



31st August 2021

Dear Colleague

We will not be publishing an LMC Express for August, however we have included below our latest updates for your information:

Contacting Medway Foundation Trust by telephone

The LMC have received an update from Medway Foundation Trust (MFT). Following the introduction of their new switchboard system there have been significant problems for local practices in Medway and Swale. These have been highlighted to MFT to have been working to resolve the issues. MFT are monitoring the amount of time GPs are on hold and have reported an improvement with the average wait time now being around 30s, the longest at 3 minutes and 24 seconds. They have changed the process for linking GPs with on call teams and are asking GPs to give a number so the on call doctor can call them back. They understand that this is not acceptable for the GPs, who prefer to wait and be connected, and are meeting with the supplier for an alternative solution. MFT are looking at a pilot for GPs to direct dial the on call doctors, it is anticipated this will be up and running in the next 4 weeks.

Reminder: Staff risk assessment - Contact with positive Covid-19

NHS Kent and Medway CCG has produced a form for you to carry out a staff risk assessment if a staff member is advised to self-isolate. It is attached [as a PDF](#) and [an editable Word version](#). The recent [NHS letter on the approach to staff isolation following updated government guidance](#) stated that “if there is a risk that staff absence would lead to potential patient harm then staff, who are fully vaccinated (14 days post second dose), may be brought back to work ahead of the self-isolation period following the completion of a local risk assessment.”

We have produced the Kent and Medway System Risk Assessment to help with that local risk assessment for all health and social care settings across Kent and Medway to reduce the pressures being experienced across the system.

There is further information to explain the process on the risk assessment form. If there is a need to update the form following any further government announcements we will do so.

If you have any questions please email the Infection Prevention and Control team:

Kmccg.kmipc@nhs.net.

#Support Your Surgery – GPC England campaign

The BMA have launched their campaign *Support Your Surgery* last week. We are all acutely aware and feeling the pressure of the unfair criticism being levelled at general practice in the news and across social media due to the necessary restrictions that COVID-19 has brought about, and the subsequent abuse that GPs have received, which the BMA has been highlighting through features in *The Doctor* magazine and evidenced in their latest survey results.

To counter these perceptions and to force the Government to act to do more to support general practice, this new campaign provides GP practices with the tools, such as poster and social media graphics, to manage expectations and to provide patients with the reality of issues facing general practice.

Alongside this, the BMA have also launched a new petition asking GPs and the public to support their call on Government to provide the resourcing needed to increase the number of GPs in

England. 3501 people have added their name in just the three days since it was launched but they need as many as they can from both members of the profession and from the public. It is important that we are upfront with patients, so they understand the reality that we are all facing and the underlying reasons for this, and that, despite the easing of lockdown, the pressures experienced by general practice and the rest of the NHS are unlikely to ease soon. The BMA have therefore developed this campaign with insight from not just GPs, but also patient representatives and the wider public.

The BMA have written to the profession to outline the details of the campaign and have produced various resources that GPs can use in their surgeries including posters, and social media graphics, available on our Support Your Surgery campaign page. 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 of the posters on display to the BMA so they can use them as part of the campaign to encourage more people to do the same.

For those who would prefer it, there is now a downloadable version of the petition for use in practices. Signing this would also clearly demonstrate that many patients are being seen in surgeries and show how wrong those who criticise us are. Once completed, these can be emailed back to info.gpc@bma.org.uk. They have also added QR codes to email signature graphics and a Twibbon is now available for use on social media (this has to be downloaded from the third-party site; the link is on the campaign page).

The BMA would ask that you do all you can to support this important campaign.

Read their press release [here](#) and their Twitter page. Join the conversation on social media using the hashtag [#supportyoursurgery](#)

Challenging media critics

A [letter](#) Dr Richard Vautrey sent to the Daily Telegraph was published yesterday in response to [an unacceptable and demoralising column by Allison Pearson](#). This was just the latest in a series of damaging articles which seriously misrepresent the reality of what hardworking GPs and their teams are doing to care for and protect their patients. He said: "It was with despair and anger that I read the column in yesterday's Telegraph. To suggest that family doctors have seen their work-life balance improve during the pandemic and attempt to justify the abuse directed at them and their colleagues serves no good purpose. Since March 2020, there have been [nearly 370 million patient appointments in England](#) – 200 million of which were in-person – at the same time as GPs and their teams moving heaven and earth to lead the Covid vaccination campaign.

Meanwhile, [the number of patients per practice is 22% higher than it was six years ago, leading GPs to report](#) working an average of 11-hour days. These are not figures that show a better work-life balance for the family doctor." Read the full letter in the BMA [press release](#). I was also interviewed on this on LBC radio.

Blood bottle shortages

England

NHSE/I have issued further [guidance](#) last week about the impact of the national shortage of BD test tubes. This follows the serious concerns the BMA have been raising with them, not least the impact this is already having on the ability of practices to complete QOF and other national and local contractually related blood tests and the concern that practices will be held liable for any clinical untoward incidents that occur as a result of delayed tests and investigation. They also called on them to step up public information to ensure patients are informed of this shortage and practices are not blamed by patients for this situation.

Their new guidance now tells practices that this situation could continue until 17 September and until then they should not do any routine blood tests. Urgent blood investigations can still be done as supplies allow. The national indemnity scheme, CNSGP, will cover this situation. National communications to patients will also be delivered.

This is clearly a serious situation that will have major implications for practices and patients. The BMA are continuing to demand that practices are provided with more support, that the impact on

QOF and the practice workforce, not least phlebotomists, is not just recognised but fully mitigated as it's not acceptable to add to an already heavy workload burden by creating an even bigger backlog to deal with.

The BMA issued a [press release](#) earlier this week, where Dr David Wrigley, deputy chair of council said: "The BMA has raised the impact this could have on regular tests for NHS Health checks, the monitoring of quality of care, and medication reviews. It would also be unreasonable to ask healthcare staff to simply delay these tests until a later date – not only for the sake of our patients, but also the entire system, which is already tackling an enormous backlog of care." The story was covered in [GPOne](#) ([twice](#)), [Pulse](#), [Health & Protection](#), [BBC News](#), [Head Topics](#), [Eminetra](#), [Politico](#), [Medscape](#), [Pharmafile](#), BBC Radio channels, some [local press](#) - as well as [Yahoo!](#) and [MSN](#).

Dr Farah Jameel, GPCE executive member, shared her experience with [BBC News](#) of having "difficult conversations" with patients about rationing the vials "among the very sickest". Dr Lucy-Jane Davies, chair of BMA South West regional council, was interviewed about the issue on [BBC Bristol](#) (02:30:15 on the replay).

Primary Care Networks – plans for 2021/22 and 2022/23 (England)

Following the [letter](#) from NHSE/I the BMA received last week, which acknowledged the pressures facing the profession, NHSE/I has [published guidance](#) outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

- £43m new funding for PCN leadership and management in 2021/22
- PCNs to decide how their IIF achieved money is spent – not CCGs
- While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period
- The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing pressures over the winter period
- Significantly reduced requirements for all four service specifications from April 2022
- PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022
- [Full details of the IIF indicators for 2021/22 and 2022/23](#), providing advanced information for PCNs and practices to be able to prepare

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE/I has chosen to implement. These changes are further evidence that NHSE/I has begun to listen to the BMA by pushing back these service specifications, as they called for, and delivered an additional £43m to support those GPs and practice managers who are working hard with their local practices in PCN leadership and management roles. However the BMA still have concerns about some of the IIF indicators and the approach of micromanaging practices and PCNs in this way.

Following [recent pronouncements](#) about its gratitude to general practice and its recognition of just how hard GPs and their colleagues are working, it is now a positive sign that this change in tone is beginning to be backed up with more tangible action. Of course, even with these specifications deferred, this winter will still be incredibly difficult for all working in general practice, and we need assurances that individual practices, as well as PCNs, will be given all of the support, flexibility and resources needed to care for their communities in the coming months. The story was covered in [Pulse](#), and [GPOne](#).

GP survey - help us to help you

The BMA have launched a major survey as they want to hear about your experiences working as a GP in England, Northern Ireland or Wales. Please complete their [survey](#) as soon as you can to tell them about 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. They will be running a survey for GP trainees separately later in the year.

This is an important survey and will support BMA negotiations and lobbying and is a key part of their [#Support Your Surgery](#) campaign and the results will help to support this. Your responses will also help them better understand the issues affecting GPs and ensure they are representing the profession effectively.

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

Backlog of fitness to drive assessments

When combined with the backlog of, primarily car, driving licence holders who need 'fitness to drive' assessments for their applications, the BMA estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 - rising by thousands each month.

At present standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioner. However, they will not have access to the full lifelong medical history of a patient.

Because of these concerns, BMA has written to the Department of Transport calling for the Government to guarantee a 'safety-first' approach for plans to manage backlog and expressing "concerns that this style of self-reporting is neither sensible nor safe".

BMA Professional Fees Committee chair, Dr Peter Holden, commented that GPs and their teams are "gravely concerned" about the potential impact on road safety that this process of bypassing individual's own GP practices may have. Read the full statement [here](#)

Vaccinations for NHS staff entering care homes

New government [regulations](#) come into force on 11 November 2021, requiring all CQC regulated care home staff to refuse entry to anybody who cannot prove that they have had two doses of COVID-19 vaccine, or that they are exempt.

NHSE/I has issued a [letter](#) and [FAQs](#) on how this will be delivered operationally. All providers delivering NHS-funded services into a care home will need to have actively supported staff to have their first COVID-19 vaccine by 16 September 2021 and to carry out proactive workforce planning to ensure that only staff who are vaccinated, or exempt, are deployed to enter a care home from 11 November. The FAQs, which will be updated on a regular basis, should be read alongside [DHSC operational guidance](#).

Appraisal fees (England)

NHSE/I has confirmed that the appraisal fee in 2020-21 was £530 (i.e. the 2020 uplift of 2.8% applied to the 2019 fee of £515) and the 2021-22 appraisal fee is £546 (i.e. the 2021 uplift of 3% applied to the 2020 fee of £530). There is a discrepancy with the fees quoted by the DDRB, which the BMA have drawn to their attention and asked them to correct.

NHSE/I is in the process of calculating and paying arrears for appraisals in the current financial year but this process is not complete yet, so GP appraisers will not yet have seen the uplift in any fees since April.

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](#)

New Community Pharmacy Contract and Hypertension Case Finding

The contract changes for Community Pharmacy for 2021/22 were announced this week. Starting in October 2021, or as soon as possible thereafter, it is expected that Hypertension Case-Finding Service as an advanced service will be introduced to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. This service will have two stages. The first is identifying people at risk of hypertension and offering them blood pressure monitoring (clinic check). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to then inform a potential diagnosis of hypertension. This scheme therefore links to the PCN service specifications, highlighted above. The details of the contract are available [here](#)

Survey of GP practices' experiences of using the PCSE payments and pensions portal in August

The BMA are very much aware of the unacceptable level of problems that practices have faced when using the new online portal since 1 June. They have challenged PCSE throughout on these and continue to work towards a system that does what is required.

The BMA will be launching a survey on 2 September, aimed at capturing the experiences of practice staff's use of the portal through August. The purpose will be to measure the progress of solutions to the big issues that those staff have been facing. There will also be a section on resolution times for issues practices have raised with PCSE since the launch of the portal in June.

A link to the survey will be published next week and we would encourage Practice Managers to respond.

Standards for health and care records

The Professional Records Standards Body (PRSB) has been commissioned by NHSE/I to develop standards that will enable key information about a person with diabetes to be shared between them, their carer and professionals to support self-management and to enable the best care to be delivered by those supporting them. There will be wide consultation between 20th-30th September 2021 to ensure views from professionals and service users across the UK are considered. If you would like to be involved please contact info@theprsb.org for joining information.

Kind regards
Kent Local Medical Committee