



6th September

Dear Colleague

Please see below our latest updates for your information:

GPC England meeting – update from Richard Vautrey, Chairman GPC

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 In addition, the Standard Operating Procedure for General Practice has been withdrawn, again as we called for.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 primary care, 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.

We have issued a press statement and add a link to that shortly.

#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 needed to increase the number of GPs in England.

More resource materials have been added 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.

The GPC 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 [the GPC](#) 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](#)

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

It is tough being a GP currently, which is why the GPC want to hear directly about your experiences working as a GP. Please complete the survey to share 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. The GPC will be running a survey for GP trainees separately later in the year.

This is an important survey and will support GPC's negotiations and lobbying, and is a crucial important part of the GP campaign and the results will help to support this. Your responses will also help to better understand the issues affecting GPs and ensure the GPC are representing the profession effectively.

The [survey](#) is open until 20 September and will take around 10-15 minutes to complete

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.

The government are being urged 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 the GPC 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).

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 Richard Vautrey commented: *"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.*

That this appears to be stemming from similar issues around freight capacity and transportation is incredibly concerning, and we must ask the Government exactly what it is doing to address this. It is not acceptable for government to be leaving these issue to NHS management when NHS management have no levers to resolve them, ministers must act."

COVID vaccinations

Updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on vaccination of children aged 12 to 15.

JCVI 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)

The GPC 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 the GPC are looking to gauge how effective the various 'fixes' put in place by PCSE to correct what they have described as 'teething issues'.

It is now a critical time with PCSE and NHSE/I looking to end the transformation process and return to 'business as usual'. There needs to be confidence 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, the GPC 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 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 and can be accessed [here](#).

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](#)

Kind regards
Kent Local Medical Committee