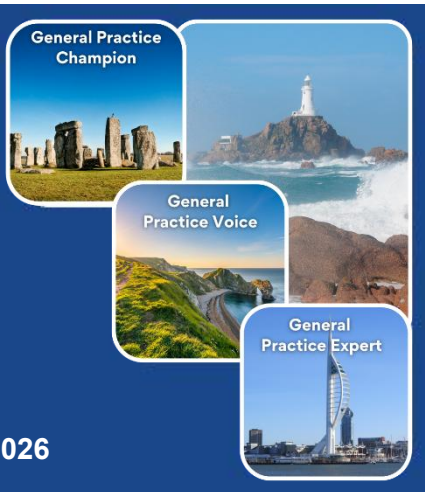
WESSEX
Local Medical Committees

Supporting General Practice
to be the best for our communities

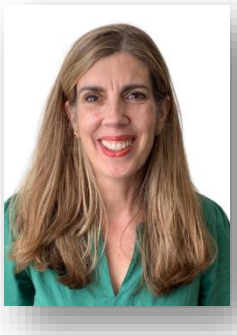
Nursing Newsletter



Issue: October 2026

Dear Colleagues

Wessex LMCs' Introduction



Samantha
Nurse Advisor
Wessex Local Medical Committees Ltd

Welcome to October's issue of the Nursing newsletter, for all of those who are working in nursing teams throughout the Wessex region, which spans from Bath in the west country to Hampshire and the Isle of Wight in the east of the region, including, Swindon, Wiltshire, Dorset and supporting the Channel Islands too.

Nursing teams are very diverse these days incorporating phlebotomists, healthcare assistants, nursing associates, registered nurses, advanced nurse and clinical practitioners possibly from paramedic and physiotherapy backgrounds-this is for all of you!

As the nights begin to draw in and the days cool, it may well be the "Season of mists and mellow fruitfulness" (John Keats, 1819) but we are in the thick of seasonal vaccination clinics! How is that all going for you? There is a short summary of the guidelines below.

Let us find out what else is going on for the nursing team in Primary Care, and please do share this with anyone else who may benefit from the content.

Health Campaigns

There are several national health campaigns this autumn which relate to our patient population:

Stoptober 2026

- **Overview:** An annual campaign that challenges smokers to quit smoking for 28 days throughout the month of October. Managed by the Department of Health and Social Care (DHSC) Campaign Resource Centre this remains one of the UK's most significant annual public health drives.
- **Primary Care Focus:** Staff are encouraged to use localised digital and physical toolkits (posters, leaflets, and social media assets) to prompt patients who smoke to attempt a 28-day quit challenge.
- **Very Brief Advice (VBA**) is a simple, evidence-based approach to supporting people to stop smoking. It takes as little as 30 seconds and doesn't involve asking about how much people smoke or their state of readiness to quit. Consistent asking by HCPs increases the chances of a future successful attempt. Very Brief Advice on Smoking (VBA)+

MMRV Catch-up

This campaign begins 1st November. An MMRV catch-up programme has begun for children who were aged 3 years 4 months to under 6 on 31 December 2025 (born 1 January 2020 to 31 August 2022) and who have no history of chickenpox or have not received two varicella-containing vaccine doses.

NHSE has advised that, due to issues with IT systems, in November and December 2026, automated CQRS payments will apply only where children are aged 5 or under when vaccinated. Practices vaccinating eligible children aged 6 during this period must make a manual CQRS adjustment.

NHSE will provide further information via the primary care bulletin and CQRS before November.

National Autumn Flu and COVID-19 Immunisation Programme

Flu programme

- **Overview:** Following updated Joint Committee on Vaccination and immunisation (JCVI) guidelines, the main **adult winter vaccination rollout officially launched on 1 October 2026.** Delaying the start until October ensures optimal, peak immunity during the high-risk winter months of December and January.
- **Children and pregnant women** - flu vaccination began on 1st September.
- **Primary Care Focus:**
  - **Eligible Cohorts:** Actively inviting older adults, care home residents, and clinical risk groups.
  - **Expanded Pharmacy Access:** For the first time, select community pharmacies are eligible to vaccinate clinical risk children aged 2 to 17, expanding access alongside school and GP practice.
  - **Inclusion:** A new national focus prioritises rough sleepers and those in homeless shelters aged 16+.

Covid-19 programme

- The following guidance has been issued for the Covid-19 Programme A guide to the COVID-19 autumn vaccination - GOV.UK
- The Covid-19 vaccination will be offered to people aged 75 and over, residents in care homes for older people and anyone aged 6 months and over who is immunosuppressed, the campaign begins from 1st of October.
- Fewer people are being offered the vaccine this year with health and care staff, family members of vulnerable people and those aged 65+ no longer being eligible.
- The vaccine must be given a minimum of 3 months after a previous Covid-19 vaccine.

Think Pharmacy First & NHS Access

- **Overview:** Building on previous phases of the "Help Us, Help You" framework, national marketing pushes are designed to drive public awareness toward utilising community pharmacists as a first point of contact for minor illnesses.
- **Primary Care Focus:** GP practices are using triaging protocols to direct appropriate minor ailments to local pharmacies, thereby preserving appointment capacity for complex clinical cases.

Changes to Vaccination Schedules

The childhood routine vaccination schedule has undergone some significant changes over the last few years. The addition of Varicella virus (which causes chicken pox) to the MMR being one of these changes.

Here is a summary of key changes since 2025:

1. Meningococcal B vaccine, previously offered at 8 and 16 weeks is now offered at 8 and 12 weeks of age
2. Pneumococcal conjugate vaccine (PCV13) previously offered at 12 weeks of age is now offered at 16

weeks of age
3. A dose of meningococcal C containing vaccine is no longer recommended in the childhood schedule at age 12 months, due to the success of the Men ACWY for first year university students, but Hib cover is still needed, so....
4. Introduction of an additional 4th dose of DTaP/IPV/Hib/HepB (hexavalent) vaccine at a new routine appointment at 18 months for those born on or after 1 July 2024
5. From 1st January 2026, infants at 18 months old will receive the second dose of MMRV. This replaces the MMR at 3 and a half years for those born on or after 1st July 2024.
6. From 1st November 2026 until 31st March 2027 there is a catch-up campaign, as a single dose, for children who have never had the chicken pox illness, or two doses of the varicella containing vaccine. Eligible children are born from 1st January 2020 and 31st August 2022.

This page from the UK Health and Security Agency is very helpful:

Childhood schedule changes 2025 and 2026: information for healthcare practitioners - GOV.UK

At the other end of the lifespan ....

1. The RSV (respiratory syncytial virus) vaccination programme was expanded on 1st April 2026 to include all adults aged 75 years and over, and all adult care home residents, regardless of their age. From the 1st of September the programme was expanded to include adults aged 65 to 74 in specific risk groups (including COPD or immunosuppression). It is also recommended for pregnant women from 28 weeks gestation.
2. The Pneumococcal vaccine for adults aged 65 or older, is transitioning from PPV23/PCV13 to PCV20 (Prevenar 20).
3. Adult influenza coverage begins on the 1st of October and for the first time in addition to those patients in clinical risk groups, adults aged over 65 and all rough sleepers and homeless people will be offered a flu vaccine. Pregnant women are offered the flu vaccine from the 1st of September.
4. The Shingles vaccination programme eligibility continues to expand, currently is offered to all adults turning 65, those aged 70 to 79 and those aged 18 and over with a severely immunocompromised status. The Shingrix vaccine is now exclusively used, because it is a non-live vaccine, it is safe for patients with an immunocompromised status.
5. Covid vaccination for adults begins on the 1st of October and is offered to all adults aged 75 or older, residents in care homes for older adults, irrespective of their age, and for people aged from 6 months upwards who are immunocompromised. The schedule no longer includes carers, health and social care staff or adults between 65 and 75 years old.

See the links below for more information:

Complete routine immunisation schedule from 1 September 2026 - GOV.UK

Vaccination and immunisation programmes – BMA Guidance

MenB Uptake

The British Medical Associations General Practitioners Committee England (GPCE) are aware that UKHSA have recently announced uptake data for the one-off MenB vaccination programme, which shows that only 26.6% of school leavers have received their first dose. It's concerning to see such a low coverage, especially following the outbreaks earlier this year. GPCE has already raised its concerns that this has been commissioned as a pharmacy only programme and the position that allows GP practices to sign up to deliver these vaccinations would help to increase uptake.

Improving Flu Vaccination Uptake for Frontline Workers in Social Care Settings

Getting the flu vaccine every year is the best way to help protect health and care staff, their families, and the people they care for.

As a reminder under the Seasonal Vaccination Enhanced Service Specification, practices may offer flu

vaccinations to registered and non-registered eligible frontline workers in social care settings without an employer led occupational health scheme where the:

- practice is administering flu vaccinations to residents of a registered residential care home / nursing home or voluntary managed hospice provider; and
- person is directly involved in the care of vulnerable patients at increased risk of flu exposure.

Practices can offer vaccination to this cohort alongside residents, or at their practices, to encourage uptake.

Nurse Associates involved in the Delivery of Vaccination Programmes

Although the Nursing Associate role is one that requires registration with the NMC, as most of you are probably aware it is not currently on the list of healthcare professionals who are able to work under a Patient Group Directive (PGD) (see GP mythbuster 19: Patient Group Directions (PGDs)/Patient Specific Directions (PSDs) – Care Quality Commission).

Previously, Wessex LMCs had suggested that as registered professionals, Nurse Associates could however obtain informed consent if they were working under a Patient Specific Direction (PSD), provided they had ensured that a prescriber had entered a signed PSD into the medical record before administering the vaccination.

However, the publication of the local Vaccine Group Directives (VGD's) on 1st September 2026, which specifically state that this particular healthcare professional cannot obtain consent under that legal mechanism either, has necessitated a review of our previous guidance and, although they are able discuss vaccinations with patients, we would now recommend that practices have the same systems and processes in place for nursing associates as they do for non-registered staff in terms of obtaining informed consent, regardless of the legal mechanism being used.

Our webpage has been duly updated to reflect this change, which aligns with the materials provided by our Vaccinations and Immunisations training provider.

Staff Pressures, Online Access and the GP Contract 26/27 How are changes in General Practice Affecting your Role?

General practice continues to evolve, with a range of contractual and service changes designed to improve patient access and outcomes. While many of these changes are directed at practices and GPs, they also have implications for nursing teams.

The BMA surveyed GP Practices in England, with 1,300 separate surgeries responding. They found that 74% of these surgeries reported an increase in workload and 55% felt there was a negative impact on patient care (BMA, Nov, 2025). These findings relate to changes in how patients make contact with their General Practice.

Since October 2025, practices have been required to provide patients with online access throughout the working day for routine health concerns. Alongside telephone and face-to-face access, practices are expected to respond to increasing demand across multiple routes of contact.

From April 2026, practices must ensure that clinically urgent requests are assessed on the same day and patients are not asked to call back. Although intended to improve patient access and reduce the well-known "8am rush" for appointments, these arrangements may affect how clinical teams organise their workload and prioritise patient care throughout the day.

Many nurses are already playing a central role in helping practices meet rising demand. Alongside acute care activity, nursing teams continue to deliver vaccination programmes, long-term condition reviews, health promotion activities, screening, and personalised care for patients with increasingly complex needs.

Alongside this, changes to the Quality and Outcomes Framework (QOF), place greater emphasis on areas such as:

- diabetes care with a requirement to provide all eight key care processes for diabetic patients
- two new obesity management indicators
- new frailty coding applied to hypertension and cardiovascular disease monitoring (to reduce falls risk in vulnerable patients).

Much of this work is supported by nursing teams through patient reviews, education, clinical assessment and accurate coding.

While these developments aim to improve patient outcomes and access to care, they also raise important questions about workforce capacity, workload, and staff wellbeing. Many practices continue to experience difficulties recruiting and retaining both nurses and GPs, making it essential that changes are implemented in a way that supports sustainable working practices.

Resources:

- Survey of GP practices in England reveals over half of practices reporting adverse impact on patient care from changes to online access - BMA media centre - BMA
- Quality and Outcomes Framework guidance for 2026/27
- GP Contract 2026/2027 - Wessex LMCs

Your Voice – Help Shape the Future of General Practice Nursing

General Practice Nurses (GPNs) are invited to take part in an important research study exploring the future role of General Practice Nursing in the context of changing patient needs, government policy, and the NHS 10-Year Health Plan. The study aims to understand the opportunities, challenges, barriers and enablers that may influence how the GPN role develops as healthcare increasingly shifts towards community-based, preventative and digitally enabled models of care.

What's involved?

Participants will be invited to take part in a confidential 40-60 minute interview via Microsoft Teams.

Why take part?

- share your experience and insights as a General Practice Nurse or General Practitioner;
- contribute to evidence that could help shape the future of General Practice Nursing;
- inform discussion around how the workforce can best meet changing patient needs in the years ahead.

Interested?

For further information contact Michelle Horn

Wessex LMCs' Education & Events

Podcast - Winter Readiness – Infection Prevention and Control

In this podcast Zoe Tobin, (previous Nurse Advisor) is joined by Connie Timmins and Jenny Bennett- Britton, IPC Leads for BSW ICB to discuss all things Infection Prevention and Control (IP&C) in terms of the challenges we face this winter in primary care and tips on how to manage any potential concerns or infections.

This podcast covers:

- Current circulating infections (such as influenza, Covid and RSV) that we are managing in primary care
- Potential community outbreaks and care homes
- Practical solutions for practices, including PPE, IP&C measures, patient placement etc
- Management of staff with confirmed or suspected respiratory infections

Resources:

NHS England » National infection prevention and control manual (NIPCM) for England
NHS England » National Standards of Healthcare Cleanliness
Infection Prevention and Control in General Practice – Wessex LMCs

Long Term Conditions (LTCs) - 10 Minute Review for AHPs and Nurses

Long Term Conditions (LTCs) - 10 Minute Review for AHPs and Nurses
Wednesday, 13 January 2027
13:00 - 14:30
Via Zoom

BOOK NOW

All members of staff working within GP practices in Wessex LMCs' catchment £49pp
Hampshire & Isle of Wight eligible Nurses & AHPs - **FULLY FUNDED**
BaNES, Swindon & Wiltshire Nurses & AHPs (excludes HCAs) - **FULLY FUNDED**

Is it possible to carry out a long-term condition review in 10 minutes? Well, it depends how you do them! In this session, Bev Bostock explains the must-do elements versus the nice-to-do elements, the challenges of delivering person-focused care vs template-based care and how to deliver group consultations with confidence.

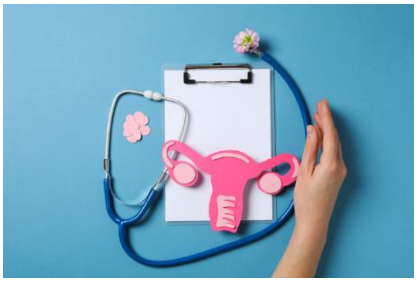
The aims of this session are to:

- To explore whether it is feasible to carry out a long-term condition (LTC) review in a 10-minute consultation.
- To provide practical guidance on balancing quality, efficiency, and person-centred care in time-limited reviews.
- To increase confidence in using different consultation formats, including group consultations, to support effective care delivery.

By the end of the session, participants will be able to:

- Differentiate between the must-do and nice-to-do elements of an LTC review.
- Recognise the challenges of delivering person-focused care versus template-driven care in short consultations.
- Apply strategies to streamline LTC reviews while maintaining patient safety and quality.
- Understand when and how group consultations can be used effectively.
- Develop confidence in adapting consultation styles to meet both clinical and patient needs within limited timeframes.

Introduction to Menopause for the Nursing Team



Introduction to Menopause for the Nursing Team
Thursday, 14 January 2027
09:30 - 11:00
Via Zoom

BOOK NOW

All members of staff working within GP practices in Wessex LMCs' catchment £90pp
Hampshire & Isle of Wight eligible Nurses & AHPs - **FULLY FUNDED**
BaNES, Swindon & Wiltshire Nurses & AHPs (excludes HCAs) - **FULLY FUNDED**

This introductory session for nurses and AHPs is ideal for those who are new to women's health or to menopause. Particularly relevant to those doing NHS Health Checks, introducing the menopause conversation.

The aim is to provide healthcare professionals with a practical introduction to menopause, enabling them to recognise normal menopausal symptoms, identify red flags requiring further investigation or referral, understand available treatment options, and confidently signpost patients to appropriate support and resources.

Content:

- What's normal – symptoms
- Red flags – knowing when to refer - Post menopausal bleeding; more than a year amenorrhea aged 45 or under (indicating early menopause); moderate to severe symptoms (to discuss HRT), heavy or prolonged bleeding (may need investigation and could be treated)
- Introduction to treatment options - HRT and non HRT options
- Evidence based sign posting

Wessex LMCs Support & Resources

Support

Wessex LMCs' GP Support Offer
Support for GPs
Support for Practice Managers
Support for the Practice Team
The Cameron Fund

Guidance & Resources

About Us
Website Guidance Section
General Practice OPEL

Education

Educational Courses
Podcasts
Recorded Webinars
Lunch & Learn Packages
A-Z of All Education Resources

Communications

LMC Team Newsletters
Nursing Newsletters
Patient Infographics
Key Patient Messages
Wessex LMCs in the Media & Press Releases
Local and National General Practice Data
Maps

Recruitment

Current Vacancies
Advertise your vacancy
Looking for a GP, PM or Nurse Locum?
Practices who hold a UK Visa Sponsorship Licence
Practice who are happy to host a GP Retainer

Login to the Wessex LMCs' website for full access or register here.

The LMC Team

office@wessexlmcs.org.uk

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