

LMC Update Email
21 May 2021

Dear colleagues

Vote of no confidence in NHS England leadership

As lockdown measures are easing to various extents across the UK this week, and the [BMA urging 'utmost caution'](#), GPs in England are understandably angry after receiving the letter from NHSEI last week about face to face appointments and seeing walk-in patients in advance of an updated SOP whilst the [Government's guidelines](#) still recommend social distancing in healthcare settings, and at the same time asking for second doses of COVID vaccinations to be brought forward, causing enormous pressure on general practice.

If it has not been evident to government, media or the public before now, it is now clear beyond doubt that general practice is under immense strain as a result of significant and unsustainable workload pressures and are delivering a far greater [number of consultations](#) (3m more) than they did at the same time two years ago, before the onset of the COVID-19 pandemic. This not only follows the serious impact of the pandemic and the hugely impressive involvement of GPs and their teams in delivering the COVID vaccination programme so quickly and effectively, but also the major scale of the NHS backlog and that GP recruitment and retention is still nowhere near at the levels we need and your government has pledged to address. Added to this, demand for our services has increased significantly through the use of additional means of communicating with patients through the growing use of online consultations.

As stated in my [address](#) to the UK LMC Conference last week, general practice has been through a hard and difficult time that has left many physically exhausted and mentally drained. It has 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.

The media headlines of recent days and the subsequent [letter](#) relating to the NHSE/I's [Standard Operating Procedures](#) (published yesterday) 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. **Note that this is guidance and not contractual. It is for practices to determine how they meet the reasonable needs of their patients.**

We have already expressed our very deep concern to NHSE/I about the contents of their letter, and we have been candid about how it has been received by the profession.



We have also [written to the Secretary of State for Health, Matt Hancock MP](#), calling for the Government to provide urgent support to general practice and clarity to practices and patients about the expectation to deliver more face-to-face appointments and enable walk-in patients whilst also maintaining safe waiting and reception areas, and asks for an urgent meeting to discuss this. This follows an urgent meeting I have already had this week to discuss the situation with Health Minister in England, Jo Churchill MP. The letter also outlines a number of changes which the Government must make if practices are to increase the number of face-to-face appointments. Read our press statement [here](#).

As a result, in the GPC England meeting yesterday we discussed and passed an Emergency Motion of no confidence in the leadership of NHS England following its “tone deaf” letter to practices last week around face-to-face appointments, and longer-term failure to support, or recognise the efforts of, the profession over the last 14 months. The motion also demands an explanation from the Government as to why the letter was sent last week and an urgent meeting with the Secretary of State for Health and Social Care. As a result, the committee has now ceased all formal meetings with NHSE/I and this will continue until sufficient steps have been taken to give the committee confidence to justify a resumption in such meetings.

This motion sounds a much-needed warning bell, rung by GPs at the end of their tether, emotionally and physically exhausted by the past 14 months. The onus is now on NHS England and ministers to fix a broken system so that patients as well as doctors have a GP service that is fit for purpose in every way. Read my full [statement](#)

We are calling for an end to this management-by-directive approach which is not appropriate at this stage of the pandemic. To reiterate, such guidance is not contractual and it is for practices, as independent contractors, to determine how they meet the reasonable needs of their patients, and how they organise their appointment and access arrangements, including online consultations and triage, in the best way they can utilising their available capacity and expert knowledge of their local community.

Media

The story about the vote of no confidence was widely covered in the [Telegraph](#), [Mail Online](#), the print version of the Times, [GP Online](#), and [Pulse](#). It was also mentioned on BBC Radio 4 this morning, and across regional BBC stations such as BBC Merseyside. The [Yorkshire Post](#) also ran the story.

Our [statement](#) on the [NHS England letter about the SOP](#) published last week on returning to face-to-face consultations was covered by [The Times](#) (paywall), front page of the The Daily Telegraph (print), [GP Online](#) and [Management in Practice](#). I was quoted saying: "We need to be very clear, GP practices have continued to see patients in person during the pandemic, but as with many other NHS services, the number of face-to-face appointments has understandably had to reduce to protect patients - particularly those at higher risk if exposed to such a potentially lethal virus – and to protect our staff." I was also interviewed on LBC News on Saturday on this subject where I said that it was vital that doctors had kept their patients safe throughout the pandemic without bringing them in unnecessarily to health settings.

The story about our letter to Matt Hancock was picked up by outlets including [Pulse](#) and the [BMJ](#). In addition, Brian McGregor, GPC England member, was interviewed by [BBC Humberside](#) (around 9.30am) about the letter.

Mark Sanford-Wood, deputy chair of GPC England, spoke to [BBC Spotlight](#) about general practice pressures. He said that general practice in his area of Plymouth was close to collapse a few years ago,

and that although it managed to recover, is still operating with severe workforce shortages - all in the midst of a global pandemic.

Summary of press and news: [BMA reflects anger of the profession and calls for an urgent meeting and support for general practice \(bma-mail.org.uk\)](#)

Online consultations – 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.

COVID-19 vaccination programme

As of yesterday, [34 and 35-year-olds](#) will receive texts inviting them to book a COVID vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site.

COVID-19 vaccination: accelerating second doses for priority cohorts 1-9

Following the recommendation by JCVI that reducing the dosing interval to help protect the nation from the COVID-19 B.1.617.2 variant, the [Government has instructed](#) that appointments for a second dose of a vaccine **will be brought forward from 12 to 8 weeks** for the remaining people in the top nine priority groups who have yet to receive their second dose. People should continue to attend their second dose appointments, and nobody needs to contact the NHS. The NHS will let those who should bring their appointment forward know, when they are able to do so.

Vaccination sites will receive an increase of the AstraZeneca vaccine to support with rescheduling second dose appointments.

The [letter from NHSE/I](#) promised additional financial support would be made available to vaccination centres to cover the administration costs of this activity and earlier this week we pushed for this to be made. We are pleased that NHSE/I has now published [Further details on the support available for PCN-led sites](#), including CCGs and ICSs to bring in additional workforce where possible, and additional payment of £1,000 for PCN groupings for rescheduling second dose appointments on or after 25 May 2021. They have also updated their [FAQs on providing second doses](#).

Updated Enhanced Service Specification

The [Enhanced Service Specification](#) for the COVID-19 vaccination programme 2020/21 has been updated to introduce a 3 month maximum period within which payment claims must be made, a change to restrict PCN groupings to using a single Point of Care system, as well as a change to permit the administration and payment claim of a single dose vaccine.

BMA media campaign 'Spread the word, not the virus'

The BMA has launched a [social media campaign to encourage a better uptake of COVID-19 vaccinations amongst communities from minority ethnic backgrounds](#).

Working with a group of influential social media creators, who have developed short video posts for Instagram, it is hoped that the campaign will pass on the message that everyone who can be, needs to be vaccinated so that the risk of infection and illness reduces and life can get back to normal. Find out more [here](#).

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.

Guidance for vaccination centres to ensure access to people with dependent children

We have welcomed guidance recently published to ensure that people are not turned away from vaccination centres because they attend with dependent children – and have called for it to be publicised more widely. We intervened after a junior doctor on maternity leave was refused entry at a hospital vaccination site because she was carrying her three-month-old baby. Details of the case can be read [here](#).

Storage of Pfizer vaccine

Following [reports by the European Medicines Agency](#) that the approved storage period in a fridge for the Pfizer vaccine could be extended from days to weeks, the [MHRA has approved](#) new storage conditions for the vaccine, extending the length of time the thawed vaccine can be stored at normal fridge temperatures from 5 days to 31 days. NHSE/I has also published a [letter](#) about the change to shelf life of the Pfizer vaccine when stored in refrigerators at 2-8C. This change makes a big difference to the remaining vaccination campaign and potentially simplifies the giving of boosters at the same time as flu vaccines later in the year. However work still needs to be done on trying to reduce pack sizes. We have also questioned again the continued need for a 15 minute observation period after vaccination.

Vaccine data

Nearly [60 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 18 million have also received their second dose. The latest [data](#) show that over 31 million people in England have received their first dose, and 18 million their second dose.

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

COVID-19 data

The weekly summary of COVID-19 data, including information on the backlog of NHS work in each nation is attached.

NHS Standard Contract 2021/22 – New “interface” provision (England)

Following reports from GPs regarding inconsistent implementation of [NHS Standard Contract](#) requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs, and they also need to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the relevant LMCs.

In addition to previous changes, this year there is an additional requirement which is set out in Sections 3.17 and 3.18 of the [NHS Standard Contract](#):

“3.17 The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September 2021 (and annually thereafter), the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider’s compliance with SC6.7, SC8.2-5, SC11.5-7, SC11.9-10, SC11.12 and SC12.2 of this Contract.

3.18 Following the assessment undertaken under SC3.17, the Co-ordinating Commissioner and the Provider must then:

3.18.1 agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees;

3.18.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and

3.18.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.”

GP Data for Planning and Research, legal direction (England)

On Wednesday 12 April, NHS Digital issued a [Data Provision Notice](#) (DPN) to all practices notifying them of their intention to begin extracting data as part of the GP Data for Planning and Research (GPDPR) programme. GPDPR is the successor to the GP Extract Service (GPES) and it is a legal requirement for practices to comply with the DPN. Your IT supplier will be in touch separately with instructions on how to comply as these vary by system.

These are the next steps that practices need to take include complying 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 GPDPR](#)

[Transparency notice](#)

[Type 1 opt-out form](#)

[Next steps for GPs](#)

A joint statement from BMA and RCGP can be found [here](#)

Primary care system development funding and GPIT funding guidance (England)

NHSE/I has published [primary care system development funding and GPIT funding guidance](#) for 2021/22. This outlines the funding, which GPCE has played a significant role in securing, both nationally and for each region for a range of general practice schemes. In summary at national level the funding available this year includes:

- £746 million for ARRS (£415 million included in the CCG baseline and £331 million held centrally)
- £55 million (at least) for GP fellowships
- £8.1 million for mentor scheme
- £15.5 million for the NPPS
- £120k per ICS for flexible staffing pools and digital staffing platforms
- £12 million for local GP retention fund
- £12 million (at least) for training hubs (separate to HEE funds for training hubs)
- £5 million for international GP recruitment
- £65 million for digital first support (additional £3m to fund staff for NHSEI regional teams)
- £16 million for online consultation software systems
- £246.5 million for GPIT systems and support in CCG baselines
- £13 million for technology upgrades
- £80 million GPIT BAU capital
- £105 million for GPIT futures framework
- £10 million for Access improvement programme (three streams of £5m, £2m and £3m)
- £29.2 million for PCN development
- £8.5 million for General Practice Resilience Programme
- £40 million for ETTF

New GP Pay and Pensions system (England)

Reminder: The new GP Pay and Pensions system is due to become available to practices and GPs on 1 June. We will include links to PCSE's guidance and relevant contact details next week.

GPC England meeting

GPC England met yesterday, and in addition to debating the motion in response to the NHSEI letter we received reports from the GP sessional committee, GP trainees committee and our gender champion Rachel Ali. The committee received the resolutions from the UK LMC conference, and focused particularly on the workload issues raised, and how we can do more to support practices at this time of significant pressure.

We also discussed the challenges facing dispensing doctors and I reported on a joint meeting I had on Wednesday, together with members of the Dispensing Doctors Association, with Ann Morris MP, the chair of the All Party Parliamentary Group on Rural Health and Social Care, where we raised these issues.

LMC UK Conference 2021

The LMC UK Conference was held last week, as a virtual event.

See the [resolutions](#) and watch a [recording](#) of the event.

See also updates by [Ben Molyneux, Chair of Sessionals GPs Committee](#), and by [Lynn Hryhorskyj, Chair GP Trainees Committee](#)

These are also available on the [website](#) (in the LMC UK Conference tab).

LMC UK Conference election results

Following the close of voting for the LMC UK conference elections 2021, the results are:

Chair of conference:

Katie Bramall-Stainer (elected uncontested)

Deputy chair of conference:

Matthew Mayer

Early career GP:

Donna Tooth

GPC UK representatives:

Rachel Ali

Paul Cundy

Peter Holden

Krishna Kasaraneni

Denise Mcfarlane

Amy Small

Zishan Syed

Claire Wand fund trustees:

Oluwadamilola Adedayo

Samira Anane

Michael Ingram

GP Trainees Committee regional elections 2021

The deadline to submit nominations for the BMA's GP Trainees Committee in the below regions have been extended to 12pm 24 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**

*the deadline for nominations for this seat is 12pm 26 May

**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.

For more information about the GP Trainees Committee please visit their [webpage](#).

Congratulations

Congratulations to GPC England member Chandra Kanneganti who has become the Lord Mayor of Stoke on Trent. Read about it [here](#)

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](#)

Forced labour in international PPE supply chains through COVID-19 – issues and solutions

The BMA has been a leading voice in fair and ethical trade for more than 15 years, speaking out against modern slavery and labour rights abuses in the production of medical supplies.

The COVID-19 pandemic has created a surge in demand for PPE globally. At the same time, labour rights concerns about the production of PPE have been gaining traction in the media. Following on from our 2016 report [In good hands: Tackling labour rights concerns in the manufacture of medical gloves](#), it is timely to look again at the issue.

Join this free online event where we will present the latest findings from a project at the University of Newcastle on endemic forced labour in the medical gloves sector (funded by the Arts & Humanities Research Council and the Modern Slavery Policy & Evidence Centre). There will also be an opportunity to discuss what future steps can be taken to ensure transparency and accountability in international supply chains for medical goods.

The online event is open to members, policy makers, academics, and individuals with an interest in healthcare procurement and will take place on **Thursday 1 July, 10-12**. Register [here](#).

Media

NIGPC deputy chair Frances O'Hagan was interviewed on [BBC's The View programme](#) (28:07) about the further easing of lockdown measures in Northern Ireland as [announced by the Executive](#) and new cases of the Indian variant of Covid. Dr O'Hagan said: "We know that the Indian variant is here in Northern Ireland but what we don't know is what age group it is in. However, we now have 1.5 million people vaccinated in Northern Ireland - a phenomenal response - with half of those given by general practice."

NIGPC member Ursula Brennan was interviewed across [BBC News NI](#) and [BBC Newsline](#) broadcast about public perceptions of accessing GPs throughout the pandemic. They also talked about how this is impacting morale within primary care. As part of this coverage, NIGPC chair Alan Stout was

interviewed on [BBC Good Morning Ulster](#) (2:19:19) about the move to telephone consultations when accessing GP services initially, and how this is a more efficient and faster way of working. NIC chair Tom Black was also interviewed in the [Belfast Telegraph](#) and [Radio Foyle Breakfast Show](#) (1:48:00) about the growing waiting list crisis and increasing concerns for patients, and Alan Stout, NIGPC chair, also gave a briefing to the [Northern Ireland Assembly's Health Committee](#) addressing complaints about patient access to GP services, which was reported by [UTV Live](#), [Belfast Telegraph](#), [Belfast Telegraph](#), [Irish News](#), [News Letter](#), [Downtown Radio News](#) and [Q Radio News](#)

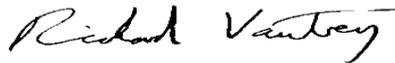
Read the GP bulletin [here](#).

Read the latest Sessional GPs bulletin [here](#).

We would encourage LMCs to share this GPC update with GPs and practices.

Best wishes

Richard



Richard Vautrey

Chair, BMA GPs committee