

LMC Update Email  
20 August 2021

Dear colleagues

### **Supporting General Practice - letter from NHS England**

We have received a [letter](#) from Ian Dodge, National Director for Primary Care, Community Service and Strategy at NHSE/I. This follows the meeting I had with Amanda Pritchard, the newly appointed NHSE/I chief executive, last week, and which was one of the first face to face meetings with any professional representative she had had since taking up her new role. The letter acknowledges the pressures facing the profession, recognises its contributions and in doing so demonstrates a change of tone. It shows the steps NHSE/I is taking to rebuild relations with GPC England.

We are expecting NHSE/I to shortly publish further information on the service specifications and IIF with a focus primarily on 2022/23. As the letter suggests, they have heard our call to delay as much as possible of this until April 2022 at the earliest, whilst also continuing to invest the planned additional £150m for 2021/22. Our comments on this were reported on by [Pulse](#).

### **Support Your Surgery campaign**

In the next few days we plan to launch our latest campaign – Support Your Surgery. This follows the unfair criticism that has been levelled at general practice in the news and across social media over the last few months due to the way practices have had to work during the pandemic because of the necessary infection, protection and control measures. All too often this has resulted in GPs and their team members receiving abuse, as we have highlighted in [The Doctor](#) magazine and through our widely reported latest [survey results](#).

To counter these perceptions and to put pressure on the Government to act to do more to support general practice, the campaign will provide practices with resources to help patients understand the reality of the issues facing general practice and to encourage them to join us in lobbying for the changes needed to address them.

### **Earnings and expenses report 2019/20 (UK)**

NHS Digital has published the [GP earnings and expenses figures for 2019/20](#). This is a UK report and provides details of both average earnings and expenses for contractor and salaried GPs in each of the four nations. However, as practice contracts now vary so much between nations, this annual report no longer produces any combined UK data. There were also significant factors in each of the nations in 2019/20 that impacted the outcomes and make interpretation and comparison more difficult, for instance in England it was the first year of the five year contract package with the introduction of the widely welcomed new Clinical Negligence Scheme for General Practice, and in Northern Ireland some payments were delayed from the previous year. For reference, the DDRB recommendation for 2019/20 was for a 2.5% pay increase.

Overall the figures suggest that years of repeated, real-terms pay cuts for GPs are slowly reversing for both salaried GPs and GP contractors. They also highlight the rising expenses in running practices, with in England the expenses to earnings ratio (the proportion of gross earnings taken up by expenses), at a record high of almost 70%. This indicates how much GP contractors need to invest in their practices to maintain services for their patients. My comments were covered in the Daily Mail (print), [Mail Online](#), [Pulse](#) and [MSN](#).



## **COVID-19 Vaccination programme**

### Vaccinating 12-15 year olds with underlying health conditions

Following the advice from the JCVI that those aged 12–15 years with specific underlying health conditions that put them at risk of severe COVID-19 should be offered two doses of the Pfizer vaccine with an interval of eight weeks between doses, NHSE/I has published a [letter](#) outlining the actions practices should take to help identify eligible 12-15 year olds (cohort 13) to ensure they are offered a COVID-19 vaccination appointment by 23 August 2021. The letter includes a template letter for practices as well as a link to updated [FAQs on Vaccinating children and young people](#)

### Vaccinating 16-17 year olds by 23 August

The [government has now also announced](#) that all young people aged 16 to 17 in England should be offered a first dose of a COVID-19 vaccine by Monday 23 August to give them protection before returning to school. Read the NHSE/I [letter](#) which outlines details of the amended enhanced service specifications to incorporate 16 and 17 year olds into cohort 12.

### Spikevax vaccine (formerly COVID-19 Vaccine Moderna) for 12- to 17-year-olds

The Medicines and Healthcare products Regulatory Agency (MHRA) has confirmed that the [Spikevax vaccine \(formerly COVID-19 Vaccine Moderna\) is safe and effective to use for 12- to 17-year-olds](#), thereby extending the current UK approval (currently authorised for over 18s).

## **New and updated COVID-19 National Protocols**

The following new or updated COVID-19 national protocols and PGDs have been published:

The updated [PfizerBioNTech mRNA vaccine BNT162b2 National Protocol v04.00](#)

The new [Comirnaty COVID-19 mRNA vaccine National Protocol v01.00](#)

The updated [PfizerBioNTech mRNA vaccine BNT162b2 PGD \(v04.00\)](#)

NHSE/I will also be publishing the new Comirnaty PGD v01.00 shortly.

The weekly BMA COVID-19 data analysis is attached. This will be produced fortnightly in the future.

## **Becton Dickinson blood specimen collection supply disruption**

Last week NHSE/I issued urgent [guidance on recommended actions](#) following an alert by Becton Dickinson to a global shortage of products from their Blood Specimen Collection Portfolio, which is expected to last a significant period of time. They advise that, other than in exceptional circumstances, vitamin D testing should be stopped, retesting and monitoring intervals should be extended when clinically safe to do so and that routine screening for pre-diabetes and dyslipidaemia, allergy testing and routine infertility testing should be deferred until a resolution to the supply problem. We have raised this with the NHSE/I primary care team and are seeking assurances that this will not impact tests required for contractual areas such as NHS health checks, QOF and drug monitoring. It would be unreasonable for practices to delay tests and then be expected to catch-up later, adding to the current care backlog.

NHS Supply Chain has issued a [Customer Notice](#) which details the products impacted and the measures they have put in place. Practices that secure these products from Primary Care

Support England (PCSE) should continue to order in this way. GP practices that do not usually order from PCSE can also order via [their process](#).

### **Updated PHE guidance on NHS staff self-isolation and return to work following COVID-19 contact**

As of 16 August 2021 the government has changed the requirements to self-isolate following a positive COVID-19 contact, and PHE has updated its [guidance on how this changed will impact NHS staff and students working in the NHS](#)

Fully vaccinated staff and students who are identified as a contact of a positive COVID-19 case will no longer be expected to isolate and will be expected to return to work, after a number of safeguards have been implemented, such as a negative PCR test prior to returning.

It's important to remember that the updated guidance applies only to people who have the infection but are not showing symptoms. Anyone who develops symptoms should still self-isolate and end isolation only following a negative PCR test. Read the BMA statement in response, by Dr Penelope Toff (BMA public health medicine committee co-chair) [here](#)

### **HEE is looking to the future for the health and social care workforce (England)**

HEE has been commissioned by the Department of Health and Social Care to work with partners and review long term strategic trends for the health and social care workforce. The [Long-Term Strategic Framework for Health and Social Care Workforce Planning](#) will review, renew and update [HEE's Framework 15](#), last published in 2014, to help ensure we have the right numbers, skills, values and behaviours to deliver world leading clinical services and continued high standards of patient care.

The BMA will make a submission, but HEE also wants to hear from as many stakeholders and partners as possible, including people who need care and support, service users, patients, carers, members of the workforce, as well as students and trainees.

They have launched a 'Call for Evidence' which is live until the 6 September - please do [complete the survey and have your say](#) if you have capacity to do so.

### **BMA Annual Representatives Meeting**

The ARM (Annual Representatives Meeting) agenda, [Build back together: supporting our members, supporting our NHS](#), has now been published. The ARM takes place virtually on 13 and 14 September and is the BMA's largest policy making event. We have also launched ARM 2021 on our [website](#), and you will find information on elections, events and more online, as well as a [blog](#) from Dr Latifa Patel, Acting representative body chair.

### **NHS e-RS five minute Referral Assessment Survey (RAS) survey (England)**

Currently, when patients are referred through non-A&G (advice & guidance) pathways in e-RS (e-Referral Service), a provider can either accept a referral (without advice) or return the referral (with advice / comment). However, a 5-minute survey has been launched to evaluate the potential benefit of enhancing e-RS RAS (Referral Assessment Services) – the non-A&G referral pathway – to allow providers to accept a patient referral and simultaneously provide comments or advice to the referrer to support patient care while the patient waits for their outpatient appointment.

There have been >750 responses already but a strong clinical voice would be really beneficial. The survey closing date is Monday 23rd August. Dr Carolyn Charman, NHSE/I e-Referrals Secondary Care Clinical Lead, appreciates that it is August and not an ideal time for a survey but thanks you in advance for your support in completing the survey and sharing it with colleagues.

The survey is live in e-RS as an alert – see this [link](#) for further information. Please do not hesitate to feedback via email ([enquiries.ers@nhs.net](mailto:enquiries.ers@nhs.net)) even after the survey closes if you have any comments.

## Media

### GP abuse survey

The [BMA survey](#) last week on the abuse experienced by GPs and others in the workforce, which showed that more than half of GPs responding have faced recent verbal abuse from patients, continued to receive media coverage, including in [Pulse](#) and [Southern Daily Echo](#).

### Northern Ireland

BMA Northern Ireland [released a statement](#) on behalf of NIGPC chair Dr Alan Stout and NICC deputy chair David Farren appealing to people to wear a mask when in a healthcare setting unless there is a valid reason for not wearing one. The statement was covered by [BBC News online](#), [UTV News](#), [News Letter](#), [Belfast Telegraph](#), [Irish Daily Mail](#) (print), [Daily Mirror](#), [RTÉ News](#), [Irish Times](#), [Irish Examiner](#) and [Q Radio News](#). On Friday Dr Stout was interviewed on [BBC Talk Back](#) (interview starts at 09:1) about visiting restrictions to patients healthcare settings.

### BJGP paper on health inequalities in England

The [BJGP has published a paper](#) which found that GP shortages in poorer areas could widen health inequalities. In response to this I said: “This research not only highlights the severity of the workforce crisis facing primary care, but also the dire consequences it’s having on deprived communities across the country – each one made up of real people, unable to get the timely care that they need. Government cannot afford to ignore this any longer; especially in the context of Covid-19, which has created an unprecedented NHS care backlog. Without safe staffing levels to overcome it, there will be further detriment to the wellbeing of both staff and patients long into the future.” The comments were covered in [Medscape](#), [GB News](#), [Mail Online](#), [LBC](#), [Wales online](#) and multiple [regional titles](#).

[Pulse](#) reported on the [blood specimen collection supply disruption](#), and GPCE member Dr Chandra Kanneganti commented that central communications must go out to patients to prevent them from blaming GPs for their cancelled appointments. He said that while it is ‘too early to say’ whether there have already been incidents in his area, practices cancelling routine blood tests are facing questions from patients wanting an explanation. GPCE members Dr Elliot Singer and Dr Peter Holden also commented in the article.

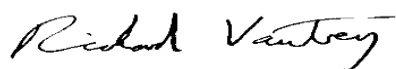
Read the GP bulletin [here](#).

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

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

Have a good weekend

Richard



Richard Vautrey  
Chair, BMA GPs committee