



Chaperone guidance

The LMC has had some queries relating to the publication of the document [Improving chaperoning practice in the NHS: key principles and guidance](#) in December 2025. This guidance, and its implementation, form a key part of the actions listed in the [Update on actions to prevent sexual misconduct in the NHS](#) released on the same day.

Following this publication, ICBs have been tasked with asking practices to sign up to the “Sexual Safety in Healthcare – Organisational Charter” and our ICS wrote to practices about this last month. The commitment to zero-tolerance for sexual misconduct and support for those who are subjected to it is not contentious, and in our view the checklist actions would align with the legal responsibilities of practices as employers, especially considering the new requirements laid out last April in the Employment Rights Act (2025). We would advise practices to contact their HR provider if they have queries here.

The new chaperoning guidance has raised some concerns, mainly around the direction to have a chaperone present for any intimate examination of any patient, at any age. As members have pointed out, the guidance would require a chaperone to be present at a new baby check, for example, alongside the parent. There are particular issues here for small practices, and understandable anxieties about the potential impact on the consultation.

These matters are being raised by GPC England, but whilst in our view these concerns are valid, we would also accept that writing specific exceptions to guidance of this nature relating to age is difficult. It would have been helpful for there to have been a greater reflection on the nature of general practice and the proportionality of such directions. Nevertheless, this does now form established national policy.

We would advise practices to have a clear chaperone policy, trained chaperones available during working hours, and when a chaperone is used, for that to be in line with recommended practice around their visibility and documentation. Whilst practices are contractually obliged to have regard for guidance from NHSE, we would also draw attention to the following from the document:

Though it is important that patients and service users are provided with the offer of chaperones in [primary care settings], the need for adaptability in how this is fulfilled must be recognised.

NHSE UPDATES

Same Day Access:



NHS England has published two new technical resources to support delivery against the 2026/27 GP Contract requirement for clinically urgent patients to be dealt with on the same day. It is for the GP practice to determine which patients are clinically urgent.

- [Recording Same Day Appointments for Clinically Urgent Patients](#) sets out how practices should record these appointments using national GP Appointments Data (GPAD) categories.
- The [GP Appointments Data Dashboard – National Category Mapping Guide](#) provides practical advice on using the GPAD dashboard to accurately map national categories to appointment slots.

NHS England is hosting two national webinars to support ICBs and practices. The sessions will provide practical guidance on correct appointment category recording, improving data quality, and using GPAD dashboards. Register here for the [Webinar for practices: Thursday 26 March, 5–6pm](#)

MMR vaccination for practice staff



Due to the recent measles outbreaks, GP practices are permitted to administer MMR vaccines to their eligible staff who are registered with another practice under INT (immediately necessary treatment). This is a time limited arrangement from 1 April 2026 to 30 September 2026. Completing doses must be administered in accordance with the recommended intervals in the [Green Book](#) and by 30 September 2026.

An item of service fee cannot be claimed for MMR vaccines administered to staff registered with another practice. However, clinical negligence indemnity cover will be provided through CNSGP and nationally supplied MMR stock can be used. Staff must be strongly encouraged to inform their registered practice that they have received an MMR vaccine, requesting it be included in their medical record. NHS Resolution will shortly update its banner to confirm these temporary arrangements.

SNOMED codes for measles, mumps rubella and varicella (MMRV) invitation, contraindicated and declined. The following codes are now visible in the [SNOMED CT Browser](#) and should be used in addition to the codes already available, for recording of vaccination declined / contraindicated / invitation for MMRV:

- 2775081000000108 - Preferred term: MMRV (measles, mumps, rubella and varicella) vaccination declined
- 2775091000000105 - Preferred term: MMRV (measles, mumps, rubella and varicella) vaccination contraindicated
- 2775101000000102 - Preferred term: MMRV (measles, mumps, rubella and varicella) vaccination invitation

Neighbourhood health framework



The [Neighbourhood health framework](#) has been published, outlining how ICBs, local authorities, health and wellbeing boards and other partners should create and deliver neighbourhood health services. It defines neighbourhood health; sets out the challenges neighbourhood health and care services should address; establishes clear metrics for success; maps out the process systems should go through to establish local metrics; and defines the roles of ICBs, local authorities, health and wellbeing boards, and other partners in neighbourhood health's development and implementation.

In addition, [Fit for the future: towards population health delivery models](#) sets out how the population-based delivery models introduced in the 10 Year Health Plan can be used by ICBs and providers to organise integrated services around defined populations, improving routine care while supporting long-term conditions and providing better alternatives to hospital treatment.

PM REVIVE

Supported by



Cambs LMC

Practice Management Conference 2026

Leading the Practice. Shaping the Future.



Thursday 18 June | 9:00 - 17:00



Marriott Hotel, Huntingdon

[CLICK HERE TO
SECURE EARLY
BIRD TICKET PRICE](#)

Private services prescribing medicinal cannabis

We have recently received a number of queries regarding private services that prescribe medicinal cannabis to patients.

This has been legal since November 2018, regulated under Schedule 2 of the Misuse of Drugs Regulations 2001. Prescribing on the NHS remains uncommon, and most prescribing is undertaken by private providers.

Practices may be approached by patients requesting referrals or clinical information in advance of a consultation, and may also be contacted directly by these providers.

NHS GPs are not commissioned to be involved in these services. While you may refer patients to private providers, this should follow the same principles as any referral, i.e. it should be based on your own clinical judgement and something you would be prepared to refer for within the NHS.

You may provide factual clinical information with the patient's consent. Where this involves additional work, such as completing a proforma or preparing a letter, this may be charged in line with your practice's private fees policy. Patients may also request copies of their records, which should be managed in accordance with your usual procedures.

We would recommend that any information provided is clearly factual and avoids offering an opinion on the appropriateness of prescribing.

We are aware that one provider, Releaf, has a section on its website which allows patients to search for their own GP practice. We recognise that some practices may feel uncomfortable being listed and would suggest contacting the organisation directly to request removal if your practice is included.

ICB Webinar 19 March

If you missed yesterday's webinar, look out for the PC update and slide deck in your inboxes with some key updates, including PLT dates from April 2026 onwards and some ICB transitional updates

Meningitis B Comms

There continues to be new and updated information and resources being published.

The most recent emails from the ICB can be searched using the start of their subject headers below:

[PC0917 |](#)

[PC0919 |](#)

[PC0920 |](#)