

LMC Update Email
27 August 2021

Dear colleagues

#Support Your Surgery – GPC England campaign

We have launched the BMA campaign [Support Your Surgery](#) this week. We are all acutely aware and feeling the pressure of the unfair criticism being levelled at general practice in the news and across social media due to the necessary restrictions that COVID-19 has brought about, and the subsequent abuse that GPs have received, which the BMA has been highlighting through features in [The Doctor](#) magazine and evidenced in our latest [survey results](#).

To counter these perceptions and to force the Government to act to do more to support general practice, our new campaign provides GP practices with the [tools](#), such as poster and social media graphics, to manage expectations and to provide patients with the reality of issues facing general practice.

Alongside this, we have also launched a [new petition](#) asking GPs and the public to support our call on Government to provide the resourcing need so we can increase the number of GPs in England. 3501 people have added their name in just the three days since we launched but we need as many as we can from both members of the profession and from the public.

It is important that we are upfront with patients, so they understand the reality that we are all facing and the underlying reasons for this, and that, despite the easing of lockdown, the pressures experienced by general practice and the rest of the NHS are unlikely to ease soon. We have therefore developed this campaign with insight from not just GPs, but also patient representatives and the wider public.

We have [written to the profession](#) to outline the details of the campaign and have produced various resources that GPs can use in their surgeries including [posters](#), and social media graphics, available on our [Support Your Surgery campaign page](#). Physical posters have now also been dispatched to more than 5,800 practices in England. It would be a great help once they are received if you could send any photographs of the posters on display to us so we can use them as part of the campaign to encourage more people to do the same.

For those who would prefer it, there is now a downloadable version of the petition for use in practices. Signing this would also clearly demonstrate that many patients are being seen in surgeries and show how wrong those who criticise us are. Once completed, these can be emailed back to info.gpc@bma.org.uk. We have also added QR codes to email signature graphics and a Twibbon is now available for use on social media (this has to be downloaded from the third-party site; the link is on the campaign page).

I would ask that you do all you can to support this important campaign.

Read our press release [here](#) and our [Twitter page](#). Join the conversation on social media using the hashtag [#supportyoursurgery](#)



Media

The campaign has already received widespread media coverage. I was interviewed on [GB News](#) and LBC on Tuesday and again on today, and the story was covered widely across the press. Coverage could be found in the [Telegraph](#), [Mail Online](#), [GPOne](#), [Pulse](#), [i news article](#), in the news on LBC, BBC Radio stations, [Medscape](#), GBNews, on BBC Merseyside, and in over a hundred [local and regional press outlets](#), as well as [MSN](#) and [Yahoo!](#). I was quoted in the [Yorkshire Post](#) and Dr George Rae, GP and chair of the BMA's North East regional council, was on BBC radio Tees (3h18m into [this replay](#)).

Challenging media critics

A [letter](#) I sent to the Daily Telegraph was published yesterday in response to [an unacceptable and demoralising column by Allison Pearson](#). This was just the latest in a series of damaging articles which seriously misrepresent the reality of what hardworking GPs and their teams are doing to care for and protect their patients. I said: "It was with despair and anger that I read the column in yesterday's Telegraph. To suggest that family doctors have seen their work-life balance improve during the pandemic and attempt to justify the abuse directed at them and their colleagues serves no good purpose. Since March 2020, there have been [nearly 370 million patient appointments in England](#) – 200 million of which were in-person – at the same time as GPs and their teams moving heaven and earth to lead the Covid vaccination campaign. Meanwhile, [the number of patients per practice is 22% higher than it was six years ago, leading GPs to report](#) working an average of 11-hour days. These are not figures that show a better work-life balance for the family doctor." Read the full letter in our [press release](#). I was also interviewed on this on LBC radio.

Blood bottle shortages

England

NHSE/I have issued further [guidance](#) yesterday about the impact of the national shortage of BD test tubes. This follows the serious concerns we have been raising with them, not least the impact this is already having on the ability of practices to complete QOF and other national and local contractually related blood tests and the concern that practices will be held liable for any clinical untoward incidents that occur as a result of delayed tests and investigation. We also called on them to step up public information to ensure patients are informed of this shortage and practices are not blamed by patients for this situation.

Their new guidance now tells practices that this situation could continue until 17 September and until then they should not do any routine blood tests. Urgent blood investigations can still be done as supplies allow. The national indemnity scheme, CNSGP, will cover this situation. National communications to patients will also be delivered.

This is clearly a serious situation that will have major implications for practices and patients. We are continuing to demand that practices are provided with more support, that the impact on QOF and the practice workforce, not least phlebotomists, is not just recognised but fully mitigated as it's not acceptable to add to our already heavy workload burden by creating an even bigger backlog to deal with.

The BMA issued a [press release](#) earlier this week, where Dr David Wrigley, deputy chair of council said: "The BMA has raised the impact this could have on regular tests for NHS Health checks, the monitoring of quality of care, and medication reviews. It would also be unreasonable to ask healthcare staff to simply delay these tests until a later date – not only for the sake of our patients, but also the entire system, which is already tackling an enormous backlog of care." The story was

covered in [GPOne](#) (twice), [Pulse](#), [Health & Protection](#), [BBC News](#), [Head Topics](#), [Eminetra](#), [Politico](#), [Medscape](#), [Pharmafile](#), BBC Radio channels, some [local press](#) - as well as [Yahoo!](#) and [MSN](#).

Dr Farah Jameel, GPCE executive member, shared her experience with [BBC News](#) of having "difficult conversations" with patients about rationing the vials "among the very sickest". Dr Lucy-Jane Davies, chair of BMA South West regional council, was interviewed about the issue on [BBC Bristol](#) (02:30:15 on the replay).

Joint letter (Wales)

GPC Wales and the Welsh government have agreed the attached letter about blood bottle shortages, which was sent to practices last week and BMA Cymru Wales has issued the following [press statement](#). Dr David Bailey, BMA Cymru Wales Chair, and Dr Phil White, GPC Wales Chair, were interviewed by BBC Wales, ITV Wales, and BBC Radio Cymru, where they expressed their concerns. [Wales online](#) and [BBC Wales](#) has run the story [online](#). Dr White's interview is also available at [BBC Radio Cymru](#) (9 mins in) where he also responded to the rising cases of COVID in Wales and new research that shows efficacy of the AstraZeneca vaccine starts to wane after six months.

Primary Care Networks – plans for 2021/22 and 2022/23 (England)

Following the [letter](#) from NHSE/I we received last week, which acknowledged the pressures facing the profession, NHSE/I has [published guidance](#) outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

- £43m new funding for PCN leadership and management in 2021/22
- PCNs to decide how their IIF achieved money is spent – not CCGs
- While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period
- The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing pressures over the winter period
- Significantly reduced requirements for all four service specifications from April 2022
- PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022
- [Full details of the IIF indicators for 2021/22 and 2022/23](#), providing advanced information for PCNs and practices to be able to prepare

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE/I has chosen to implement.

These changes are further evidence that NHSE/I has begun to listen to the BMA by pushing back these service specifications, as we called for, and delivered an additional £43m to support those GPs and practice managers who are working hard with their local practices in PCN leadership and management roles. However we still have concerns about some of the IIF indicators and the approach of micromanaging practices and PCNs in this way.

Following [recent pronouncements](#) about its gratitude to general practice and its recognition of just how hard GPs and their colleagues are working, it is now a positive sign that this change in tone is beginning to be backed up with more tangible action. Of course, even with these specifications

deferred, this winter will still be incredibly difficult for all working in general practice, and we need assurances that individual practices, as well as PCNs, will be given all of the support, flexibility and resources needed to care for their communities in the coming months. The story was covered in [Pulse](#), and [GPOnline](#).

GP survey - help us to help you (England, Wales, Northern Ireland)

We have launched a major survey as we want to hear about your experiences working as a GP in England, Northern Ireland or Wales. Please complete our [survey](#) as soon as you can to tell us about the issues affecting you most, including your workload, recruitment and your future career plans. The survey is primarily aimed at fully qualified GPs who are currently working. We will be running a survey for GP trainees separately later in the year.

This is an important survey and will support our negotiations and lobbying and is a key part of our [#Support Your Surgery](#) campaign and the results will help to support this. Your responses will also help us better understand the issues affecting GPs and ensure we are representing the profession effectively.

The [survey](#) is open until 20 September and will take around 10-15 minutes to complete.

Backlog of fitness to drive assessments

When combined with the backlog of, primarily car, driving licence holders who need 'fitness to drive' assessments for their applications, the BMA estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 - rising by thousands each month.

At present standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioner. However, they will not have access to the full lifelong medical history of a patient.

Because of these concerns, BMA has written to the Department of Transport calling for the Government to guarantee a 'safety-first' approach for plans to manage backlog and expressing "concerns that this style of self-reporting is neither sensible nor safe".

BMA Professional Fees Committee chair, Dr Peter Holden, commented that GPs and their teams are "gravely concerned" about the potential impact on road safety that this process of bypassing individual's own GP practices may have. Read the full statement [here](#)

Media

Dr Holden was interviewed on [BBC](#) (2h23m in) and [Times Radio Drive](#) (1h38m25s in). Dr Mark Sanford-Wood, GPC England deputy chair, was interviewed on LBC and [BBC 5 Live](#). The story was also published covered by [The Times](#), [Sky News Online](#), the [Mail Online](#), [GPOnline](#), [Independent](#), the [Express](#) (twice), [Pulse](#), [Morning Star](#), and in dozens of [local and regional press](#) and radio [outlets](#) - including the [Yorkshire Post](#).

Vaccinations for NHS staff entering care homes

New government [regulations](#) come into force on 11 November 2021, requiring all CQC regulated care home staff to refuse entry to anybody who cannot prove that they have had two doses of COVID-19 vaccine, or that they are exempt.

NHSE/I has issued a [letter](#) and [FAQs](#) on how this will be delivered operationally. All providers delivering NHS-funded services into a care home will need to have actively supported staff to

have their first COVID-19 vaccine by 16 September 2021 and to carry out proactive workforce planning to ensure that only staff who are vaccinated, or exempt, are deployed to enter a care home from 11 November. The FAQs, which will be updated on a regular basis, should be read alongside [DHSC operational guidance](#).

Appraisal fees (England)

NHSE/I has confirmed that the appraisal fee in 2020-21 was £530 (i.e. the 2020 uplift of 2.8% applied to the 2019 fee of £515) and the 2021-22 appraisal fee is £546 (i.e. the 2021 uplift of 3% applied to the 2020 fee of £530). There is a discrepancy with the fees quoted by the DDRB, which we have drawn to their attention and asked them to correct.

NHSE/I is in the process of calculating and paying arrears for appraisals in the current financial year but this process is not complete yet, so GP appraisers will not yet have seen the uplift in any fees since April.

Sessional GPs webinar – contracts

A webinar will be held on 21 September, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Questions can be submitted in advance and there will also be an opportunity to ask questions during the event. Register your place [here](#)

New Community Pharmacy Contract and Hypertension Case Finding

The contract changes for Community Pharmacy for 2021/22 were announced this week. Starting in October 2021, or as soon as possible thereafter, it is expected that Hypertension Case-Finding Service as an advanced service will be introduced to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. This service will have two stages. The first is identifying people at risk of hypertension and offering them blood pressure monitoring (clinic check). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to then inform a potential diagnosis of hypertension. This scheme therefore links to the PCN service specifications, highlighted above. The details of the contract are available [here](#)

Survey of GP practices' experiences of using the PCSE payments and pensions portal in August

We are very much aware of the unacceptable level of problems that practices have faced when using the new online portal since 1 June. We have challenged PCSE throughout on these and continue to work towards a system that does what is required.

We will be launching a survey on 2 September, aimed at capturing the experiences of practice staff's use of the portal through August. The purpose will be to measure the progress of solutions to the big issues that those staff have been facing. There will also be a section on resolution times for issues practices have raised with PCSE since the launch of the portal in June.

We will include a link to the survey next week and we would encourage you to share this with your practice managers for them to respond to.

Standards for health and care records.

The Professional Records Standards Body (PRSB) has been commissioned by NHSE/I to develop standards that will enable key information about a person with diabetes to be shared between them, their carer and professionals to support self-management and to enable the best care to be delivered by those supporting them. There will be wide consultation between 20th-30th September 2021 to

ensure views from professionals and service users across the UK are considered. If you would like to be involved please contact info@theprsb.org for joining information.

Media

Survey on GP abuse

The results of a [BMA survey](#) around the abuse faced by doctors were quoted again in the press and an article in the [Independent](#) discussed the abuse faced by GP surgeries as systems overwhelmed with demand struggle to cope, and a false perception by patients that GPs are closed lead to frustration directed at staff. The story was also picked up by the [Mirror](#), [Nottingham Post](#), [Hampshire Chronicle](#), [Eminetra](#) and [Yahoo!](#). The [Telegraph](#) also mentioned the BMA in their story on patient's frustration at the lack of availability for face-to-face appointments.

Vaccine Wastage

[i news](#) highlighted that 100,000 doses of the [Oxford/AstraZeneca vaccine](#) are set to be disposed of at the end of the month when they expire with GPs across England furious they have not been transported abroad to developing countries. In the article I commented that "Vaccines are a precious resource and the key weapon in keeping Covid at bay and coming out of the pandemic, so as we've always said, wastage should be avoided at all costs. Practices and vaccine sites have throughout the campaign been doing their utmost to reach all eligible patients and improve take-up, but with national guidance changing around the use of AstraZeneca in younger groups it's unsurprising that some places will have doses left over. It's incredibly concerning therefore to learn that where this is the case the excess jabs are not being picked up and redistributed where they're needed, despite sites doing everything right and notifying NHS England when they have leftover stock. The Government should be putting into action plans to use any excess vaccines elsewhere; it's indefensible if they're left to expire and be thrown away."

Northern Ireland

NIGPC chair Dr Alan Stout was interviewed on the [Nolan Show](#) (09.00) about the continued reluctance to take the Covid vaccine amongst some sections of the population. Last Friday, Dr Stout was interviewed on the Frank Mitchell Show about vaccine uptake, and he was also interviewed by [Pulse](#) about the removal of pregabalin from drugs being prescribed by GPs for the treatment of neuropathic pain. Its removal follows a 'significant increase' in deaths related to the drug.

NIGPC deputy chair Dr Frances O'Hagan was interviewed on [BBC Evening Extra programme](#) (11.36) about the continuing high case rate in Northern Ireland, and last Friday's case rate was the highest ever recorded since the pandemic began. The interview was picked up by the [Belfast Telegraph](#) in its reporting of the death of a woman from Covid shortly after she gave birth.

NIGPC member Dr Brendan O'Hare was interviewed on Friday's [BBC Radio Foyle Breakfast](#) show (22:46) about rising Covid rates in Fermanagh.

Scotland

In Scotland GPs have insisted the future of general practice should be a mixture of remote and face-to-face consultations, as the Scottish Government promised a return to in-person appointments as part of its £1 billion recovery plan. In [the Scotsman](#) BMA Scotland chair Dr Lewis Morrison said the plan rightly also focuses on primary care – and what support is in place for GPs. However, we need to be clear that GPs, as with clinicians in other parts of the healthcare system, are having to manage overwhelming demand and ensure patient and staff safety. In that context, they are already seeing patients face to face where appropriate and we must continue to allow those careful judgements to be made. We didn't have enough GPs before the pandemic, and workload from Covid illness in the community, which is currently rising rapidly, falls on GPs both in and out of hours. We have to be

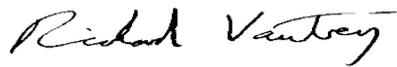
careful of not making an already difficult situation worse. A 10 per cent increase in capacity would be unrealistic without the staff to do it.

Read the GP bulletin [here](#).

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

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 horizontal line extending from the end of the name.

Richard Vautrey
Chair, BMA GPs committee