

LMC Update Email
3 September 2021

Dear colleagues

GPC England meeting

GPC England held an additional meeting yesterday to discuss events since we last met in July, relating to the motion of no confidence in NHSE/I's executive directors passed by GPCE in May and which led to a cessation of formal meetings with NHSE/I.

I reported to the committee that since July I have had a constructive meeting with the newly appointed chief executive of NHSE/I, Amanda Pritchard, and following that we received a letter from Ian Dodge, National Director for Primary Care, Community Service and Strategy at NHSE/I, emphasising the value they placed on the relationship with the committee and making a commitment to work with GPCE to address workload and workforce issues impacting general practice. They subsequently made changes to the planned October contract implementation, which we had been calling for, including reducing and delaying further PCN specifications and Investment and Impact Fund expectations, modified how IIF money would be invested, as well as producing an additional £43m for GPs and practice staff involved in PCN management. They have also issued flu vaccination specifications which continue to be practice-based. In addition, the Standard Operating Procedure for General Practice has been withdrawn, again as we called for. Last week we have also launched our *Support Your Surgery* campaign and major GP survey, and vigorously responded to unacceptable media articles. I also shared with the committee that we had received representation from a number of LMCs encouraging us to restore dialogue with NHSE/I.

Whilst many members expressed the view that the committee should hold formal meetings with NHSE/I in order to both make clear our serious concerns face-to-face, but also to resolve the many issues facing the profession at this time, others were strongly of the opinion that we had not yet seen sufficient steps taken by NHSE/I to do this. I recognise the strength of feelings expressed during the debate by committee members and I can give my assurance that these views are very much being taken on board. Clearly, we had an incredibly important issue to discuss but even though some committee members disagreed, we all have the best interests of members, general practice, and our patients at heart. There was though an overwhelming concern and consensus that neither government nor NHSE/I were doing anything like enough to counter the unacceptable media attacks on GPs in recent weeks, or to truly recognise and resolve the workload pressures GPs and practices were currently experiencing.

The committee has now voted on the resolution that '*GPC England agrees to resume formal meetings with NHS England and NHS Improvement*' with 59% supporting this and 39% opposing it.

As a result, we will now meet with NHSE/I, but to be clear, and reflecting the views of the committee, this cannot be "business as usual". We must see far more evidence of action by the new NHSE/I leadership to address the serious situation we now see in practices and other services that GPs work in, and we will do all that we can to hold them and government to account. Not least, we expect both government and NHSE/I to promote and defend those working in general practice, most urgently in the face of the sustained attacks on our members within certain sections of the media.



One way of helping us to do this is to get as much backing as we can to our *Support Your Surgery* campaign, and I hope you can promote this locally as much as possible, for it's by working together that we will achieve the outcomes we all want to see. Read the press statement [here](#)

#Support Your Surgery – GPC England campaign

Following the launch of our [Support Your Surgery](#) campaign last week, more than 5,600 people have now signed our [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.

We have added some more resource materials to the [Support Your Surgery campaign page](#), including a [downloadable version of the petition](#) for use in practices. Once completed, these can be emailed back to info.gpc@bma.org.uk.

We have produced a [poster](#) and [twitter versions](#) explaining why practices are having to work differently during the pandemic.

You can also show your support for the campaign by adding a '[Support Your Surgery](#)' [Twibbon](#), [Twitter banner](#), [linked in banner](#), or [Facebook banner](#) to your social media profiles.

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 on the posters on display to [us](#) so we can use them as part of the campaign to encourage more people to do the same.

At a time when so many are criticising general practice we would encourage you to use this campaign to gain the support of our patients to make the changes we urgently need to see. I would ask that you continue to support the campaign in the coming weeks.

[General Practice \(@BMA_GP\) / Twitter - #supportyoursurgery](#)

Media

Denton MP Andrew Gwynne wrote a [column](#) referring to the BMA's Support Your Surgery campaign, and stating the blame for GP waiting times lies with Government, not hardworking health professionals.

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

We know how tough it is for many GPs at the moment, that's why we want to hear directly about your experiences working as a GP. Please complete our survey 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 crucial important part of our GP 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

BMA Scottish GP Committee/ Scottish LMC Update – September 2021

Please find attached an update from GPC Scotland, including a summary of their most recent committee meeting, update on negotiation issues and contracts, and Finance (Pensions, Pay Announcement and GP Uplift 2021-22). It also includes an update for LMCs.

Blood bottle shortages

The shortages of Becton Dickinson blood test tubes across GP surgeries and hospitals are now severe, and the [BMA has raised concerns](#) that if the NHS does not reduce the amount being used in the coming days, even the most clinically important blood tests may be at risk.

The BMA has now [written to the Health and Social Care Secretary Sajid Javid](#) calling for urgent action from ministers to address the shortages outlining the key areas that require urgent attention:

- Public-facing communications from government, responding to patients' concerns and outlining how long the current situation is expected to last
- A clear plan for what happens if the tubes run out before an alternative supply can be put in place
- Assurances that once supplies return to normal doctors will be supported to deal with the resulting backlog in tests.

We urgently need the government to do much more to provide patients with detailed, easily accessible information about the situation so that practices are not blamed for something they have no control over.

The NHSE/I published [guidance](#) last week about the impact of the national shortage, after we raised concerns about the impact this is already having on the ability of practices to complete QOF and other national and local contractually. The guidance advises practices not do any routine blood tests, until the situation has been resolved, and until then, urgent blood investigations can still be done as supplies allow (the national indemnity scheme, CNSGP, will cover this situation).

Media

Deputy Chair of BMA Council, Dr David Wrigley appeared on [BBC News Channel](#) and on [Times Radio](#) (at 45m25s on replay) on Sunday, while GPC England executive member Dr Farah Jameel was interviewed on [BBC Breakfast](#).

The BMA's statements were covered widely in the press including the [BBC](#), ITV news (all local TV channels and STV), [Daily Mail](#), [iNews](#) (also in print), [Express](#), [Telegraph](#) (also in print), Sunday Mirror (print), LBC, talkRADIO, Times Radio, [Politico](#), [National World](#), [Pulse](#) the [Spectator](#), [Express Informer](#), [City A.M.](#), [Press From](#), [This Is Money](#), [BBC](#), [Mail Online](#), Daily Mirror (print), [GP Online](#), [Press From](#), [Eminetra](#), [Sky News](#), [the i](#), [South Wales Argus](#), [GP Online](#), [Pulse](#) and across over a hundred and fifty [regional press outlets](#) including the [Evening Standard](#) Yorkshire Post (print) and [Eastern Daily Press](#), and on [MSN](#), [Yahoo!](#) and [AOL](#).

Delays in influenza vaccines

[Seqirus](#) has informed practices that due to road freight challenges, there will be a delay to scheduled delivery of influenza vaccine by one to two weeks. Practices have been asked not to book any flu clinics until they have received a Delivery Note email from Seqirus. In response to this I said: "This issue is likely to affect a significant proportion of practices, and have a serious impact on both practice workloads and patients. Many practices will have spent the last few days and weeks meticulously planning for their flu vaccination programme, inviting and booking patients in for their jabs, only now to have to contact them all again to cancel or reschedule appointments. This causes a huge increase in staff's already unsustainable workloads, and inconvenience and unneeded anxiety for patients who will be keen to be protected ahead of winter. This is on top of the chaos already being caused by the shortage of blood test bottles, which is leaving hardworking doctors and practice teams bearing the brunt of understandable frustrations from patients when the problem is well outside of their control." Read my full statement [here](#)

COVID vaccinations

Updated advice from the (JCVI) on vaccination of children aged 12 to 15

JCVI (Joint Committee on Vaccination and Immunisation) have today issued further guidance relating to vaccinating children [JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021](#). The committee is of the opinion that the benefits from vaccination are marginally greater than the potential known harms but acknowledges that there is considerable uncertainty regarding the magnitude of the potential harms. The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. It has suggested the government may wish to seek further views on the wider societal and educational impacts from the chief medical officers of the 4 nations, with representation from JCVI in these subsequent discussions.

JCVI advice on third dose vaccination for severely immunosuppressed

The [JCVI has advised](#) that a third vaccine dose of the COVID-19 vaccination should be offered to people over 12 who were severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV and recent organ transplants, as they may not mount a full response to vaccination and therefore may be less protected than the wider population. This is in addition to any booster they may need in the future.

We are still waiting for JCVI to make a decision on whether, when and to whom booster doses should be given. Practices need this information as soon as possible as they prepare to start their annual flu campaign

Survey of practices' experiences of using PCSE payments and pensions portal in August (England)

We continue to challenge PCSE to ensure that their pay and pensions portal in England is fit for use by both GPs and practices. The portal has now been in use for three months and we are looking to gauge how effective the various 'fixes' put in place by PCSE to correct what they have described as 'teething issues'.

We are now at a critical time where PCSE and NHSE/I will be looking to end the transformation process and return to 'business as usual'. We need to be confident that the many significant issues around payments to practices which blighted the first couple of months of the portal's use are largely behind us. To this end, we are launching a joint survey, with the Institute of General Practice Management, for practices and practice managers to learn of their experiences of using the system during August specifically. We are also keen to know about their experiences of contacting PCSE for support around issues raised around the portal since it came into use on 1 June.

We would be hugely grateful if you would share the [survey](#) with your practices and encourage them to respond. We know how incredibly busy practices are but completing the survey should take no longer than 10 minutes and will be invaluable in helping us hold PCSE and NHSE accountable for the portal's performance. The survey will remain open until Friday 17 September.

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](#)

Integrated Care Boards guidance

NHSE/I has published some [additional resources](#) in supporting system leaders to establish integrated care boards (ICBs) which are broadly centred around effective partnership working within ICSs. The documents are:

[Guidance on the development of place-based partnerships as part of statutory ICSs](#)

[ICS implementation guidance on effective clinical and care professional leadership](#)

[ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)

[ICS implementation guidance on working with people and communities](#)

NHS X has also published: [ICS 'What Good Looks Like' Framework \(Digital & Data\)](#)

Media

Face-to-face appointments

The BMA is continuing to defend GPs as press interest continues into the numbers of face-to-face appointments provided in general practice, and into the [amount GPs are being paid](#) for remote appointments. On Friday afternoon and on Monday evening, I was interviewed on LBC regarding the numbers of face-to-face appointments, saying the UK has one of the lowest headcounts of GPs in Europe and the government needs to invest in primary care.

GP pressures (England)

I was featured in the [Yorkshire Post](#) (also in print) and the front page of the [Yorkshire Evening Post](#) ([twice](#), also both in print), discussing pressures on general practice and the local numbers for Leeds where each GP team is dealing on average with 9,663 patients as of the end of June. I said: "The NHS entered the pandemic on the backfoot, desperately underfunded and short on staff - things that, despite repeated calls from the BMA both during and before Covid-19, haven't improved and make delivering the high-quality care our communities deserve increasingly difficult. GPs have done everything they can to improve pressures in their own surgeries, but we can't make the changes we and our patients want to see without urgent Government intervention to retain and expand our workforce, and give practices the funding they desperately need."

GP pressures Northern Ireland

Dr Alan Stout, chair of the GPC Northern Ireland, was quoted in the [Newsletter](#) alongside Dr Laurence Dorman from the RCGP NI, saying that general practice was also under intense pressure with around 200,000 patients per week seeking care. Both doctors said GPs were relying on remote consultations and, whilst acknowledging some patients are frustrated with the arrangements both highlighted the benefits of that approach. Read the full article [here](#).

Dr Stout was also interviewed in [News Letter](#) about Northern Ireland GPs' planned roll-out of the Covid booster.

Workforce crisis

On Monday a letter published in the [Times](#) (also in print) from GPC workforce policy lead Dr Samira Anane, responded to an unacceptable [piece](#) from James Kirkup, which said that cutting GP pay was the way to solve the GP staffing crisis. You can read the full unedited letter on our [website](#) and social media response on our [Twitter](#). This was also reported on by [Pulse](#)

The BMA also [responded](#) to a Daily Mail [article](#) on Monday that misrepresented the reality facing GP practices, and BMA was quoted in [this piece from i news](#) regarding Covid rules remaining in healthcare settings. The BMA was quoted further around the workforce crisis in general practice as [articles](#) in [local press](#) covered the stories of overseas GPs feeling 'unwelcome' after Brexit.

GDPR - NHS data sharing plan

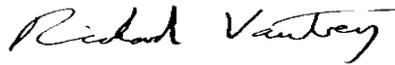
The [Eastern Eye](#) reported on the NHS data sharing plan GDPR, where Dr Farah Jameel, GPC England executive team lead for IT, said that she believes that when used effectively, ethically and legally, data can play a pivotal role in improving the nation's health through planning, research or for direct patient care. She said: "When patients interact with the NHS, they expect that the right staff have access to the necessary information about them, so they get the treatment they need, regardless of whether this is at their GP practice, in a hospital or elsewhere. When this doesn't happen, it's frustrating for both patients and clinicians. The situation we have at present needs improving, to facilitate better data-sharing between settings. Everyone has a right to know what is happening with their healthcare data, what is being shared for wider purposes than just their own care, and who has access to it – as well as to have the final say on whether to share it or not."

Read the GP bulletin [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