



10th May 2021

Dear Colleague

Please see below our latest updates for your information:

Direct Access Booking of GP Connect Appointments by NHS 111

GP Connect allows authorised clinical staff to share and view practice clinical information and data between IT systems, quickly and efficiently. It allows primary care organisations to share appointments with the Covid Clinical Assessment Service (CCAS), Extended Access Hubs and NHS 111 to meet targets set out in the GMS contract around the direct booking of practice based appointments.

From 30 June 2020, a change was introduced to GP contract regulations requiring all practices in England to make 1 appointment per 500 patients available for direct booking from NHS 111, with allowance for subsequent adjustment according to demand.

Weekly reports from NHS Digital, sent to NELCSU and GP IT teams, highlight practices that have not had a direct booking from NHS111 or CCAs in the previous 4 weeks. However, this does not mean that the practice does not have appointments visible.

The Appointment Configuration Checker Tool confirms whether the practices, identified in the report, have appointments visible and available for booking by NHS111 providers.

The reasons appointments may not be visible include:

1. The practice has not configured their appointments to allow for direct booking.
2. Configuration has not been set up correctly.
3. Changes have been made to the original configuration.
4. Automatic recurrence of the sessions has expired.

We would like to remind practices to check their practice templates to ensure the direct access to appointment bookings does not automatically expire at the end of March 2021. If you need help to check this or set this up, please raise a Marvel Call.

To access Marvel, call the Customer Resolution Centre (CRC) on 03000 424242
Or use the Self Service Portal – <https://crc.nelcsu.nhs.uk/MSMSelfService/>

You will need your username and password for the Portal. If you don't know what it is, you can call the CRC who will be able to advise or set it up.

If your direct access booking has not been enabled or expires at the end of March 2021, you will receive an email from the GP IT Team advising that your configuration is not set up properly. You will be asked to raise a Marvel Call, requesting a GP Connect Configuration Check. To enable NELCSU to dial in remotely you will need to provide a Service Tag details for a personal computer. If a practice fails to make direct access appointment booking this could constitute in a breach of contract and will be escalated to the Primary Care Contracting Team for action.

BMA survey – GP workload pressures

The BMA has published its 13th COVID-19 survey, which clearly demonstrates how the pandemic has had a great impact on GPs and practice staff in terms of workload, lack of breaks and leave, and an increasing number of staff leaving the NHS.

More than half of GPs (62.5%) surveyed say they are 'very concerned' their patients' health will suffer due to the growing backlog of non-COVID care. The survey also reveals that 68% are either not very or not at all confident that their practice will be able to manage patient demand. GPs especially report that their non-COVID workload is higher than before the pandemic, and are less confident than their hospital colleagues that their practice and local health economy can manage this and actually clear the backlog within a year.

General practice, like much of the NHS, is currently facing unprecedented pressures as we battle to keep patients safe during the pandemic on top of a growing backlog of care.

The survey also shows that an increasing number of staff leaving the NHS, with:

- 36% of respondents from a primary care setting said they are more likely take early retirement in the next year while 22% of respondents from a primary care setting said they are more likely to leave the NHS for another career in the next year
- 55% of respondents from a primary care setting said they have changed their career plans because of workload, including the ability to take breaks/leave

No GP is a stranger to working long hours or seeing colleagues break down with stress, and as a result, many are now considering leaving the profession altogether in order to get the respite they so desperately need. Not only does this deprive the NHS of talented doctors, but it also hinders patient care, drives up waiting lists, and places extra pressure on those who decide to stay.

The BMA's findings must act as a wake-up call to UK Government and treated with the upmost urgency. Without a functioning general practice system – the gatekeepers of the NHS – the entire health service teeters on a cliff edge.

Dr Richard Vautrey has written to Health Minister, Jo Churchill MP, to highlight the pressures GPs and their practice teams are under, and that despite this huge and growing workload, recent media focus has again misleadingly suggested that GP practices are not open to see patients. This is clearly not the case, as evidenced in the national appointment data published last week showing that there were 3 million more appointments (up 11%) in March this year, than the same time in 2019 prior to the pandemic.

Read the full results from the survey here

Follow us on the BMA GP twitter page: General Practice (@BMA_GP) / Twitter

Media

Following interviews for regional BBC last week on GP workload pressures this week Dr Vautrey appeared on ITV's Calendar news (18.05) in their lead piece, which focused on the workload pressures in general practice and the looming workforce crisis, and referenced the latest BMA's tracker survey. He said that workforce problems long predated the pandemic: "The difficulty is replacing GPs who have left. That situation hasn't changed. We've been through the pandemic, we've done our best with the staff we've got and we're now hopefully coming out the other side, but we still have the same workforce issues as two years ago."

Workforce data and GP pressures

The latest [GP workforce data report](#) has been published yesterday, which shows that the overall number of FTE GPs has seen little growth since 2015, with the number of GP partners significantly decreasing in that time.

Between March 2020 to March 2021, the number of older, more experienced GP partners reduced by 546 doctors. Factoring in this decrease, the number of qualified GPs increased by 1541 (salaried and locum GPs only) in that time. Looking at this on a FTE basis (37.5 hours per week), the number of fully qualified FTE GPs only increased by 110.7 (to 28,096) over the past year.

The number of patients per practice is 22% higher than it was in 2015, but the GP workforce has not grown with this demand. As a result of this stasis, there are now just 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015. This is significantly below the average number of physicians per 1000 patients in comparable OECD nations (3.5).

These figures clearly illustrate that in addition to the workload pressures practices are under, the GP workforce is decreasing steadily, while the patient numbers are increasing.

Read the BMA's full analysis of the figures on the [GP pressures page](#) which has clear graphical analysis, with the chart resource pack [here](#) which can be posted as individual images as part of social media interactions. You can read the [statement](#) about it by the GPC Workforce lead and GPC England Executive team member, Krishna Kasaraneni.

The BMA's statement was covered by [Pulse](#), [Healthcare Leader](#) and [GP Online](#).

COVID-19 vaccination programme

JCVI announcement regarding AstraZeneca vaccine for people under 40

JCVI have today updated their advice for vaccination of those under 40. They have said '*JCVI's advice is based on the available data on the current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and the current forecast on vaccine supply. Given the risk (albeit extremely rare) of these adverse events associated with the AstraZeneca vaccine, the current control of COVID-19 in the UK, model predictions of the potential scale and timing of a future wave, and promising forecasts for the availability of vaccines in the UK, JCVI agreed its advice should be updated.*

JCVI advises that, in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise. For those under 40 years who are of older age, male, obese (BMI above 30), from certain ethnic minority backgrounds or experiencing socio-economic deprivation, the risks of acquiring and/or suffering complications of COVID-19 are higher. Every effort should be made to remove barriers to accessing vaccination in those individuals.

For those aged 18 to 29 years the precautionary advice for a vaccine preference is stronger, reflecting a gradient in the benefit-risk balance with age.'

NHSE/I have issued [guidance](#) to GP practices relating to this change.

People aged over 40s are now eligible to receive the COVID-19 vaccination. Practice groups can invite these patients for their first vaccination if they have sufficient supplies alongside continuing with second vaccinations to those patients who are due to receive it.

NHSE/I will also be sending out text messages to remind people about the second dose if they haven't received it or do not yet have an appointment at 91 days after the first dose. Patients can book at www.nhs.uk/covid-vaccination, by calling 119 or by contacting their GP practice, if that is how they booked their first dose.

Patients bringing babies or children to vaccination appointments

Following some reports of patients with young children being refused entry to vaccination centres, the BMA raised this issue with NHSE/I who have confirmed that there should be equity of access to all patients. They have advised that reasonable adjustments can be made for parents with young babies or children, and should not be turned away, unless following a risk assessment by the senior clinician at the vaccination centre. Every effort should be made to ensure that individuals can receive their vaccine at their stated appointment time.

Following BMA intervention, they will ensure that all vaccination sites are aware of the guidance relating to patients bringing babies or children to their vaccination appointment, and that vaccination sites take a reasonable approach.

Oversupply of PPE to vaccination centres

NHSE/I originally sent replenishment PPE and non-vaccine specific consumables out to all vaccination sites on a weekly basis. However, after feedback from a number of regions they have now reduced the size of this replenishment, and each site has been given guidance around how they can pause or cancel non-vaccine deliveries if not required. In addition, they are also developing a methodology and system for all sites to become more in control of their supply of PPE and consumables.

Over [50 million doses of COVID vaccines](#) have now been delivered in the UK, and 16 million have also received their second dose.

Read BMA [guidance about the COVID-19 vaccination programme](#).

Media

The [Independent](#) reported on my comments that pregnant women are struggling to access coronavirus vaccinations nearly three weeks after the government made them eligible for the jab. Official guidelines say they should be offered Pfizer or Moderna, but the NHS National Booking Service says it does not have any information on how these can be accessed and directs women to their GP.

Microsoft N365 licences will be allocated for Locum GPs

The BMA are pleased to advise that as a result of work they have been doing through work across the BMA, the Royal College of GPs, and NHSX, the "apps for enterprise" Microsoft N365 licences will now be allocated for Locum GPs who are currently a member of the nationally managed NHS Mail Locum group for a period of 12 months. During this time, work will continue within NHSX and NHS Digital to find a sustainable long term solution. It is expected the licences will be live over the coming weeks.

Central procurement for Pneumovax®23 from 1 June 2021

From 1 June 2021 the Pneumococcal Polysaccharide Vaccine (PPV 23) will be centrally procured. In line with other national immunisation programmes, Public Health England will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions, rather than providers locally procuring the vaccine. The vaccine will be available to order from [PHE's ImmForm website](#). Read more [here](#).

GP Trainees Committee regional elections 2021

Nominations for the BMA's GP Trainees Committee in the below regions are now open until 12pm, 19 May. Seats are for a two-session term, 2021-23.

- Eastern
- East Midlands
- Kent, Surrey & Sussex
- London North West
- Mersey
- North East
- Northern Ireland
- Peninsula
- Scotland, North
- Thames Valley
- Wales
- West Midlands
- Lancashire*
- Scotland, West*
- Severn*

*these seats are a by-election and are for a one-session term

To submit your nomination, please login to the BMA's [election system](#). You need a [BMA website account](#) to take part in these elections. For more information about the GP Trainees Committee please visit their [webpage](#).

If you have any queries regarding the election process, please contact elections@bma.org.uk

Clare Wand Fund trustee elections (UK)

Nominations are **open** until **5pm Tuesday 11 May** for three trustees to the [Claire Wand Fund](#) 2021-2024. Any registered medical practitioner who is, or has been, actively engaged in practice as a general medical practitioner in the UK under the NHS Acts is eligible for nomination by an LMC representative.

If you are interested in standing for election, please contact your LMC representative and complete the self-nomination process online via this [link](#). If you are unsure of your LMC representative please click here.

You will be asked to specify your nominating LMC representative during the online self-nomination process. We also ask that the nominating LMC representative confirms the candidates name via email to elections@bma.org.uk. An LMC representative may make not more than one nomination. If you are unsure of your LMC representative please find the contact details of your LMC [here](#).

To participate in these elections you must have a BMA web account, if you do not have one please click [here](#) to create one. Please follow the link to 'request a temporary non-member account' and email your temporary membership number to elections@bma.org.uk

To submit your nomination please visit <https://elections.bma.org.uk/>

Voting for these positions is only open to LMC UK conference reps and will conclude on 17 May.

Your chance to inform staff training in primary care

Health Education England and NHSE/I would like to hear from GPs, practice nurses, practice pharmacists, practice managers and administrative staff about their experiences of delivering remote triage (navigating patients to the right person at the right time), online, telephone and video consultations in general practice. Your input will be crucial in designing effective training to support all primary care staff and trainees to confidently work with these approaches. Virtual

focus groups will be run in May-June 2021. If you would like to participate, or find out more about the study visit <https://bit.ly/3dyYp19>

Read the latest BMA GP bulletin [here](#).

Kind regards
Kent Local Medical Committee