forms/d/e/1FAIpQLSesB2H3_whoXYktjQ1kSleTZCcwhEINASL9BFu_hUR2kAQqIg/viewform?usp=publish-editor



11.Reminder - Pensionable Pay for Overtime for Part Time Members action required

In April 2025, NHS Pensions informed all employers of an amendment to the 2015 Pension Scheme Regulations, relating to pensioning additional hours worked for part-time staff up to their whole time equivalent (WTE). Below is the article that was published in the April 2025 Employer Update informing all employers that they needed to take action to ensure members had paid the correct amount of contributions.

All NHS employers need to act now to make sure staff don't miss out on pension contributions.

On 1 April 2025, the Department of Health and Social Care (DHSC) made a retrospective change to the NHS Pension Scheme Regulations 2015. The changes make it clear that any additional hours worked up to whole time equivalent (WTE) are automatically pensionable for part-time NHS staff at their standard rate of pay.

All employers must write to affected employees before 1 October 2025 with information about what this means for them. The NHSBSA will publish updated guidance to help NHS Employers understand the changes in the coming weeks, and more information can be found on the pay and contributions webpage. We'll also soon be adding suggested letter templates for you to use to the NHS Pensions Employer Toolkit.

The original deadline for contacting affected members was 1 January 2026, however this was then extended to 1 March 2026 as this would still give members three months to make their decision before the final deadline of 1 July 2026.

However, a request was received to extend the original deadline, which has now been approved until December 2026. This extension is intended to allow completion of the full exercise. As we have recently been made aware that the exercise may remain outstanding for several members

If you use a payroll software to manage your payroll, (i.e. IRIS), or a third-party company, please check with them prior to undertaking this exercise to clarify if the software has already taken this into account, if it does pension overtime, then no further action would be required. This means that all your part time employees have contributed to the Scheme between 1 April 2015 and 31 March 2024 should have had their pensionable pay checked to ensure all additional hours worked were made pensionable.

To do this you need to check all your payroll records to ensure that the correct contributions have been paid, and if not inform your members of the outstanding amount owed, should they wish to pay.



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We produced several letter templates to assist you in communicating this to the members that were affected, and these can be located in our employer tool kit. NHS Pensions Employer Toolkit: pensionable overtime for part-time NHS staff.

If the member has agreed to repay any outstanding amount, you will need to adjust the amounts that you have already paid for these members, you will need to do this for each year via the SD55E form on Pensions Online.

You will also need to adjust the payments you have sent to NHS Pensions, for this period. The paying of arrears alongside the monthly contributions is the correct approach. Adjustments to prior months can be done via the following methods.

Making Contributions Payments (MCP) portal – guidance on underpayments for previous months can be found on the hub – NHS Pensions Finance | NHSBSA
Pensions Online POL – Guidance can be found Pensions Online | NHSBSA
Bank transfer – With the attached remittance completed showing the payments split between EES and ERS
Bank Account Number: 10004084
Bank Sort Code: 60-70-80
Bank Account Name: NHS Pensions
Bank Name: National Westminster (RBS Group)
Reference to be shown: Employer Reference

There is guidance on the hub for employers on how to make underpayments both under MCP and POL. NHS Pensions Finance | NHSBSA

Failure to act may result in:
Incorrect pension benefits for members
Increased risk of complaints or disputes
Potential regulatory and audit implications

If you have any concerns, please contact stakeholderengagement@nhsbsa.nhs.uk and we will assist you.



Birmingham

LOCAL MEDICAL COMMITTEE

Supporting the Business of General Practice

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/>