

LMC Update Email
4 June 2021

Dear colleagues

BMA calls for delay in roll-out of patient data sharing programme (GDPR) for England

Today the BMA issued a [press release](#) calling on NHS Digital and the Government to delay the introduction of its new data extraction programme until patients and the public have had time to be aware of and understand it and are better able to choose to opt-out if they wish.

On the current timescale, patients have until 23 June to opt-out of their coded health data being extracted from GP systems by NHS Digital through daily extracts from 1 July, replacing the current GPES arrangements for planning and research purposes. Patients can continue to register Type-1 opt outs at any given point in time after this, however once the first extraction has commenced, this will not erase any data held by NHS Digital that has already been shared. We have met with NHS Digital to express our concern that this timeline is far too short and that they have not yet transparently and actively engaged the public in increasing awareness of the GDPR (General Practice Data for Planning and Research) programme since its announcement in early May. Just last week we wrote a joint letter with the RCGP to NHS Digital urging for improved communication with the public.

In our press statement BMA GP committee executive team member and IT lead Dr Farah Jameel said, “Everyone deserves to know what happens to their healthcare data, and throughout our discussions with NHS Digital about this programme, we have stressed the importance of clear communication with the public. People need to fully understand what this programme means and crucially, how to opt-out of their data being shared, if this is what they want to do. However, recent weeks have shown that communication from NHS Digital to the public has been completely inadequate, causing confusion for patients and GPs alike. Family doctors have a duty to their patients, and have their best interest at heart – so are understandably hesitant to comply with something that patients may know nothing about and that they themselves do not fully understand, even if this is a legal requirement.

With less than four weeks until the programme gets fully underway it’s clear that the timeline needs a hard reset. NHS Digital and the Government must postpone the date of the first ‘extraction’ of data – scheduled for 1st July – until such time as the public are in full possession of the facts and are able to make a fully informed decision about what happens to their data. Unclear messaging and a complete failure to develop a wide ranging and far-reaching public engagement plan to communicate with the population, has resulted in a completely unrealistic expectation that GPs are left to communicate these complex changes. Rushing through such fundamental changes to confidential healthcare data, losing the confidence of the public and the profession, will severely undermine the programme and threaten any potential benefits it can bring to healthcare planning and research.



Drawing insights from health-related data is vital for health service planning, and is a crucial way to monitor public health, organise local services and look at population-level health needs. Whilst the BMA has been engaged during the development of this programme, our emphasis has always been on advocating on behalf of the profession and patients. We will continue to hold NHS Digital to account, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data.” The full statement can be found [here](#). [BBC News](#) are reporting on this.

New PCSE GP pay and pensions portal (England)

Over the weekend, ahead of the 1 June launch of the new GP pay and pensions system, many GPs received automated emails from PCSE informing them that they had been given full access to the system. The emails gave access rights based on the recipient being a GP principal, a salaried GP, a locum and a portfolio GP. Unsurprisingly this created a lot of unnecessary confusion.

PCSE later sent an email to those recipients explaining that the allocation to all roles was to ensure that GPs can access all aspects of the new service, including historic pensions data. They added that the receipt of these emails did not mean that their status on the performers list had been changed.

Whilst the clarification was helpful, we were not informed of PCSE’s plan to send these emails. It has also become apparent that there are many GPs who have not yet received these emails. PCSE has told us that these GPs will receive a single email, in place of the four, by the end of this week.

GPs and practices should log on and confirm they have access to the system. The new system should give access to data that many GPs have not seen before. Navigating the system and becoming familiar with terminology is a challenge and some areas of the portal will only be relevant to certain types of GP.

[Read the user guides and other resources for the new system here.](#)

We expect there to be data gaps and PCSE say it has additional resources to meet the anticipated demand. Any issues should be [raised with PCSE](#). Your pension data must be correct and complete, so do log on and check. The BMA will be monitoring both the pension and practice payment aspects very closely.

Deadline approaching for EU settlement scheme

The deadline of 30 June for applications to be made to the EUSS (EU settlement scheme) is rapidly approaching. If you are a doctor currently in the UK and arrived before 31 December 2020, you must apply before that date. It is free of charge, and by applying and being granted pre-settled or settled status, you will secure your rights to continue living and working in the UK. In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years, have a permanent residence document or EEA biometric residence card, you still need to apply to the EUSS (or apply for British citizenship) by 30 June to secure your existing rights in the UK.

[Check your immigration status here.](#)

[Apply now](#)

GP partners and practice managers sought for research on locum doctors

Manchester University, funded by the Institute for Health Policy and Organisation, is conducting research exploring how temporary or locum doctors work in the NHS, what they do, how their work is organised, and what effects that might have on the quality and safety of healthcare for patients. They aim to find ways to improve the working arrangements for locum doctors.

[Find out more information, including how to take part](#)

NHS cervical screening management system to be introduced on 30 October

NHS Digital has been commissioned by NHSX to develop and implement a new IT system, which they say will be simpler and easier to use. It will replace the current call/recall IT system for cervical screening, which sits on the National Health Application and Infrastructure Services platform. As a first step in the transition to the new system, NHS Digital will be working closely with local IT teams and registration authorities for providers to ensure readiness. We will keep you updated on developments.

Mask Exemptions for airline passengers in relation to COVID-19

We have received some reports of airlines asking for medical evidence to support mask exemptions for passengers. Our response to these requests is that Government guidance clearly states that there is no requirement to have written evidence for an exemption for face covering rules and that people do not need to ask for proof from a doctor. We have stated in response to such queries that this is exactly the kind of activity that hardworking staff should not be distracted by while doing their utmost to care for ill patients, and practices are not obliged to undertake it.

Spirometry

NHS England have suggested that spirometry services should be restored. [This guidance document](#) comprises information from the Association for Respiratory Technology and Physiology (ARTP) and the Primary Care Respiratory Society (PCRS). It was developed from a task and finish group established by NHS England's Clinical Policy.

Our guidance for [spirometry in general practice](#) remains unchanged. We believe this important diagnostic and monitoring tool should be properly commissioned and sufficient capacity should be made available for practices to be able to access this for their patients. NHS commissioners in many areas are failing to make this service fully available and must do more to support accurate diagnosis of both asthma and COPD. There is no contractual obligation for practices to do this themselves, and with the current infection protection and control restrictions still in place it is not practical for most practices to set aside treatment rooms to be able to complete this.

GP trainees committee regional elections 2021

Nominations for the BMA's GP trainees committee in the below regions reopening from 12pm, 2 June and will remain open until 12pm, 16 June. Seats are for a two-session term, 2021-23.

Eastern

Scotland, North

Scotland, South East/East

Lancashire*

Scotland, West*

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

[Submit your nomination via the BMA's election system.](#)

[Find out more about the GP trainees committee.](#)

You need a [BMA web account](#) to take part in these elections. If you have any queries regarding the election process, contact elections@bma.org.uk

Media

I was interviewed this week for the BBC Radio 4 programme *You and Yours* talking about the problems caused by unsustainable GP workload pressures, answering questions from listeners about their experiences of accessing their GP practice. The programme can be listened to in full [here](#).

The BMA's East Midlands council chair and member of the sessional GP committee, Dr Kalindi Tumurogoti, was interviewed on BBC Radio Northampton talking about why GP surgeries are busy and how in some cases, waiting rooms designed for 40 can only now have 10 patients in because of social distancing. He also said that GPs had continued to see those who needed a face-to-face appointment in person throughout the pandemic. You can listen to the full interview on [BBC Northampton](#) (scroll to 3:09 for the start and 3:11).

[GP online](#) reported a BMA press story that sessional GPs could leave the NHS if they are denied a real-terms pay rise this year. This follows previous surveys by the sessional GP committee showing significant numbers of salaried GPs in England did not receive last year's pay award.

This week the [Guardian featured an exclusive article](#) highlighting that staff at UK GP surgeries were facing abuse and a 'tsunami of demand'. I commented on how concerning this was, "There can never be an excuse for this kind of behaviour. Unfortunately, GPs and practice staff are very often at the receiving end of this frustration, when really it has originated as a result of many issues outside the control of the practice, such as lack of resourcing, chronic understaffing and years of underinvestment by the government."

[GP online](#) reported on an analysis it had conducted showing that GP practices have delivered a third more clinical administrative work - including prescriptions and referral letters - and 8% more appointments in the past five weeks compared with the same period in 2019.

A [survey conducted by BMA Scotland](#) of 669 GPs found that 73.3% GPs reported struggling to cope with their workload, causing a negative impact on their physical and mental health. Two thirds of GPs (66.8%) admitted to their workload being unmanageable with 57% saying this had worsened over the pandemic. Dr Andrew Buist chair of the Scottish GP Committee, was also [quoted in the press](#) saying that it is well recognised we are facing a GP workforce crisis in Scotland – we simply do not have enough GPs to cope with an ageing population and increased need.

A [BMA Scotland Survey](#) showed that almost nine in 10 GPs in Scotland say they or their practice staff have suffered verbal or physical abuse in the last month.

The BMA issued a [press release](#) featuring Dr Alan Stout, NIGPC chair, talking about compensation rule changes and their significance for GPs. He highlighted that higher medical indemnity insurance rates threaten to unsettle GPs and possibly affect retention and recruitment.

The BMA has confirmed in an article in [Pulse](#) that practices are under no obligation to provide medical letters relating to whiplash injuries as it is not part of the core GP contract. New Government rules announced require whiplash claimants to provide medical evidence of their injuries. Northumberland LMC medical secretary Dr Jane Lothian said this change will 'undoubtedly' increase

workload in general practice, adding ‘GPs would not be the right people to provide these detailed reports which can often escalate to quite complex claims’, adding ‘if it was me, I would leave it to people who are skilled in musculoskeletal issues’.

Also in an article in [Pulse](#) GPC England Executive member Dr Krishna Kasaraneni has said that says NHS must make carbon neutrality a reality. This follows the UK LMCs conference resolution to push the Government to commit to a carbon neutral general practice estate by 2030.

BMA COVID-19 guidance

Read our [COVID toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

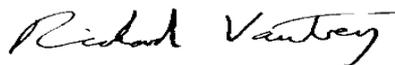
The latest COVID-19 related statistics are attached.

Read the GP bulletin [here](#).

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

Best wishes

Richard



Richard Vautrey
Chair, BMA GPs committee