

Dear Colleagues

### **GPC England advice re: influenza and covid vaccination programmes**

We published our guidance to the profession yesterday: <https://bma-mail.org.uk/t/7IPW-3VKS-C25CB593470824F7T7YAP65BF80F04674DDE9/cr.aspx>

In a nutshell the contract wording of the enhanced service specification states clearly that the flu campaign commences on 1<sup>st</sup> September 2023. **So practices should continue to fill their already scheduled flu clinics for next month, and deliver them as originally planned.**

Later that afternoon, NHSE published its response, and I am glad to say that it is helpful. See: <https://www.england.nhs.uk/long-read/autumn-winter-aw-2023-24-flu-and-covid-19-seasonal-campaign/>

**This makes clear that all NHSE can do is “ask” practices to defer their flu clinics – and practices may politely decline to do this – it may not be in their patients’ best interests, and it may also cause instability and inefficiency in practices’ delivery of care. Further clarification which is welcome, is that ‘Flu vaccines that are delivered in September will be honoured with the routine immunisation tariff payment of £10.06.**

On the subject of the reduced Covid vaccination tariff of £7.54, I have written to Maria Caulfield MP, the minister for vaccinations and immunisations, as well as Neil O’Brien MP, minister for primary care. Ministers have a choice – the Covid environment has changed in the past week with a much greater appreciation of the infectiousness of the new Eris variant which stands to potentially adversely impact acute admission rates, and thus also the elective recovery programme and waiting lists in addition to our own workload. When the facts change, our opinions may also change – the DHSC has a window of opportunity to revert to the original commissioned plan which the JCVI felt was cost effective, prior to the cut of over 25% resource.

**From our perspective, the BMA advises upon its own assessment that this regrettably makes the delivery of the COVID vaccination programme financially unviable for practices and PCNs. We therefore strongly urge you to consider the viability of participation in the COVID-19 vaccination programme.**

### **GPC England officer team elections**

Members of GPCE (GPs committee England) voted me in as chair on 3 August, as well as three deputies: Dr David Wrigley, Dr Julius Parker and Dr Samira Anane.

I am very grateful to GPCE for its support and pay tribute to the outgoing team for their commitment and hard work. As the committee begins a new chapter, our focus and greatest challenge is to safeguard the very survival of our profession.

I have written to Rishi Sunak and Steve Barclay to ask to meet with them to discuss how we can better redistribute investment into the core GP contract, because any other proposal stands to leave our nation’s health and finances much worse off.

I look forward to setting out our vision, strategy and plan this autumn: to restore trust in the patient-doctor relationship; champion GPs' unique role as independent health advocates for our patients

and focus on continuity of care – all three improve and lengthen patients' lives, and sustain our own professional wellbeing too. [Read the full press statement](#)

### **Sessional GPs committee officer and executive elections**

Following the recent officer and exec elections for the [Sessional GPs committee](#), we are pleased to announce the results:

- Chair – Dr Mark Steggles
- Deputy Chair – Dr Venio Suri
- Executive team – Dr Bethan Roberts and Dr Paula Wright

Read the [statement from the new chair](#)

### **Sessional GPs Conference**

The Sessional GP Conference will take place on Friday 22 September at BMA House, between 10-5pm which is open to members and non-members across the UK. This one-day event that will give you information and updates on key issues including pensions, tools to help you manage your workload and suggestions to help you set and maintain professional boundaries. A copy of the agenda can be found [here](#).

To register to attend please [click here](#).

Please share this with any sessional colleagues who may be interested.

### **LMC England rep to GPC England**

Members of the 2022 LMC England Conference have been contacted today to be made aware that we are holding an election for a representative from LMC England Conference to GPC England. Only those individuals who have been contacted directly are eligible to stand and vote in this election.

This election is being held as the standing orders of GPC England state that no committee member can hold two seats on the committee. The current Chair of LMC England Conference, Dr Shaba Nabi, was elected to the Avon & Gloucester regional seat on GPC England for the term of 2023 to 2026. The LMC England Conference Chair has an ex-officio seat on GPC England. The term for this seat is until November 2023, when a new chair of LMC England Conference will be elected. Dr Shaba Nabi cannot hold both the regional seat and the ex-officio seat for LMC England Conference Chair. As a result, we are holding this election for a representative of LMC England Conference to have a seat on GPC England until LMC England Conference elects a new Chair in November 2023.

Following input and guidance from the BMA's Organisation Committee the election will be held in the following manner:

- Nominations were opened today at 2pm, nominations will close at 2pm on Friday, 18<sup>th</sup> August 2023.
- Voting will open at 2pm on Monday, 21<sup>st</sup> August and will close at 2pm on Tuesday, 29<sup>th</sup> August 2023.
- The electorate will be the members of 2022 LMCE conference. Eligible candidates will be same.
- The term will last until Friday, 24 November 2023.

This election is to act as a representative of LMC England conference on GPC England, it is **not** an election for the LMC England Conference Chair role.

If you have any questions regarding this election, the elections team ([elections@bma.org.uk](mailto:elections@bma.org.uk)).

### **DHSC delays permanent introduction of primary care doctors**

Plans to permanently introduce flexibilities to allow many non-GPs to deliver primary care services without being on the Medical Performers List in England have been delayed by DHSC, following a consultation exercise which saw significant opposition by the BMA and others. DHSC still intends to press ahead with its plans at a future date, but acknowledged further details need to be worked through in discussions with stakeholders. The BMA will continue to oppose the proposals in line with its published [position statement](#). Separate amendments to the regulations will come into force on 18<sup>th</sup> September, including changes to inclusion on the list, a streamlined process for returners, and changes to a wide range of specific processes and requirements. The revised regulations can be found [here](#), with new NHS England guidance expected in advance of commencement.

### **NHS Long Term Workforce Plan Summary**

On 30 June 2023, NHS England published the long-awaited [NHS Long Term Workforce Plan](#) for England. It was written by NHS England, but commissioned and accepted by the Government. The BMA has produced this [briefing](#) for members to provide a summary and analysis of the plan's key announcements, and what they may mean for doctors.

### **GP Patient Survey 2023**

On 13 July 2023, the results of the GP patient survey 2023 were released. Dr Richard Van Mellaerts, GPC England outgoing deputy chair, responded to the results stating the "These findings are - despite the huge pressures practices are under – testament to the hard work, professionalism and dedication of GPs and their teams" and "This survey is proof positive that the problems in general practice today lie squarely on the shoulders of a Government that refuses to invest properly in the health service and not on GPs or practice staff who are going above and beyond to ensure patients are getting the care they deserve." You can read the full statement [here](#).

### **Health and Social Care Committee recommendations**

The Government has responded to the [Health and Social Care Committee's report recommendations](#) from its inquiry into general practice. While we support the Government's rejection of the committee's proposals to implement a list system across general practice, we are disappointed that other recommendations made by the committee to improve the support offered to practices were rejected, or only partially accepted, by the Government.

### **Changes to the NHS pension from April 2023 – Do they affect GP Federations?**

Following a recent LMC query and follow up by the GPCE, NHS England's central GP contract team have now responded as follows:

For any staff to have NHS pension scheme access their employer has always needed, and still needs, to hold a qualifying contract. In primary medical services that means a GMS, PMS or APMS contract, or (since April 2023) a standard subcontract for services provided under the Network Contract DES.

Further to sustained GPCE officer lobbying last year, NHSE issued a [subcontract](#) in August 2022. That confirms that subcontractors can access the pension scheme too, and it includes instructions. Should you have any further queries, please email [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk).

### **Partial retirement**

Following the Government's consultation on retirement flexibilities earlier this year, partial retirement will be implemented from October 2023. The BMA fought back on the requirement of a 10% reduction in pensionable pay to be eligible, but Government have not budged on this. This adds

unnecessary complexity and the BMA have already been made aware of there being inconsistent advice being given by NHS BSA and NHS Trusts on this.

We have queried the practical application of partial retirement for GPs with NHS BSA and they have replied: *In respect of GPs and partial retirement, they must drop their commitment by at least 10% to meet the requirements. If they are a partner (type 1 GP) in a practice this can be achieved by adjusting their partnership share ratio, or for a single-handed GP they may take on a partner. As alluded to, this may be easier for a salaried GP (type 2 GP) as they just need to demonstrate a drop in their commitment, for example the number of appointments they do. For a salaried GP this could be reflected in a change in their contract with the practice. It is a little harder for Locums to demonstrate the 10% drop in commitment as they can choose whether to pension their GP Locum work and are effectively as and when. However, if they are able to demonstrate this then it may be possible for them to meet the requirements for partial retirement.*

Further information on partial retirement can be found on the [NHS BSA website](#) and they have also published an [employer fact sheet](#) and [slide deck](#) from a recent event held with pension administrators. We are however still awaiting further NHS Employers guidance to be published, so we can better understand exactly how partial retirement will be administered and provide the best advice to our members.

### **Access to healthcare for people seeking asylum in initial and contingency accommodation toolkit**

The [toolkit](#) highlights key recommendations for ICBs, primary care commissioners and providers in supporting access to initial health assessment and ongoing primary care services for people seeking asylum residing in Home Office initial and contingency accommodation. It also provides links to useful resources, including a patient health questionnaire for people seeking asylum, translated resources on navigating the NHS and information on supporting GP practices to become Safe Surgeries to minimise barriers to accessing primary care and GP registration. There is a checklist for ICBs and GP practices, as well as case studies highlighting good practice from services meeting the needs of asylum seekers in England.

The resource is divided into three main themes:

- Planning commissioning of services to meet the needs of residents
- Facilitating long-term and meaningful access to healthcare
- Conducting initial health assessment

### **Safe working in general practice**

We urge practices to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

### **Preparing for balloting on industrial action**

We need to come together to save general practice, defend our profession, and make general practice safe for patients. In April, GPC England voted to prepare to ballot GPs on industrial action if the Government does not agree to improve the contract drastically in forthcoming negotiations.

If you are a member, make sure the details we hold for you are up to date to ensure your vote counts. Update your member details on [www.bma.org.uk/my-bma](http://www.bma.org.uk/my-bma) or [join us as a member](#) today.

### **Wellbeing resources**

As we continue to face overwhelming pressures in general practice, we encourage practices to continue to focus on their own team's wellbeing and take time to meet to reflect on their wellbeing

and what they can do to protect it. This will meet the requirements of the QOF targets in the GP contract to do your [quality improvement project on staff wellbeing](#). We have produced a [document](#) which includes some tangible recommendations and tools for improving workload and safe working.

A range of wellbeing and support services are available to doctors, from our 24/7 [counselling and peer support services](#), [NHS practitioner health service](#) and [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions. See our [poster with 10 tips to help maintain and support wellbeing](#). Please visit the BMA's [wellbeing support services page](#) for more information and resources.

#### **GPC England committee pages and guidance for practices**

Read more about the work of the [Committee](#)

Read practical guidance for [GP practices](#)

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Read about BMA in the media: [BMA media centre | British Medical Association](#)

Contact us: [info.GPC@bma.org.uk](mailto:info.GPC@bma.org.uk)

**Read the last bulletin:** [New GPCE officer team | safe working in general practice | prepare for balloting on industrial action \(bma-mail.org.uk\)](#)

As always please do feel free to get in touch on the email below. Thank you so much to those of you for your kind messages over the past week – I apologise if I have not yet responded, the inbox has exploded, somewhat! I give you my word and that of the deputy chairs and staff teams that we will do our very best to represent you and seek to improve our own and our teams' working lives.

**Dr Katie Bramall-Stainer**

**Chair, GPC England**

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