

Face-to-face appointments

As I said to the [UK LMC Conference which was held this week](#), general practice has been through a hard and difficult time that has left many physically exhausted and mentally drained. It's tested every GP team and individual like never before. But it has shown the profession at its best. We have been there for our patients. We have not let them down. We have responded to this unprecedented situation and we have risen to and met the challenge. The hard work and dedication of so many people in general practice has saved countless lives and the nation owes you all a huge debt of gratitude.

So, the media headlines of recent days and the subsequent letter relating to the [Standard Operating Procedures](#) from NHS England has completely understandably left many GPs and practice teams demoralised, angry and feeling that the immense workload pressures that practices are currently experiencing is not recognised or appreciated. Practices need help and support not condemnation and criticism. I have already expressed to NHSE my very deep concern about the contents of their letter, and I have been candid about how it has been received by the profession.

Instead of knee-jerk responses to press headlines there needs to be proper acknowledgement from the Government and NHSE/I that practices are under huge pressure at the moment, that you are doing the right thing by working in line with national infection protection and control guidance as set out by the CMO and that you have been using telephone and online consultations appropriately to both keep patients and staff safe. This also needs to be much more clearly explained to the public.

It is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community. Practices have the contractual freedom to do this taking in to account their capacity and workload pressures, and by doing so delivering a safe service to their patients.

None of us trained to be call-centre GPs and we all want to get back to a time when we have the freedom to see more patients face to face but we need to do that in a way that matches capacity and safety within each practice. As covid-19 prevalence falls and, through the incredible efforts of general practice, vaccination levels rise practices are rightly and wisely adapting the arrangements they have had during the height of the pandemic. However, at present we know there is no spare capacity, there is no surplus workforce waiting to come and assist and the impact of the wider NHS backlog is having a massive impact on every practice. We know that Practices have been and will continue to offer face to face appointments for those patients who need them as well as trying to protect our patients and colleagues from becoming infected in our surgeries.

We don't just need our patients' understanding, we have often had that throughout this last year, we need governments to act. We don't just need short term fixes, or more letters and guidance telling us what to do, but a return to the freedom to deliver services in the way that best meets the needs of our patients, as well as long-term commitment to investment and development of general practice. That is what we will keep pushing for and what we expect government and NHSEI to deliver.



Here is a copy of the [statement to GPs](#) sent today. Please share it widely. You can also read my full press statement [here](#)

The increased media focus, like these articles in the [Telegraph](#) and [Telegraph](#), so often fail to reflect the massive pressure practices are currently under, nor the continued need to adhere to national guidance to maintain safe infection control arrangements for both patients and our workforce, further damaging the morale of a dedicated and hardworking general practice workforce.

LMC UK Conference 2021

The LMC UK Conference 2021 was held this this week, where we debated a wide range of motions – many focused, not unexpectedly, on the workload and workforce pressures in general practice which have been exacerbated even further during the pandemic. We also passed some very important motions, including ones calling for zero tolerance to racism and the role general practice can play in addressing climate change.

In my [speech](#) to the conference I highlighted that the past 14 months have tested every GP team and individual like never before and I called for the Government to act to address this and provide real and meaningful support for practices as they continue to play a vital role in the country's pandemic recovery. We cannot allow another crisis to hit us without being better prepared.

This comes as the recent [GP appointment data](#) revealed that there were 3million more appointments in March this year than there were in March 2019, before the onset of the pandemic, and the [workforce figures](#) published last week which showed that NHS in England lost more than 900 GP partners between March 2020 and March this year. This at a time where the number of patients per practice is 22% higher than it was in 2015. Resulting now in 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015.

This issue was also illustrated in the latest [BMA survey](#), which found that a third of GPs said they were more likely to retire early following the pandemic and one in five said they were more likely to leave the NHS for another career, citing workload and their own health and wellbeing as the primary reason. Read the BMA's full analysis of the figures on the [GP pressures page](#).

The attached graphs by NHS Digital on online consultation submission, also clearly show the increase in the use of online consultations, which have nearly double in the past year.

Watch my full speech [here](#)

I particularly want to say thank you to Mark Corcoran, Chair of the Conference, and Katie Bramall-Stainer, Deputy Chair of Conference, for their excellent chairing and handling of this virtual event.

The resolutions are attached, and will be added to the [website](#), along with recording of the event, shortly.

[GP online](#), [Pulse](#) and [BMJ](#) reported on my speech, which was also [press released](#). Pulse also reported on motions on future [COVID vaccine DES](#), [e-consultations](#), [15 minute consultations](#),

COVID-19 vaccination programme

As of yesterday, 13 May, [38-39-year-olds](#) (part of cohort 11) are now eligible to receive the COVID-19 vaccination in England. This comes after [JCVI updated their advice for vaccination of those under 40](#) last week, which NHSE/I issued [guidance](#) on for GP practices.

COVID vaccine status

The [Government has announced](#) that from 17 May 2021, people will be able to demonstrate their COVID-19 vaccine status for travelling purposes, by accessing the NHS app, or by calling 119. People are also strongly advised not to contact their GP to prove their vaccine status.

“Do not contact your GP surgery about your COVID-19 vaccination status. GPs cannot provide letters showing your COVID-19 vaccination status.”

This was also supported in a motion at the LMC UK Conference passed on Tuesday, which called for easy access to complete vaccination and immunisation record, to provide evidence for employment and travel purposes, to reduce the need for patients to request this from their GP.

In preparation for the requests that may arrive in general practice, practices can use the following draft text to inform messages on your websites and to signpost patients to:

“Thank you for contacting the surgery enquiring about COVID vaccination certification.

We are unable to issue this certificate at the practice.

Please see the [Gov.uk website](#) for further information.

Proof of your vaccination status will be available on the NHSapp, which is also valuable for accessing your health records and ordering repeat prescriptions.

The NHSapp can be downloaded from [here](#) for iPhone or [here](#) for android.

Alternatively, you can call the NHS helpline on 119 (from 17 May) and ask for a letter to be posted to you. This must be at least 5 days after you’ve completed your course of the vaccine, the letter may take up to 5 days to reach you.

Kind regards *Your Surgery* “

Changes to National Booking Service (NBS) for pregnant women

The new NBS functionality will enable pregnant women to book appointments at a site that offers the Pfizer-BioNTech or Moderna vaccine following a series of screening questions. This is in line with JCVI guidance and the [Green Book](#).

Every woman who is pregnant or thinks she might be, should be offered a discussion on the potential risks and benefits of vaccination with a clinician, so that she can make an informed choice about whether to receive it. Pregnant women will be able to have a conversation with a healthcare professional at their vaccination appointment or can speak to their maternity team or GP service.

Vaccine data

Nearly [55 million doses of COVID vaccines](#) have now been delivered in the UK, and over 18 million have also received their second dose. The latest [data](#) show that over 30 million people in England have received their first dose, and 16 million their second dose.

Read more about the latest changes in our [guidance about the COVID-19 vaccination programme](#).

Online Consultations - Contractual Requirements (England)

We are aware that there have been a growing number of concerns relating to NHSE/I guidance suggesting, and local commissioners requiring, practices to maintain online consultations and remote triage systems.

The contractual position

Before the pandemic, as part of the [2019 GP contract deal](#) (paragraph 5.10 (i)) GPC England agreed that it would eventually become contractual for practices to offer online consultations during core hours. This agreement has not yet been added to the contract regulations, so is not currently a contractual requirement. However, GPCE also agreed that practices should offer online consultations as early as possible, provided that the necessary infrastructure is in place, but it would not become a requirement until it is entered into the contract regulations. It is therefore for practices to determine how best they use online consultation systems, including what hours they are available, and they should try to use them in such a way that helps with triage and workload management, enabling the delivery of a safer and more accessible service to all their patients.

The reality for practices and patients

The COVID pandemic has necessitated the implementation of online consultations and remote triage ahead of time. Many practices have found remote triage and online consultation systems useful as a way of gathering more information from patients to assess whether they need to be seen face to face, and to direct them to the most appropriate service/healthcare worker as well as manage demand, workload and crucially safety during the pandemic. However some practices find these systems can increase demand and workload pressures, and many practices as well as patients want a return to arrangements that we last saw in 2019.

It is clear that patient experiences and their expectations have changed due to the pandemic, and that both patients and practices are now using technology to support consultations to a greater extent, but it is also clear that practice workload and demand (which was very high before the pandemic) has also increased over the last few months as we move into the recovery phase.

GPCE has been rebutting suggestions in the media that practices have been preventing patients from accessing services face to face, as any patient who needs it can, and has always been able to, have a face to face appointment. Telephone and online consultations have been appropriately used by practices as a safer way of consulting during the pandemic period, and has allowed many millions of patients to access appointments. Many lives may have been saved as a result.

The future

We all hope to get back to a greater proportion of face to face appointments when it is safe to do so and government restrictions allow, as this is at the heart of good doctor patient relationships and why many of us became and continue as GPs, but that also depends on the capacity of a limited and exhausted workforce to cope with growing demand. We therefore need the government and NHSEI to do far more to support general practice at this critical time, not just with IT, but practical support for the workforce and funding to improve practice premises to create safer environments.

The whole model of access to general practice, including the impact on practice workload and the patient experience, must be reviewed as we move toward a new normal. Practices need the flexibility to find a model that works for their patient population and for the practice workforce – this cannot be a one-size-fits-all approach with total or majority online service, but equally cannot be a total face to face service; there will be a need for a balance.

DPN for GP Data for planning and research (GDPR), legal direction (England)

NHS Digital issued a [Data Provision Notice \(DPN\)](#) on 12 May to all practices in England notifying them of their intention to begin extracting data as part of the GP Data for Planning and Research (GDPR) programme. GDPR is the successor to the GP Extract Service (GPES) and it is a legal requirement for practices to comply with the DPN.

Read our [joint statement with the Royal College of GPs](#) about this.

Practices need to comply with DPN; update your Privacy notice; consider as a practice if you will proactively be contacting patients to inform them of what is changing; and register type1 opt outs in a timely fashion. See also these key documents/links:

[Data Provision Notice \(DPN\)](#)

[Privacy statement](#)

[Patient information on GDPR](#)

[Transparency notice](#)

[Type 1 opt-out form](#)

[Next steps for GPs](#)

International Nurses Day

It was [International Nurses Day](#) earlier this week and we would like to acknowledge and pay tribute to the vital role of practice nurses and the many community nurses who work closely with practices on a day to day basis. As essential members of the general practice workforce we all benefit from their skills and expertise. I raised this in my speech to the LMC UK Conference, when I called for the investment necessary to be able to recruit and retain more practice nurses, as just as with GPs, as we have not seen the increase in their number in the way that we and our patients need.

On [#NursesDay](#) we celebrated and thanked our nursing colleagues for all that they do [#NursesDay2021](#)- read our [tweet](#)

New GP Pay and Pensions system (England)

The new GP Pay and Pensions system is due to become available to practices and GPs on 1 June. PCSE has this week [written to LMCs](#) with further information setting out some of its preparatory work and the support which will be available to users of the system.

Parliamentary elections 2021

I would like to congratulate Dr Ivan Camphor who was elected as a Wirral councillor and former GP Trainees Committee co-chair Sandesh Gulhane who was elected as a new MSP. In addition, Dr Onkar Sahota was re-elected on to the London Assembly as Ealing and Hillingdon representative. If you are aware of other GPs who were elected in local or national elections please let us know.

Mental health and awareness week 2021

It is the [Mental Health Awareness Week this week](#), hosted by the mental health foundation.

The BMA now offers face-to-face counselling, in addition to our [existing wellbeing services](#). For the next six months, you can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions, provided by the BMA's existing accredited provider Health Assured, through a grant from the [CHSA](#). Call 0330 123 1245 today or [visit the website](#) for more information.

Access the [BMA's COVID-19 wellbeing pages](#) and the [BMA wellbeing twitter page](#)

GP Trainees Committee regional elections 2021

Nominations for the BMA's [GP Trainees Committee](#) in the below regions in the UK are **open** until **12pm, 19 May**. Seats are for a two-session term, 2021-23.

Eastern
East Midlands
Kent, Surrey & Sussex
London North West
Mersey
North East
Northern Ireland
Peninsula
Scotland, North
Scotland, South East/East*
Thames Valley
Wales
West Midlands
Lancashire**
Scotland, West**
Severn**

*this seat is a by-election and is for a one-session term

**these seats are a by-election and are for a one-session term only

To submit your nomination, please login to the BMA's [election system](#). You need a [BMA website account](#) to take part in these elections. If you have any queries regarding the election process, please contact elections@bma.org.uk

EU settled status webinar

The Cavendish Coalition and the Home Office will be holding a webinar on [Ensuring the settled status and right to work of social care and NHS staff](#) on **Wednesday 26 May, 12-1pm**.

You can join this free webinar with colleagues from the Home Office to find out the latest on the EU settlement scheme, right to work for your EU nationals and next steps, as we fast approach the application deadline. Designed for recruitment leads and HR, you will hear best practice from social care and NHS organisations, in addition to a question-and-answer session. This will be relevant for employers of EU nationals, including GP practices or independent contractors. The webinar is free to join and if you wish to attend, please [sign up here](#)

Media

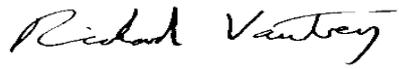
The [Bournemouth Echo](#) reported on the recent [GP appointment figures](#) showing increasing number of appointments in March. I commented: "Every day, more than a million patients in England had an appointment with their practices, whether this was the significant proportion seen face-to-face, on the phone, or, for a smaller number, via video call. This phenomenal amount and associated workload is before we consider the hundreds of thousands of other people being vaccinated via GP-led sites each day."

Iain Morrison, member Scottish GPC, has written an article in the [Scotsman](#), calling for urgent support for Scottish GPs, who have been pushed close to breaking point.

Read the GP bulletin [here](#).

Have a good weekend

Richard

A handwritten signature in black ink that reads "Richard Vautrey". The signature is written in a cursive style with a long horizontal stroke at the end.

Richard Vautrey
Chair, BMA GPs committee