

LMC Update Email  
12 November 2021

Dear colleagues

### **Indicative ballot of practices on potential action (England)**

The [indicative ballot of GP practices in England](#) closed on 14 November.

It is vital that we understand what actions members are prepared, willing and able to take in the future. Each of the potential actions the BMA may subsequently formally ballot on relate to the practice contract and therefore this is a practice level decision.

While the liability of any decision rests with the partnership, we strongly encourage practices to discuss the indicative ballot options with salaried and locum GP colleagues, practice managers and other members of the team working within the practice, since any future industrial action would affect all the workforce within the practice.

You can find full details of the ballot, including the questions we need you to answer and instructions on how to do so, on the [BMA website](#).

### **GP earnings threshold (England)**

Further to our advice last week regarding contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#), please see some further information below.

It is important to note that the new regulation applies to practices who have had their contracts varied to include the new rules, by the service of a 14 day contract variation notice. The legal advice we have received is that **no practice has a contractual duty to comply with these new rules until it is served with a 14 day contract variation notice and the period of the notice has expired.**

Therefore, practices should check whether they have received a contract variation notice and the period of the notice has passed. If so, then you must comply with the new regulations. We understand that a number of GP practices have not received any such notice of variation and therefore the 12 November deadline would not apply.

### Dispute

The BMA is in dispute over the pay declaration regulations in the contract. However, the act of being in dispute does not mean that individuals or practices are able to not comply with their contractual requirements without consequence, nor does it permit the BMA to induce/advise individuals or practices to not comply.

### How to submit the pay declaration

While the regulations do not outline how the declaration should be made, [NHSE/I has published guidance](#) on this and created a process for it.

Regulation 94 of the GMS regulations requires the practice to “have regard to all relevant guidance issued by the Board, the Secretary of State or local authorities in respect of the exercise of their functions under the Act”.

Although practices would not be under a strict legal obligation to comply with NHSEI’s guidance, they are under an obligation to ‘have regard’ to it. This means that they must have in place a management



structure which ensures that proper consideration is given to guidance before any relevant decisions are taken. A practice who chose not to comply with such guidance should be in a position to demonstrate that they had regard to the guidance before deciding not to comply. A practice should also be able to demonstrate why it has deviated from the guidance, and the reason should be rational and guided by the practice's broader obligations under the contract. Otherwise, the Board could argue that adequate 'regard' had not been given and therefore take some sort of action.

#### Date of disclosure

According to the relevant regulations (27A paragraphs 3(a) and 4) which outline the disclosure date, the information must be received by 12 November 2021.

Note that declarations only apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract. It does not include salaried GPs and those who are employed by a contractor or sub-contractor. If the practice refuses to deliver a service that is required within the contract/regulations, the practice will be in breach of its core contract.

If the practice breaches its contract, the Commissioner can take action against the practice and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP Partners.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should therefore carefully consider the implications before self-declaration. We believe this policy provides no benefit to patients, but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale among the profession and wholly counterproductive in terms of the ability to recruit and retain GPs. We have already received reports of GPs reducing their hours to remain under the threshold which will therefore impact patient access to services at a critical time for the NHS. We believe the position the government and NHSEI have taken on this matter, singling out GPs alone rather than applying this requirement to all other healthcare professionals, is completely unacceptable. We will continue to do all we can to address this.

Read more about the consequences of taking this action or not [here](#)

We have also updated our [guidance on income declaration](#) with some further detailed FAQs including: Compliance with this new regulation, if/how it applies to salaried GPs, portfolio GPs, locums, subcontractors, how it might be policed/enforceable.

#### **COVID-19 vaccination - condition of deployment for health and social care workers**

The Government has announced that health and social care workers who have face to face contact with patients, will need to provide evidence they have been fully vaccinated against COVID-19 in order to be deployed unless they are exempt, under [new measures announced](#) this week.

Although the majority of NHS workers are already vaccinated (93% have had their first dose and 90% have had both doses) the government are urging the remainder to get vaccinated, to keep themselves and those they care for safe.

The requirements will come into force from 1 April 2022, subject to the passage of the regulations through Parliament, and there will be a 12-week grace period between the regulations being made and coming into force to allow those who have not yet been vaccinated to have both doses before the measures are introduced.

In response to this, Dr Chaand Nagpaul, BMA council chair, said: “While the BMA has serious concerns about making vaccination mandatory, we’re pleased that the Government has, as we recommended, decided to delay the policy of mandatory vaccination for Covid-19 until spring next year, and released both its workforce impact assessment and its equality impact assessment.” Read the full BMA press statement [here](#)

### **COVID-19 vaccination fee increase for the housebound**

NHSEI have now agreed to increase the supplementary fee detailed in the phase 3 general practice enhanced service specification to £20 per visit (increased from the current £10 supplementary fee) to a housebound patient for each vaccination dose given to a housebound patient, by PCN-led and CP-led LVS sites. This supplement is on top of the £12.58 Item of Service fee. This increased supplement will apply for Covid-19 vaccinations (booster and third primary dose only) administered to housebound people from 16 September 2021 until 5 December 2021. On this basis, LVS sites should seek to maximise the number of boosters and third primary dose vaccinations given to eligible housebound patients by 5 December. From this date the standard £10 supplement will apply.

### **TPP access to records**

As part of the accelerated access to records programme, patient access to records held in TPP SystemOne is planned to go live in December, with EMIS and Vision to follow in 2022. GPC continue to be engaged in discussions on this and on 8<sup>th</sup> November, we wrote to NHSX to outline concerns over the impact to patients and doctors of rolling out access to records in TPP practices in December. The letter expressed support for the aims of the broader programme but questioned the timing and whether the necessary infrastructure and support for practices was in place. We will communicate with practices as soon as we know more.

### **Antibiotic prescribing by GPs in England has fallen**

Antibiotic Research UK has published [an analysis of new antibiotic prescription](#) data in England ahead of World Antimicrobial Awareness Week (WAAW), 18–24 November, and European Antibiotic Awareness Day (EAAD), 18 November. Key findings include:

- During the first 12 months of the COVID-19 pandemic (March 2020-February 2021), antibiotic prescribing in general practice in England fell by 17% compared to the previous 12 months
- The fall hints at the scale of over-prescribing in normal times which increases the risk of antibiotic resistance
- Prescribing remained steady throughout the year without the winter peak seen in normal years

### **Conference of Northern Ireland LMCs**

The [Agenda](#) for the 2021 Conference of Northern Ireland LMCs to be held 13 November 2021 has now been published.

### **Curing the sickness in the system - understanding and eradicating bullying in the NHS – webinar**

The BMA’s committee for medical managers (CMM) will be holding a [webinar at 12.30-2pm on Thursday 18 November](#), looking at bullying in the NHS as a systemic issue. The following will be on the panel:

- Dr Sonya Wallbank, leadership and organisational development consultant at the King’s Fund
- Russell Parkinson, head of office and strategy at the National Guardian's Office
- John Drew, director of staff experience and engagement at NHSE/I.

The webinar will be looking at the causes of bullying, the impact of it, and how to address this through a series of short talks and a Q&A. More information and registration can be found [here](#)

## Media

### Crisis in general practice / workforce

The [Week](#) reported on the crisis in general practice citing the shortage in GPs as one of the main reasons. A BMA spokesperson blamed poor “workforce planning”, a “vicious cycle” of overwork and GP shortages. [GP online](#) reported on the latest workforce data and in response to this, Dr Krishna Kasaraneni, GPC England executive team workforce lead, said: “Since 2015, when ministers first began making promises about increasing GP numbers, England has lost the equivalent of more than 1,700 full-time, fully-qualified GPs. For those left, the average number of patients each GP is responsible for has increased by around 300 - or 15% - over the same period. Most notably, between September 2020 and the same month this year, more than 900 GP partners have quit or retired.” He also appeared on [Times radio](#) (12m50s) to discuss GP workforce issues where he said that plans to force GPs to work in deprived areas will only backfire, and [BBC Sheffield](#) to discuss local pressures.

### NHS Pressures

I was quoted widely in the press in the reports that some patients are having to wait hours in GP surgeries for ambulances. I said: "It leads the practices to manage said patients without the necessary equipment and expertise to do so. Some patients choose to go to their GP practice rather than call 999 and when the GP realises the situation, they take action and need ambulance staff to get there. Every second counts. There have been examples where practices have been giving oxygen to people while they wait for paramedics and have run out and have had to find further sources of oxygen." The story was covered in the [Guardian](#) (also print), [Daily Mail](#), on LBC, and in [over a hundred local and regional news outlets](#), and aggregators like [yahoo!](#) and [AOL](#).

### Northern Ireland

NIGPC chair Dr Alan Stout was interviewed on [BBC Nolan Show](#) about Covid infection rates and mandatory vaccinations, and in [Belfast Telegraph](#) about the knock-on effect of cancelled elective care operations on general practice and the growing tide of abuse directed towards primary care staff. He was also quoted in a piece in [Irish Legal News](#) on personal injury discount rate.

Read the GP bulletin [here](#).

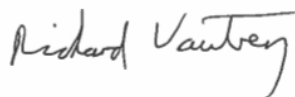
We would encourage LMCs to share this GPC update with GPs and practices.

This is my final LMC Weekly Update as I step down as GPCE chair next week. I began this bulletin over 4 years ago as an attempt to bring together in one place the many issues relating to general practice each week. I hope you have found it useful. I want to thank the BMA team who have helped prepare it week by week.

As I've said previously, it has been an honour and a privilege to be able to work for you in my various roles for nearly 18 years. I'm also very grateful for the support I've received throughout that time, and for the many comments I have received over the last few weeks. Thank you.

Best wishes

Richard



Richard Vautrey  
Chair, BMA GPs committee