



20th July 2021

Dear Colleague

Please see below our latest updates for your information:

Guidance on staff self-isolation

NHSEI has asked Public Health England to update its guidance regarding self-isolation for health and care staff.

In summary, where the absence of staff who are fully vaccinated (14 days post second dose) may lead to potential harm, then, subject to a local risk assessment, they may return to work ahead of the self-isolation period.

More details can be found in NHSEI's letter [here](#)

ADHD Practice Sign Up

The CCG has invited practices to sign up to a Local Enhanced Service for Adult ADHD. We encourage practices to respond to the CCG, indicating whether they intend to sign up to the service or not, as this will help the CCG to make alternative arrangements for areas where there is insufficient provision.

You can confirm your intentions to the CCG by writing to Kmccg.pchealthoutcomes@nhs.net

Face coverings in healthcare settings

NHSEI have now made a statement that the government's infection control guidance for healthcare settings has not changed, and so will continue to apply following the lifting of restrictions next week, and healthcare settings should therefore maintain face coverings among other IPC measures.

Click [HERE](#) for further details.

The BMA has also produced a poster that practices can display about the continued use of face coverings for healthcare settings – this is attached.

Update on GPC England Resolution - message from the General Practitioner Committee (GPC)

At the last GPC England meeting in May, the committee passed a vote of no confidence in the senior leadership of NHS England and Improvement. Among other things, the motion also instructed the GPC England executive team to cease all formal meetings with NHSEI until such time a motion could be brought back to the committee recommending that NHSEI had taken sufficient steps to restore the confidence in its leadership. This is an instruction we have followed. Yesterday, GPC England met again to discuss progress and the direction we may wish to go next.

In the eight weeks since our last meeting we have seen some positive signs and change in tone from both the Department of Health and Social Care and NHSEI, including from senior NHSEI executive directors, with **public thanks** and **recognition** of the pressures currently facing general practice, while communications have taken on a more factual tone.

But while we acknowledge and welcome these positive signs, and in particular the recognition of the important role that general practice has played throughout the pandemic as well as the pressures GPs and the whole of general practice is currently experiencing, kind words have not yet always been followed by the actions we'd like to see. In recent weeks we've seen **flawed and overly bureaucratic enhanced services** announced and **activity targets** introduced when the profession is on its knees. Most recently, the specifications for the **Covid booster programme ignored calls from frontline GPs** to be given more clinically appropriate flexibility and support in enabling practices to deliver the programme in a way that best benefited their communities. So, despite some signs of progress, after discussion at yesterday's meeting, a recommendation was not brought to return to formal meetings with NHSEI at this point.

We must be clear, however, that this is not a situation that we want to continue and we recognise that getting to a place where we are able to negotiate effectively on behalf of the profession with an NHSEI that clearly demonstrates that it understands and acts on the needs of general practice is in the best interests for everyone, not least our patients.

England has a new Health Secretary and in the coming weeks NHSEI will have a new chief executive, and these appointments provide an important opportunity for both the Government and NHSEI to demonstrate their clear commitment to general practice, that we hope could potentially pave the way for beginning to engage on fresh terms.

GPC England continues to discuss how we may proceed and we will keep you informed of developments in due course.

Shocking workforce crisis exposed by BMA report

The BMA published **Medical staffing in England: a defining moment for doctors and patients** early this week. The figures indicate that there are 1,307 (4.4%) fewer fully qualified FTE GPs than in September 2015, whilst the number of patients per GP practice is 22% higher than it was in 2015, so the GP workforce has not expanded with this rise in patient need. As a result of this, there are now just 0.46 fully qualified GPs per 1,000 patients in England - down from 0.52 in 2015.

There is an urgent retention issue with GP partners with numbers continuing to fall. It is clear that workload pressures are having a material impact as, based on the data trends, fully qualified GPs generally want to better control their workload and work-life balance. There is also a clear trend towards salaried and sessional GP roles and more portfolio and LTFT (less than full-time) working, which is the case for GP trainees as well.

The Government is clearly failing to get anywhere near its 2020 commitment of an additional 6000 doctors in general practice by 2024, the BMA report only anticipates around 3,380 additional fully qualified FTE GPs (not factoring in any existing GPs reducing their hours or leaving the profession in that time). This also still falls short of the **Centre for Workforce Intelligence's 2014 prediction model** of the worst-case scenario for the GP workforce in 2024.

To tackle the workforce crisis the BMA are calling for urgent and sustained action, including:

- Legislation mandating regular healthcare workforce assessments in the Health and Care Bill
- Action to address workforce pressures
- Reduction in bureaucracy, targets and premises pressures that particularly impact GP partners

We are also calling for an increased Treasury investment in the medical workforce, including:

- Sufficient medical school, foundation programme and specialty training places
- A relaxation of punitive pension taxation rules, so doctors are not forced to consider early retirement
- Introduction of flexible working options for all staff
- Doctor retention initiatives, as set out in our [Rest, Restore, Recover](#) (2021) report.

Read more [here](#)

Supporting general practice and latest appointment data

GPs and their teams across the country are under enormous pressures. [NHS Digital has published the latest statistics for GP appointments](#) which show that over 8.5 million vaccines appointments were delivered via general practice in England in May, on top of 23.5 million 'regular' appointments, again demonstrating the level of demand that practices continue to meet. These figures, taken together with the results of the national [GP patient survey](#) released last week, shows the reality experienced, that practices are delivering hundreds of millions of appointments and as a result of hard work the vast majority of patients are pleased with the care delivered by their general practice team.

In the BMA's [letter](#) to the former health secretary Matt Hancock, it was made clear that the Government needs to do more to support general practice, not talk it down. The message to the new Secretary of State for Health and Social Care, Sajid Javid, is the same – GPs and their staff are angry, frustrated and disappointed by this treatment. The [letter](#) to him raised concerns about the way the Government's emergency regulations have led to a command and control way of working which at times has restricted practices rather than empowered them, and asked for him to bring an end to this micromanagement of general practice from both government and NHSE/I when the restrictions are lifted on 19 July. The BMA have also called for urgent action to reduce workload pressures through recruiting and retaining more GPs and practice nurses, and to address the premises issues that seriously limit our work.

As well as BMA lobbying efforts, it is important that practices in England have the tools they need to explain to their patients the pressures that general practice is facing. The BMA will be releasing more information in the coming weeks on its website and in communication directly to practices.

COVID-19 vaccination programme (England)

NHSE/I published the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme and other assorted documents yesterday.

It is very disappointing that NHSE/I are not listening sufficiently to practices and have not done more to enable local groups to safely transfer vaccines delivered to PCN sites on to member practice sites should they choose to do so. Yet at the same time vaccine have been safely delivered in care homes, through buses, pop-up sites and smaller pharmacies. Moreover, earlier in the pandemic vaccine has been provided to practices to deliver to their patients elsewhere in the UK. The BMA will continue to challenge this unnecessary restriction which could lead to poorer uptake.

Local community delivery of both COVID-19 and flu vaccination is essential to the success of this programme and it's vital that local systems support practices to do this. Read the GPC's [statement in response](#) to the publication of the ES documents. This was reported by [GP Online](#) and [Pulse](#).

Health and Care Bill briefing for general practice

Following the introduction of the Government's [Health and Care Bill](#) to the House of Commons last week, GPC and the BMA have produced a [briefing](#) outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes including the transfer of powers from CCGs to ICSs, GP voice within ICSs, and changes to funding flows.

Ahead of the Bill's Second Reading this Wednesday, [BMA Council also voted to express the BMA's opposition to the Bill as presented to Parliament](#), arguing that it is the wrong time to be reorganising the NHS, fails to address chronic workforce shortages or to protect the NHS from further outsourcing and encroachment of large corporate companies in healthcare, and significantly dilutes public accountability. The BMA is also concerned about the wide-ranging excessive powers the Bill would confer on the Health Secretary.

The story was covered by the [Independent](#), [Open Democracy](#), [Nursing Times](#), [Pulse](#), [GP Online](#) and [Health Business UK](#)

Further information on the Bill and the BMA's work this is available on a [dedicated webpage](#).

Health and Care White Paper : The BMA View

Would you like to know the current direction of travel for the transformation of the NHS? The recently released Health and Care White Paper marks the most significant reform of the NHS since the 2012 and heralds the end of CCGs. Join us for this opportunity to learn more about the direction of travel towards ICSs and possible benefits and cautions going forward. We will be joined by presenters Krishna Kasaraneni, from the GPC Executive team, and Tom Bramwell, BMA Senior Policy Advisor on July 21st 18:30-20:00 and will include time for questions. Sign up [here](#).

Medical examiners roll out (England and Wales)

On Tuesday, 8 June, the UK Government [formally announced](#) the roll out of the [medical examiner system](#) into primary care in England and Wales, although medical examiners have already been in place in Scotland and in acute settings in England and Wales. Many have expressed deep concern about the impact this could have on an already overstretched, underfunded, primary care system. Complicating matters was that at the time of the announcement, there was no statutory instruments in place for the roll out.

The recently published [Health and Care Bill](#) will, if enacted, see dramatic changes for the NHS in England, and the BMA has issued a [press response](#) to the publication of the Bill, highlighting our concerns. The BMA's Professional Fees Committee are making representations on behalf of the BMA to both the National Medical Examiner's (NME) and the UK Government to express our concerns over the medical examiner system roll out into primary care.

Survey about CQC inspections and their effect on ethnic minority GPs

BAPIO GP forum is [seeking views](#) of GPs and GP Practices effected by CQC inspections, particularly from ethnic minority GPs or practices owned and/or led by ethnic minority GPs. This will help inform the discussions with CQC on issues facing ethnic minority GPs and the practices they work in. Please feed in your views [here](#). If you have any questions, please contact Kalindi Tumurugoti (Kalindi.Tumurugoti@nhs.net)

GPC England meeting report

GPC England met on 15 July 2021 where much of the meeting was spent discussing what actions had been taken following the resolution from the May GPC England meeting, the results

of which are outlined above. The committee also had updates on and discussed phase 3 of the COVID vaccination programme and winter flu vaccination programme, the implementation of GP Data for Planning and Research (GPDPR), and implications for primary care of the NHS Bill. This was the last meeting of the session and several members of the committee will be leaving the committee after the BMA ARM in September. Julie-Anne Birch, Siobhan Brennan, Mark Corcoran, Lynn Hryhorskyj (Chair, GP Trainee Committee), Bob Morley, and Simon Parkinson were all thanked for their contribution and support to the committee and the profession over the years. Their wise counsel and input into our work will be missed.

The GPC England Executive and Policy lead update is attached.

Elections for BMA's specialist and professional committees

Voting for the Specialist and Professional Committee elections has now opened for seats on the following committees:

- Private practice committee (PPC)
- Professional Fees Committee (PFC)
- Committee of medical managers (CMM)

The deadline for voting is 12pm Thursday 22 July 2021.

Dr Sati Lall, GP Partner with Reach Healthcare in Medway, will be standing for election to the CMM. In addition to being a GP partner, Dr Lall is also a GP trainer and has been a member of Medway CCG Governing Body. We encourage Kent GPs to support Dr Lall's candidature as it will ensure a stronger voice for Kent at the BMA.

Nominations for seats on these committees have reopened until 12pm on Thursday 22 July 2021.

- Civil and Public Services Committee (CPSC)
- Armed Forces Committee (AFC)
- Committee of medical managers (one seat)

To submit your nomination or vote, please login to the BMA's [election system](#). To vote or stand in the election, you must hold the relevant position for the specified seat.

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

One career, endless opportunities #Choose GP

Final applications for 2021 GP specialty training will open on 27 July – 18 August 2021. Please 'like' and follow the #Choose GP [Facebook](#) and [Instagram page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options. The [GP National Recruitment Office](#) (GPNRO) website has more guidance and we have a number of GPs and trainees who can help with enquiries. Email Daryl gprecruitment@hee.nhs.uk to be put in touch.

Kind regards
Kent Local Medical Committee