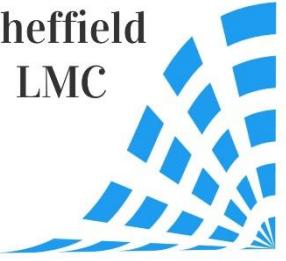


# Newsletter

## January 2026

Sheffield  
LMC



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### GP CONTRACT CONSULTATION

NHS England (NHSE) and Department of Health and Social Care (DHSC) have opened the 'consultation' on their proposed changes to the GMS contract for 2025/26. The BMA have set out their objection to the unilateral decision to change the annual GP contract consultation and negotiation process for 2026/27, breaking with established custom and practice, on behalf of GPC England, GPs and GP registrar members of the BMA and the wider GP profession.

The BMA have also provided NHSE/DHSC with a number of high-level proposals relating to their key aims of ensuring patient safety, improving practice funding and reducing GP underemployment. The BMA feel these are necessarily high-level given the imposed changes to the contract processes this year but outline key requirements that are essential to support general practice at this time. [Read the proposals >](#)

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### SAVE THE DATE: WEBINARS

The GPC England officer team will be hosting a series of webinars in early 2026. A range of topics will be covered including updates regarding contract and policy development, and the latest committee and profession plans and next steps. Further information regarding registration details and additional dates will be provided in due course, but please note the following for your diary:

- Thursday 29 January 2026, 7–9pm
- Wednesday 4 February 2026, 12–2pm

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### COVID AND FLU SPECIFICATIONS

NHS England (NHSE) has published a [joint COVID and flu specification for 2026](#). This moves the COVID vaccination programme to a practice level, removing the need for COVID vaccinations to be delivered via a PCN. However, practices will still be able to deliver just the flu programme.

The BMA continue to raise with NHS England the impact that the lack of uplift to item of service payments is having on the viability of both programmes, with a number of practices informing the BMA that they are closely considering whether to continue participation in the flu programme in future years.

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### UK HEALTH SECURITY AGENCY (UKHSA) GUIDANCE ON CONSENT FOR VACCINATION

The UK Health Security Agency has produced [further guidance](#) with regards to consent processes and non-registered healthcare professionals in the provision of vaccination. This is following the concerns raised with them over the [updated minimum standards in vaccination training](#) and the significant uncertainty that it caused, particularly around the role of HCAs in vaccination clinics.

Specifically, the guidance confirms that it is outside the scope of practice of a health care support worker (HCSW) to undertake a clinical assessment for vaccination, take informed consent or work to Patient Group Directions (PGDs).

In relation to Patient Specific Directions (PSDs), a registered health care professional (RHCP) should oversee the clinical assessment and consent process before delegating vaccine administration to a HCSW. The prescriber (RHCP) is accountable for the initial patient assessment, consent process, and the decision to delegate the administration.

The BMA are continuing to discuss this issue with the UKHSA and other relevant bodies to develop more expansive guidance.

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### **SEXUAL MISCONDUCT IN THE WORKPLACE**

December 2025 saw the publication of an update to the NHS England [guidance](#) on actions to prevent sexual misconduct in the workplace. This work was published in the wake of historic allegations of sexual abuse at Royal Stoke University Hospital and Russells Hall Hospital, which have been reported in the media. However, there are actions recommended in this update for all NHS employers, and these are important for GPs and their practice teams to be aware of.

[Chaperoning policies](#) should be reviewed considering the updated guidance. While there is a clear statement that practices should be able to set their policy according to their needs, and recognition of the challenges faced in primary care, the BMA would reiterate the need to ensure that all chaperones are formally trained, and used for any intimate examination. In addition, they should be given enough information before chaperoning an intimate examination to ensure they understand why it is necessary. The guidance is clear that in the event of a patient declining a chaperone, a risk assessment should be made as to the clinical safety of the patient and the risk of compromise of professional standards, and postponing the examination may well be a reasonable outcome.

ICBs are tasked in the update to ensure all primary care providers are signed up to the [Sexual safety charter](#) with a deadline of 2 February 2026 to contact providers to offer support in completing the assurance checklist in this document. The BMA state that documenting compliance here is likely to be useful in demonstrating wider compliance with legal duties held by all employers around preventing sexual harassment. Primary care providers are also encouraged to adopt the national sexual misconduct policy that is due for release next month, and ensure staff have accessed the national e-learning on this topic. There is also clear guidance as to reporting incidents of sexual misconduct.

Further information can be found on the NHS England website [here](#).

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### **SURVEY ON SESSIONAL GP UNEMPLOYMENT**

Earlier this year, the sessional GPs committee conducted a survey to capture the full scope of GP underemployment and unemployment across the UK. The findings confirm the severity of the issue:

- 56% of GPs want to work more hours in the NHS but cannot find suitable opportunities
- 15% of respondents are unable to find any GP work at all
- 60% of GPs reported a decline in pay rates for GP work over the past year
- 69% reported experiencing stress or anxiety due to un- or underemployment, with many also facing financial hardship
- one in five (21%) are making definite plans to leave the profession
- nearly half (47%) are considering alternative career paths.

These findings highlight the urgent need for action to address the GP workforce crisis. The insights from this and previous surveys will continue to be instrumental in shaping the BMA's work, strengthening their lobbying efforts and pushing for policy changes.

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### **POWER IN NUMBERS: UNITING SESSIONAL GPs FOR CHANGE 3 FEB 2026, 7-8.30PM**

This is the second event in the BMA's national engagement series created to bring sessional GPs together, amplify your experiences, and ensure your voice drives the BMA's work on your behalf.

At the first event, GP's told the BMA the top three issues facing sessional GPs today:

- pay rates that are too low
- underemployment
- lack of available work
- contracts not being honoured.

The BMA listened, and this event is all about what the BMA can do to act on GP's behalf, and the rights you hold as a sessional GP. [Register your place >](#)

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## PREMISES LETTER

In the BMA's [latest letter to Karin Smyth MP](#), they shared findings from the recent GP premises survey. The BMA had written previously and were offered a meeting which they are in the process of arranging. The BMA are hoping to explore a strategic system response with Government to the issue of GP property costs.

The survey, which gathered responses from nearly 2,000 GPs and Practice Managers, (almost one-third of general practices in England), reveals widespread concern about the condition, capacity, and sustainability of GP premises. Notably:

- 83% of respondents consider their premises unsuitable for future needs
- 74% lack sufficient space to train new GPs
- over 65% of NHS Property Services tenants and 74% of Community Health Partnerships tenants reported receiving inaccurate service charge invoices
- a significant proportion, 35% of NHSPS tenants and 26% of CHP tenants, have considered handing back their GP contract due to service charge disputes.

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## LMC LEGAL ADVICE

As part of ongoing processes planning the BMA are continually seeking and updating legal advice to help support and protect practices and LMCs. Please find the links below for the legal background and briefings which have been previously shared with LMC colleagues, and are provided to help explain current and future contexts around planning and next steps.

- [advice regarding action recommended by GPC England as part of GP action 2024](#)
- [information for LMCs regarding GPCE re-entering dispute with the Government on 1 October 2025](#)

Please forward any articles for inclusion in the LMC newsletter to  
[manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk)

Submission deadlines can be found [here](#)

Contact details for Sheffield LMC Executive can be found [here](#)  
Contact details for Sheffield LMC Secretariat can be found [here](#)



## FREE COACHING & MENTORING SERVICE with a local GP Mentor

Sheffield LMC's free peer to peer coaching, mentoring and signposting for General Practice. Free and open to all represented Sheffield GPs. More information can be found [here](#) or by scanning the QR code.

