



Supporting General Practice
to be the best for our communities

Nursing Newsletter

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Dear Colleagues

Wessex LMCs' Introduction



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Welcome to September's edition of the Nursing newsletter, this is my first newsletter as an LMC nurse advisor, it is great to have the opportunity to work alongside some great colleagues to support nurses in primary care via the Wessex LMCs.

We maybe still basking in the heat in potentially the hottest summer on record, but we know that Autumn will arrive soon, one thing that is guaranteed this autumn is another flu and covid campaign! I hope this newsletter gives you the opportunity to find relevant information all in one place, as I appreciate how demanding it can be this time of year. Please do share this with anyone in your teams that may benefit from the information enclosed.

'As autumn reminds us that change is a natural part of life, let us take a moment to reflect on the compassion, resilience, and dedication that make a difference every day. Just as the season brings comfort in its warm colours, healthcare professionals bring comfort, hope, and healing to those in their care'.

Seasonal Vaccinations Campaign Autumn/Winter 2026/27

The **seasonal vaccinations site campaign guide** is now available on the FutureNHS platform (login required). The guide provides key information and guidance to support both new and existing sites to prepare and deliver a successful flu and COVID-19 seasonal vaccination programme: [AW26 Seasonal Vaccination Provider Programme Guide - Vaccinations and Screening - Futures](#)

The following provides further resources for the seasonal vaccination campaigns:

NHSE **Flu vaccination campaign** guide for HCP's is also available [Flu vaccination programme 2026 to 2027: information for healthcare practitioners - GOV.UK](#)

Annual flu programme resources relevant to the 26-27 campaign [Which flu vaccine should children and young people have?](#)

It's useful to be aware there has also been an extension of the seasonal flu and also pneumococcal vaccine campaigns to include people who are experiencing homelessness. The following provides further information

around this:

- [Free flu jabs for people experiencing homelessness - GOV.UK](#)
- [People experiencing homelessness eligible for pneumococcal vaccination letter - GOV.UK](#)

Covid 19 vaccination eligibility remains as previous; [JCVI statement on COVID-19 vaccination in autumn 2026 and spring 2027 - GOV.UK](#)

Individuals eligible for the NHS seasonal Covid Vaccination programme who have not already received a dose during the current seasonal programme must be in one of the following high-risk groups:

- Aged 6 months to 74 years who are immunosuppressed, as defined in the immunosuppression section of either table 3 or 4 of the COVID-19 chapter of the Green Book
- Residents in a care home for older adults
- Aged 75 years and over.

Co-administration

Please see below, a table that provides information around the co-administration of vaccinations.

OLDER ADULTS	Covid	Flu	PPV	RSV	Shingrix	MMR
Covid		✓	✓	✓ ₁	✓	✓
Flu	✓		✓	✗ ₂	✓	✓
PPV	✓	✓		✓	✓	✓
RSV	✓ ₁	✗ ₂	✓		✓	✓
Shingrix	✓	✓	✓	✓		✓
MMR	✓	✓	✓	✓	✓	

- RSV vaccines can be safely co-administered with COVID-19 vaccines. Ref: [Green Book on Immunisation against Chapter 27a Respiratory syncytial virus \(RSV\) \(publishing.service.gov.uk\)](#)
- Due to the possible impact on immune response to both the RSV and Flu vaccine, these vaccines should not routinely be scheduled for the same appointment or same day. If it is thought that the individual is unlikely to return for a second appointment or immediate protection is necessary, they can be co-administered. Ref: [Green Book, Chapter 19, Influenza](#)
- When co-administering, vaccines should be given at separate sites, preferably in a different limb. If given in the same limb they should be given at least 2.5cm apart. The site at which each vaccine was given should be noted in the individual's records.

Flu & Covid Vaccination Training – please see information included under the training standards section for the specific details around these vaccinations.

Wessex LMCs also has some useful information available which can be accessed via the following link: [Seasonal Flu and COVID 2026/27 - Wessex LMCs](#)

Training Standards

The UKHSA **National Minimum Standards and Core Curriculum for Vaccination Training**, updated in June 2025, provides a single framework for healthcare staff involved in vaccination. This includes **registered healthcare professionals (RHPs)** and **healthcare support workers (HCSWs)** [National minimum standards](#)

Within the service specification for the provision of seasonal vaccinations for general practice ([NHS England » General practice enhanced service specification – COVID-19 and adult influenza vaccination programmes: 1 April 2026 to 31 March 2027](#)) it clearly states that all persons whom are involved in the administration of vaccines must have the necessary experience, skills, competence and training to administer vaccines in line with these guidelines.

This includes where relevant, the specific [modules on COVID-19 vaccinations](#) and [influenza vaccinations](#) which are available on the e-learning for healthcare website, where [general immunisation training modules](#) can also be accessed.

Training updates should be undertaken to ensure knowledge and good practice remain. Periodic face to face refresher training for vaccinators should be considered to ensure consistency of practice, peer support and to discuss any clinical issues that are arising in practice.

The e-learning programme is available free of charge with open access for all. The separate modules of core knowledge, inactivated and live influenza, plus, covid vaccination have all been updated and have an accompanying knowledge assessments for each module.

So, What Is the Difference Between PGD/ PSD and VGD's?

A **Patient Group Directive (PGD)** is a written instruction for the sale, supply and/or administration of medicines to groups of individuals who may not be individually identified before presenting for treatment. This means an individual can either be known to the service or have an appointment (for example, a baby immunisation clinic, adult vaccination clinic) or not be known in advance of presenting at a service, such as a walk in centre.

PGDs can only be used by the registered health professionals listed in [part 4 of Schedule 16 of the HMR 2012](#)[\(opens in a new tab\)](#).

PGDs are not a form of prescribing, however, are used frequently in primary care to allow registered health care professionals (HCP) specified within the regulations to supply and/or administer a medicine directly to an individual, with an identified clinical condition without the need for a prescription or an instruction from a prescriber. The registered HCP is responsible for assessing that the individual meets the criteria set out in the PGD as no deviations from the PGD are permitted – the supply/administration must exactly follow the PGD for it to be legally undertaken.

A **Patient Specific Direction (PSD)** is not defined in legislation but is the traditional written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named individual after the prescriber has assessed that individual on a one-to-one basis.

In practice a PSD is commonly referred to as a prescription by those who write them or use them as the legal basis to administer a medication because this indicates that it is written by a prescriber. In a GP practice a PSD will be written in an individual's clinical record. Careful consideration needs to be given to how the instruction is incorporated in the clinical record to ensure that the medicine is given safely and in a timely manner.

The information required in a PSD for administration of a medicine at a minimum should include:

- Name of the individual and/or other individual identifiers including age if a child
- Name, form and strength of medicine (generic or brand name where appropriate)
- Route of administration
- Dose
- Frequency
- Date of treatment/number of doses/frequency/date treatment ends as applicable.
- Signature of prescriber and date PSD written (may be handwritten or electronic).

The HCP (including non-registered clinicians) who supplies or administers a medicine is accountable for their own practice and must be trained and competent to undertake such tasks. They must act according to their level of competence and in accordance with the directions of the prescriber.

A **Vaccine Group Direction (VGD)** is a legal mechanism to support the administration of UK licensed vaccines within nationally commissioned vaccination programmes (e.g. commissioned by an NHS body or Local Authority) - VGDs were designed following the use of National protocols used during the pandemic to support workforce delivering the flu and covid virus vaccinations.

VGD's allow some tasks within the vaccination process, such as vaccine preparation, administration and record keeping being delegated to suitably trained registered and non-registered healthcare practitioners. Each VGD will specifically state which tasks can be delegated and to whom and this may vary between VGDs, so it is important to check each VGD carefully. **VGDs do not permit delegation of clinical assessment to receive the vaccine nor gaining informed consent, these activities must be undertaken only by registered healthcare practitioners listed in the legislation.**

VGD's maybe utilised to support practices/PCN's to undertake larger vaccination clinics:

[Influenza vaccine group direction \(VGD\) template - GOV.UK](#)
[NHS England » COVID-19 vaccine \(5 years and over\) Vaccine Group Direction](#)
[Respiratory syncytial virus \(RSV\) vaccine: VGD template - GOV.UK](#)

Further detailed information can be found on our website: [Patient Specific Directions \(PSDs\) and Patient Group Directions \(PGDs\) - Wessex LMCs](#)

Updated Immunisation Guidance

Extension to RSV to the older adult's programme

Commencing 01 September 2026 · additional cohort includes individuals aged 65 to 74 years of age with the following underlying health conditions:

- (i) chronic respiratory disease including: - poorly controlled asthma (as defined in Table 1 of the RSV chapter of the Green Book) - chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema - bronchiectasis - cystic fibrosis - interstitial lung fibrosis - pneumoconiosis - bronchopulmonary dysplasia
- (ii) immunosuppression – either due to disease or treatment, as defined in Table 1 of the RSV chapter of the Green Book · all residents in a care home for older adults including those under 75 years of age · all individuals 75 years of age and over These individuals should be vaccinated on or after (but not before) their 75th birthday. There is no upper age limit to the offer of vaccination.

[Green Book RSV chapter](#)

New PGD - PCV Routine Childhood Immunisation

A new PGD was authorised for the vaccination of patients registered with NHS medical practices in the south east/south west of England. The PGD replaces a previous version that has not yet reached its expiry date, so it is important that you check you are using the most up to date version. Please see link below to your areas up to date PGD's:

[NHS England — South East » South East Patient Group Direction downloads](#)
[NHS England — South West » NHS England South West – Patient Group Direction downloads](#)

Introduction of MMRV Vaccination into Routine Schedule

From 1 January 2026, we saw the introduction of the MMRV vaccine into the routine childhood immunisation schedule in the UK at 12 and 18 months of age. The MMRV vaccine protects against 4 serious diseases:

measles, mumps, rubella, and chickenpox (known as varicella). The childhood offer of the MMRV vaccine is dependent on the child's date of birth. Children born on or after 1 September 2022 are offered 1 or 2 doses of the MMRV vaccine as part of their routine vaccinations.

A single MMRV catch-up dose will be offered to children born between 1 January 2020 and 31 August 2022 if they haven't already had chickenpox or been vaccinated against it. This dose will be offered between November 2026 and March 2028.

Vaccination Safety

As healthcare professionals we know there is a vast volume of evidence on the effects of vaccination and how it is demonstrated to be the safest way to protect against many serious infectious diseases. As history teaches us, elimination of contagious disease can only be achieved and sustained by sufficient coverage that is at a degree where herd immunity is obtained.

Nurses working in general practice are pivotal to improving the uptake of childhood immunisations and as a trusted professional GPN's help to reduce parent hesitancy by guiding parents to UK evidence-based resources. An MHRA published report this month supports the safety of vaccination in the UK:

- <https://www.gov.uk/government/news/mhra-reaffirms-the-safety-of-childhood-vaccination>
- [Why vaccination is important and the safest way to protect yourself - NHS](#)

Cold Chain

Maintaining an effective cold chain is essential at all times to ensuring that vaccines remain safe, potent and clinically effective from the moment they arrive in the practice to the point they are administered. With this summer's heatwave's everywhere is being challenged to ensure not only refrigerated medicines are kept in range but also those medicines stored in clinical cupboards. NHS Specialist Pharmacy Service (SPS) have some useful information on this: [Storing medicines at ambient temperatures – NHS SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

[This Cold Chain Best Practice Toolkit](#) provides clear, practical guidance for general practice staff involved in receiving, storing, handling and transporting vaccines. It brings together key principles, step-by-step processes and best practice recommendations to help ensure high-quality vaccine management in line with NHS standards.

If you need advice on whether refrigerated medicine can or cannot be used after being exposed to out-of-range temperatures, then the SPS stability tool is the first stop for professional medicines advice.

[Refrigerated medicines stability tool – SPS – Specialist Pharmacy Service – The first stop for professional medicines advice](#)

More information about cold chain can be found on the Wessex LMC website [Cold Chain - Wessex LMCs](#)

Hepatitis B Vaccine for At Risk Infants

[This UKHSA document](#) provides useful information and a checklist for managing Hepatitis B vaccinations for at risk infants.

Screening

NHS Cervical Screening Webinar: Wednesday 9 September, 12.00pm – 1.00pm

As part of ongoing efforts to improve access to cervical screening and support the ambition to eliminate cervical cancer by 2040, the NHS Cervical Screening Programme is introducing an initial HPV self-testing offer for eligible women and people with a cervix who have not attended cervical screening following previous routine invitations.

A webinar will take place on **Wednesday 9 September 2026, from 12:00pm to 1:00pm**, to provide colleagues with an overview of the new pathway and what it means for those delivering and supporting cervical screening services.

This webinar is relevant to all colleagues working in primary care who are involved in the provision of cervical screening programme. [Register here to attend the NHS Cervical Screening Programme Webinar](#)

New HCA Training Resource

Do you have a new HCA commencing in practice? A beneficial new free resource has been developed by the RCN (no requirement to be an RCN member) to provide training on topics that are vital to the HCA role such as:

- The safeguarding of vulnerable people
- Recording and accessing nursing and medical records
- The principles surrounding accountability and delegation
- The legal requirements of confidentiality, consent, and capacity
- Infection prevention and control

[First Steps](#) | [Professional services](#) | [Royal College of Nursing](#)

Wessex LMCs' Education & Events

Top Ten Presenting Symptoms in General Practice for AHPs and GPNs

BOOK NOW



Enhance your triage and decision-making for common presentations seen in general practice!



Online Teaching: [Top Ten Presenting Symptoms in General Practice](#)
Tuesday, 10 November 2026

09:30 - 15:30

Via Zoom

All members of staff working within GP practices in Wessex LMCs' catchment
£130pp
Hampshire & Isle of Wight [eligible Nurses & AHPs](#) - FULLY FUNDED
BaNES, Swindon & Wiltshire Nurses & AHPs (excludes HCAs) - FULLY FUNDED

This course focuses on ten common symptoms presenting in general practice and how to assess and manage patients safely. Refresh and update your knowledge in a supportive, interactive learning environment.

Objectives

- Undertake a focused and structured patient assessment
- Recognise common presenting symptoms seen in general practice
- Identify red flag signs and symptoms requiring escalation
- Develop differential diagnosis and clinical reasoning skills
- Provide evidence-based advice, management and safety netting
- Enhance confidence in assessment and triage decision-making

Content

- History taking
- Recognising red flags
- Elements of physical examinations
- Clinical reasoning and safety netting

The course incorporates case-based discussion and interactive learning throughout.

Podcast - Patients with Learning Disabilities and the Flu Jab

[In this Podcast](#) Michelle Lombardi, Director of Primary Care, talks with Becky Sparks, Registered Learning Disability Nurse, about how practices can make changes to encourage those with learning disabilities to receive the flu jab.

Useful link: <https://www.gov.uk/government/publications/flu-vaccinations-for-people-with-learning-disabilities/flu-vaccinations-supporting-people-with-learning-disabilities>



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The LMC Team

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