

LMC Update Email  
25 June 2021

Dear colleagues

### **New PCSE pay and pension system update (England)**

We have grown increasingly concerned about the volume of issues being raised about the new online portal for pay and pensions. The issues are wide-ranging and involve both historical migrated data and current data. We are aware of some of this data being incorrect, some of it being missing and still more just being unclear to users. It is affecting GPs' pension data in many instances, locum and solo performers being particularly affected, and there have also been early issues with some payment runs to practices. PCSE assures us that all of this is being addressed urgently but we need to see more evidence that this is happening.

We, along with the Institute of General Practice Management, have [written to the Chief Commercial Officer of NHS England](#) to raise our concerns and demand urgent action to ensure that GPs and practices are able to use the system as intended as we approach a critical time for many users.

GP engagement with the new system remains low according to the data we have seen, so we would urge GPs to log in and check their records as a priority and to [inform PCSE](#) of any errors. We would also ask all system users to make use of [PCSE's guidance materials](#). We understand that a significant number of calls and emails to PCSE are being answered with information from the guidance.

### **Meetings with Health Minister, Jo Churchill (England)**

We met with health minister, Jo Churchill, this week to follow up the points raised in our previous meeting with the Secretary of State for Health and Social Care and following his recent [letter](#), where we called on the Minister to bring an end to SOPs, and the NHSE/I approach to overly prescriptive management of general practice. We also asked for improved direct messaging to patients and pushed for the PCN service specifications planned for October to be delayed until April 2022 at the earliest in order to reduce additional workload burden for practices during the autumn and winter when we are likely to be facing a rise in respiratory illness alongside the need to focus on flu/COVID-19 vaccinations and support patients impacted by the on-going NHS care backlog.

We raised the need to maximise ARRS recruitment this year, to maintain the options for flexible working and the issue of practice premises, including the need for more space, not least for PCN recruited staff to work from. We also discussed the need for the government to do more to inform the public about the pressures the whole NHS was under and for them to encourage people not to take out their frustration on frontline staff, particularly by abusing reception staff.

Following a joint GPC England/DDA (Dispensing Doctors Association) letter to Jo Churchill MP about a range of dispensing issues, I joined Dr Richard West, the chair of the DDA, for a meeting with the health minister to discuss how these issues could be addressed. We highlighted the need to enable dispensing practices to use the electronic prescribing system, to address the issues relating to rurality that adversely impact many dispensing practices and called for improvements to the arrangements for drug reimbursement.



**Meeting with the Minister for COVID Vaccine Deployment, Nadhim Zahawi (England)**

I met with Vaccines Minister, Nadhim Zahawi this week to discuss the COVID booster vaccine and the flu vaccine preparations. The Minister opened the meeting by thanking GPs for their work and recognising the success of the COVID vaccine programme. He outlined that work is underway to roll out a booster campaign, but that questions remain and the final decision will be made by the JCVI. Operational guidance will be coming out shortly to enable practices to opt in to phase 3 of the programme.

I outlined the need to base the programme as much as practically possible on the historically successful annual local delivery of flu vaccination, which is effectively “business as usual” for practices and pharmacies. We also discussed the need to support practices and not to add additional burdens during what is likely to be a challenging winter, and called for IT improvements, including how the NHS app could be used to record wider vaccine provision to enable patients to be empowered to check their own vaccine history.

**Exemptions for care workers**

Following a public consultation, it was recently announced by the Government that, from October, [people working in care homes will need to be fully vaccinated against COVID-19](#).

This will impact those who visit care homes, including GPs and community teams. The government has said that a small number of people would be exempt and whilst they have indicated that individuals may be directed to their GP to provide evidence for their exemption, we do not believe this should be the approach.

We believe a better approach would be for local authorities to receive support in commissioning a dedicated service to assess exemption requests that does not require GP involvement, as is the case in many areas for disabled parking badge and that the Government should support local authorities with this. This would lead to a consistent approach as well as reducing a further workload burden for practices. Should the government continue to suggest GP practices should do this, we believe this will require practices to refer to a secondary care service to do the necessary assessment as many of these patients will be receiving specialist care.

The government also plans to launch a further public consultation on whether or not to extend this to include all those employed in health and care settings. Read the [BMA's response](#) to the announcement on a consultation on mandatory COVID-19 vaccinations for healthcare workers.

**COVID-19 vaccination programme**Vaccine cohorts

[All adults aged 18 and over](#) (cohort 12) in England are eligible for the COVID-19 vaccines and will be receiving texts inviting them to book a vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site. This weekend many sites will be offering the opportunity to attend a centre without an appointment for vaccination.

In [Scotland, people aged 30 and over](#) can get their vaccine, and in some parts of Glasgow people aged 18 and over can also get the first vaccine.

In [Wales, people aged 18 and over](#) can get the vaccine as of last week.

In Northern Ireland, people aged 18 and over can book [online](#) or call 0300 200 7813.

### Vaccine supply

While the limited supplies of the Moderna vaccine have always been directed to mass vaccination sites, in recent weeks some areas have reported seeing a significant reduction in the volume of Pfizer vaccine available and supplies are not meeting demand from those still to be vaccinated. This means some people waiting weeks for their first-dose appointment at a time when we need as many as possible to be protected as quickly as possible.

While the Government insists that the UK is on track to offer a first dose to all adults by its own 19 July deadline, we need honesty and transparency about what supplies are available nationally. This is especially urgent given the need to stem the spread of the Delta variant by vaccinating as many people as quickly as possible.

### FAQs to support general practice and students in higher education institutions

NHSE/I has published [FAQs to support general practice and higher education institutions](#), which advises that although in general, patients should return to the place they had their first dose to have their second dose, students in higher education are able to receive their second dose in a different location to their first dose if they have relocated. The National Booking Service has an option to book or re-arrange the second vaccination appointment at a different location to the first appointment.

The guidance also advises on what the options are for student who had their first dose in Wales, Scotland or Northern Ireland, but is in England at the time of their second dose. If a person has received a first dose of COVID-19 vaccine overseas with a vaccine that is also available in the UK, they should receive the same vaccine for their second dose. If the vaccine they received for their first dose is not available in the UK, the [most similar alternative](#) should be offered.

### Vaccine data

[75.5 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and nearly 32 million have also received their second dose.

The weekly BMA summary of COVID-19 data is attached.

### **Department of Health and Social Care draft data strategy**

The Department of Health and Social Care has published their [draft data strategy](#) this week, setting out their plans to harness the potential of data in health and care.

When used effectively, ethically and legally, data can play a pivotal role in improving the health of the population, whether this is for planning, research or for direct patient care. Everyone has a right to know what is happening with their healthcare data, however, as we have seen in recent weeks with the pausing of the GDPR roll-out what happens when these issues are not communicated properly, and patients are not given an opportunity to take part in such important discussions.

Therefore, the Government and NHSX must follow through with commitments to engage fully with both the public and the profession, addressing any concerns they may have about this strategy and specifically proposals around sharing data more widely than for direct care.

We will be considering the draft strategy in detail and responding formally on behalf of our members and their patients in due course. Read our full statement in response by Farah Jameel, GPC England Executive team IT lead, [here](#)

This was reported by the [BBC](#), [Mail Online](#), [Pulse](#), and [Yahoo News](#). The BMA's concerns were also mentioned on Newsnight on Tuesday.

**Delay in roll-out of patient data sharing programme (GDPR)**

Following extensive lobbying by the BMA and RCGP, Government announced a delay to the rollout of GDPR, which amounts to two months with full rollout now expected on 1 September rather than 1 July.

BMA is now engaged in discussions with NHS Digital and other stakeholders to ensure no additional burden is placed on GPs to facilitate the implementation of this programme, and have been lobbying MPs on this issue.

In view of the extension to date of the first extraction, we will keep you informed on all next steps that practices will need to take as we approach this deadline. In the interim, you may wish to consider as a practice whether to proactively contact patients to inform them of what is changing. Read our full statement about the announcement to delay [here](#)

If patients register a Type 1 Opt-out, practices must process this in a timely fashion. Codes for opt-out can be found [here](#) and are copied below for ease

Opt-out - Dissent code

9Nu0 (827241000000103 | Dissent from secondary use of general practitioner patient identifiable data (finding))

Opt-in - Dissent withdrawal code

9Nu1 (827261000000102 | Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding))

Further information, including a transparency notice, is available [here](#)

This was reported by the [Eastern Eye](#).

**Cervical screening adverse incident (Scotland and England)**

In December 2020, a national health service board in Scotland conducted its annual invasive cervical cancers audit and discovered that a very small number of women had developed cervical cancer after being wrongly excluded from the screening programme following a hysterectomy that was carried out more than 20 years ago. The Scottish Government have apologised for this [cervical screening incident in Scotland](#), but it is now clear that a small number of those affected now live in England (currently believed to be 19 individuals).

NHSE/I will be contacting the respective practices for those patients today (via regional screening leads) to ask them to notify the patients identified that they're impacted by the incident and provide advice on the appropriate next steps e.g. follow up appointment in colposcopy. They'll be providing supporting materials to those practices, including a patient letter, based on the NHS Scotland response.

**BMA Scottish GP Committee/ Scottish LMC Update – June 2021**

The attached document from Scottish GPC includes updates on their latest SGPC meeting; negotiations and contracts; workload and wellbeing; COVID-19 Recovery and Remobilisation; Information Management and Technology; LMC update.

### **Enhanced shared parental leave system for salaried GPs (UK)**

The new [enhanced shared parental leave](#) system for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay). The ESPL system will be offered by employers at GMS and some PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and agenda for change staff. This change to a more flexible form of leave supports the BMA's commitment to address the gender pay gap. [Find out more about enhanced shared parental leave entitlements](#) and read the updated [Salaried GPs handbook](#)

### **Contact your MP about punitive pension tax**

The BMA will begin its campaign addressing the taxation issues within the NHS Pension Scheme with a Parliamentary briefing event on 1 July. We are looking to gather support and attendance from MPs from all parties and nations to address this vital issue. BMA members are encouraged to support this event by [tweeting their MP](#) to highlight the event directly to them. Please join us and invite your MP along to the event by using our [template form](#)

### **Do you hold a GP sponsorship licence?**

If so, we are keen to hear from you. Whether you already hold a sponsorship licence or are considering getting one to employ non-UK nationals, we really want to know how you found the application process and any barriers that you faced.

The Home Office introduced a new sponsorship system last October, in preparation for the introduction of the new immigration system which came into force in January 2021. The new system is designed to alleviate many of the complexities of the old system and it is hoped the new application process will support employers to apply for a sponsorship licence with relative ease. As detailed in the updated [guidance](#), employers can now apply [online](#).

The Home Office wish to survey small businesses, including GP practices to get a sense as to any barriers in the system. If you have any insights into the sponsorship process that you wish to share, please contact Caroline Strickland, Senior Policy Advisor in BMA's International Affairs on the following email [CStrickland@bma.org.uk](mailto:CStrickland@bma.org.uk)

### **ARM 2021**

This year's [annual representative meeting](#), which is taking place on 13 and 14 September, will be held fully virtually as last year.

Following the ballot of LMC UK conference members who registered their interest in attending the BMA ARM, we still have some ARM seats remaining. You need to be a BMA member and provide your BMA number. If you would like to register your interest in attending can you please email Karen Day at [KDay@BMA.org.uk](mailto:KDay@BMA.org.uk)

### **RCGP report on relationship-based care**

The RCGP has published a new report '[The power of relationships: what is relationship-based care and why is it important?](#)', which sets out what is meant by relationship-based care – “*care in which the processes and outcomes of care are enhanced by a high quality relationship between doctor and patient*” - what the evidence tells us about its benefits for patients, GPs and the wider healthcare system, and why relationship-based care needs to be reinvigorated.

**Deadline for THE EU SETTLEMENT Scheme – 30 June**

The deadline for applications to be made to the EU Settlement Scheme (EUSS) is 30 June 2021. If you are a doctor currently in the UK and arrived before the 31 December 2020, you must apply by 30 June. It is free of charge, and in applying and being granted pre-settled or settled status, you will have secured your rights to continue living and working in the UK.

An application must also be made for every eligible child within your family. If you and your family members have lived in the UK for many years or have a permanent residence document or EEA Biometric Residence Card (BRC), you still need to apply to the EUSS (or apply for British citizenship) to secure your existing rights in the UK. [Apply on GOV.UK](#) and check your immigration status [here](#).

**Specialist and Professional Committee elections**

Nominations for the Specialist and Professional Committee elections are now open for the following committees:

- [Private Practice Committee \(PPC\)](#)
- [Professional Fees Committee \(PFC\)](#)
- [Committee of Medical Managers \(CMM\)](#)
- [Civil and Public Services Committee \(CPSC\)](#)
- [Armed Forces Committee \(AFC\)](#)

The deadline for nominations is **12pm Wednesday 7 July 2021**. For more information about the roles please visit the committee webpages linked above.

To participate in any of the elections, you must hold the relevant position for the specified seat. You must also register for a [BMA web account](#) to use the online election system.

To submit your nomination in any of the above elections please login to the BMA's [election system](#).

If you have any queries regarding the election process, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk).

**BMA COVID-19 guidance**

Read our [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#)

**GPC UK and GPC England committee pages**

Read more about the work and priorities of [GPCUK](#) and [GPC England](#) in the newly updated committee pages, which also includes surveys undertaken, membership of the committee, meeting dates and a link to the [GP practices page](#). You can also follow us on [twitter](#)

**Media**

I was interviewed by BBC Radio York this week about whether children should be offered covid-19 vaccination, following an increase in outbreaks in schools.

NIGPC member Michael McKenna was interviewed on [Good Morning Ulster programme](#) (2:24:00) about how GPs are involved in claims for Personal Independence Payments (PIP). A recent [Public Services Ombudsman report](#) found that too many people were unfairly turned down for PIP claims

and, in many cases, evidence submitted by medical professionals in support of these claims were only considered at a later stage during appeal hearings.

NIC chair Tom Black's interview on [RTÉ Radio One Morning Ireland show](#) about the prevalence of the Delta variant in the north west border area of Ireland was picked up by [RTÉ online news](#), [Irish Examiner](#) and [Irish Times](#).

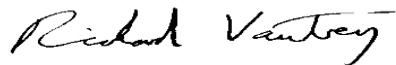
Read the GP bulletin [here](#).

Read the latest Sessional GPs newsletter [here](#)

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

Best wishes

Richard

A handwritten signature in black ink that reads "Richard Vautrey". The signature is written in a cursive style with a long, sweeping underline.

**Richard Vautrey**  
Chair, BMA GPs committee