

LMC Update Email
11 June 2021

Dear colleagues,

Richard is taking some well earned leave, so please find below my update of activity and events this week.

Delay in roll-out of patient data sharing programme (GPDPR)

It was announced in the [Parliamentary health questions](#) earlier this week that the planned roll-out of the GP Data for Planning and Research (GPDPR) would be delayed by two months, from 1 July to 1 September 2021.

This follows extensive engagement by BMA and RCGP with NHS Digital and a direct meeting with the health minister, [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish.

Along with the RCGP we made it abundantly clear to both the Government and NHS Digital that this programme needed to be delayed to allow for a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme. We knew there was insufficient time until the first extraction to allow for the public and patients to have a proper understanding of what the programme was intended for and to give enough time to make fully informed choices on whether they should opt-out or not. It is clear that previous communications from NHS Digital on this programme had been either inadequate or non-existent.

While we understand that data sharing plays a key role in planning and research as well as developing treatments, we also know that the crux of the GP-patient relationship relies on trust, transparency and honesty, and therefore allowing the public and patients to make fully informed decisions is paramount.

It is important that the Government now takes full responsibility for ensuring that there is an adequate public engagement ahead of the roll out so that all patients across England can make an informed choice. We will also continue to hold NHS Digital to account, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data.

Read our full statement about the announcement to delay [here](#)

Find out more on the [BMA twitter page](#)



Media

Last Friday the BMA called for a delay in the implementation of a new programme that will see patient data shared from GP practice systems with NHS Digital, from where it will be made available for planning and research purposes. The General Practices Data for Planning and Research (GPDPR) programme was announced in early May, but we said NHS Digital has not adequately communicated with the public about it and how they can opt out if they want to. Currently the timeline for opt-outs is 23 June before the data is first extracted on 1 July. Read the full press release [here](#). This was covered by The Times (print), [Pulse](#), [The Register](#), the [Standard](#), [onMedica](#), [Tech Register](#) and across regional titles. Our concerns were also reflected in pieces on [BBC online](#), [BBC online](#) and [the Guardian](#). On Monday morning the Labour party echoed our calls in asking for delay. This was covered by the [Guardian](#), the [Daily Mail](#) and across regional titles.

The BMA's role in the Government's subsequent decision to delay was reported over 500 media outlines have reported on it including **BBC Radio News bulletins** throughout the day, [BBC News Online](#), [The Standard](#), [The National](#), [PA](#) and [National Health Executive](#). Several quoted Farah Jameel, GPC England executive team member, and our [press release](#)

COVID-19 vaccination programme

COVID-19 Vaccine Enhanced Service specification

The [COVID-19 Vaccine Enhanced Service specification](#) has been updated to include the following amendments:

1. Introduction of a 3 month-maximum period for payment claims.

From the beginning of June, the deadline for practices claiming payments for COVID-19 vaccinations will be 3 calendar months following the calendar month in which the vaccination was administered, to ensure good financial governance.

2. Restriction for PCN groupings to use a single Point of Care system.

To minimise the risk of duplicate payments resulting from a PCN grouping entering vaccination events on two Point of Care systems simultaneously, PCN groupings can now only use a single Point of Care system within a single calendar month to enter new vaccination events (except for changes to existing events or during the transition period to the new Point of Care system).

3. A change to permit the administration and payment claim of a single dose vaccine

With the introduction of new vaccines that can be given as a single dose, the specifications have been amended to allow the administration and payment claim of a single dose vaccine.

Vaccine cohorts

Those aged [25 or over](#) (within cohort 12) are now eligible for the COVID-19 vaccines and will be receiving texts inviting them to book a vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site. Sites should also continue to work through vaccination of cohort 11 who are yet to receive their first dose.

COVID-19 vaccination: accelerating second doses for priority cohorts 1-9

In addition, sites should continue to [bring forward the appointments for a second dose of a vaccine from 12 to 8 weeks for the remaining people in the top nine priority groups](#) who have yet to receive their second dose.

Funding and support for COVID-19 vaccination sites

NHSE/I has published a document outlining the [funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites](#). This includes an additional £20 million to ICS/STPs to support primary care providers to draw down additional staff to help deliver the COVID-19 vaccination programme between 16 June and 14 July 2021.

Vaccine data

Nearly [70 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and nearly 29 million have also received their second dose. Over 70% of all doses have been delivered by general practice teams. It is through the hard work and dedication of GPs and their staff that the UK is emerging from the restrictions imposed by the coronavirus crisis.

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

Extending the medical examiner into primary care

The National Medical Examiner (NME) and other parties this week published a [letter](#) announcing the extension of the medical examiner (ME) scrutiny to non-acute settings. The new ME system is likely to be enabled through primary legislation (the Coroners and Justice Act 2009) and is due to be implemented across England and Wales through statutory instrument.

Due to the multinational aspect of the roll-out, the BMA's Professional Fees Committee (PFC), which retains negotiations in all four nations, have been involved in the discussions on how to best implement the new arrangements with the aim of minimising both the financial and operational impacts upon GPs and their practices. There have been two small trials of the ME system in primary care in Gloucestershire and the results are not yet published.

The letter presents a significant shift in the pace of implementation in primary care. The BMA is looking to analyse any secondary legislation which may underpin the new ME system. PFC has contacted the National Medical Examiner to clarify the plans and exact legal status of his letter.

The PFC will keep members updated on this developing issue.

New PCSE pay and pension system update

PCSE's new pay and pension system was launched on 1 June and 3,500 GPs have logged onto the system so far. We would urge all GPs to log on and check their details and data ahead of the any need to use it. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity. We have been made aware post-launch that PCSE don't have contact details for approximately 6,000 GPs. They assure us that they are working on solutions for this but we would advise any GP who haven't received one or more emails from PCSE since 30 May giving access to the system contact pcse.user-registration@nhs.net in the first instance.

In the same period around 2,500 practices have logged on to the system and allocated roles to their own users. We would encourage all practices to do this and ensure that all details and data are correct at the earliest opportunity, [reporting any issues to PCSE](#).

We have been meeting with PCSE almost daily since launch and have raised myriad of issues relating to missing and incorrect data along with poor usability. We are concerned about the volume of these issues but have been assured that they are all being addressed. We will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

We will continue to update members and LMCs on a weekly basis.

PCSE have posted user guidance for [practices](#) and [GPs](#) on their website. We would encourage users to make use of them.

GP registration for un/under-documented migrants (England)

GPC England would encourage practices to use the Safe Surgeries [toolkit](#) developed by Doctors of the World (DOTW). The toolkit - endorsed by RCGP and RCN - is an accessible presentation of existing DHSC and NHSE guidance and supports clinical and non-clinical NHS staff to promote inclusive care through GP registration. Notably, it aims to address specific barriers to primary care faced by vulnerable, un/under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

GPs and practices are encouraged to consider and adopt the recommendations set out in the toolkit, particularly as it is now more important than ever that patients are registered with a GP. GP registration will likely mitigate the effects of the pandemic on health inequalities by improving equitable access to care and ensuring that marginalised and excluded communities are not missed in the COVID-19 vaccine roll-out.

DOTW also offer FREE [training](#) to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.

PCN funding (England)

GPC England has had some concerns from practices about payments for IIF for 2020/21. NHSE/I has informed us that this is in progress and calculations of achievement will be available for declaration within CQRS on or around 11 June, with PCN declaration required by 24 June, and payments being made before 31 July.

We have also received some concerns about local funding being removed where it was invested in services similar to the PCN DES services previously. The *Update to the GP contract agreement 2020/21 – 2023/24* stated “all funding previously invested by CCGs in LES/LIS arrangements which are now delivered through the DES must be reinvested within primary medical care” and primarily to bolster the PCN funding. This is a principle for the duration of the GP contract period (so until April 2024), not just for 2020/21, so any PCN/practices/LMCs experience difficulties with this funding should remind their CCG of this requirement.

Pension guidance for retired doctors - reminder

From 25 March 2020, due to the COVID-19 pandemic, the [UK government’s emergency legislation](#) temporarily suspended some of the regulations governing the administration of NHS pensions, allowing doctors who have recently retired from the NHS to return to work, and for retired doctors who had already returned to work, to increase their commitments without affecting their pension benefits.

These measures include the temporary suspension of the 16-hour rule when members of the NHS Pension Scheme take retirement.

Following the end of the COVID-19 outbreak, a six-month notice period will be given to staff and employers at the end of which the suspended regulations will take effect again. Staff and employers will therefore have six months' notice to readjust their working patterns, where necessary. Read more in the [NHSBSA guidance on the rules currently on hold](#)

Fall in prescription items dispensed (England)

The number of prescription items dispensed in England during 2020-21 fell by almost 2 %, the annual [Prescription Cost Analysis](#) shows. This equates to a decrease of 21.5 million items, compared to 2019-20, taking total dispensing volume to 1.11 billion. However, the cost of the prescription items (each item on a prescription) dispensed in the community in England during 2020-21 rose – by 3.49 % (£324m) to £9.61 billion. This is the second consecutive year that the cost of items dispensed in England has increased following three consecutive years of decreases between 2015/16 and 2018/19. Read more on the [Dispensing Doctors Association website](#).

Deadline for THE EU SETTLEMENT Scheme – 30 June

The deadline for applications to be made to the EU Settlement Scheme (EUSS) is 30 June 2021.

If you are a doctor currently in the UK and arrived before the 31 December 2020, you must apply by 30 June. It is free of charge, and in applying and being granted pre-settled or settled status, you will have secured your rights to continue living and working in the UK.

In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years or have a permanent residence document or EEA Biometric Residence Card (BRC), you still need to apply to the EUSS (or apply for British citizenship) to secure your existing rights in the UK. [Apply on GOV.UK](#) and check your immigration status [here](#).

GP Trainees Committee regional elections 2021

Nominations for the BMA's [GP Trainee Committee](#) in the below regions have reopened until **12pm 16 June**. Seats are for a two-session term, 2021-23.

- Eastern
- Scotland, North
- Scotland, South East/East
- Lancashire*
- Scotland, West*

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

To submit your nomination, please login to the BMA's [election system](#). See further information about accessing the system below.

Specialist and Professional Committee elections

Nominations for the Specialist and Professional Committee elections are now open for the following committees:

- [Private Practice Committee \(PPC\)](#)
- [Professional Fees Committee \(PFC\)](#)
- [Committee of Medical Managers \(CMM\)](#)
- [Civil and Public Services Committee \(CPSC\)](#)
- [Armed Forces Committee \(AFC\)](#)

The deadline for nominations is **12pm Wednesday 7 July 2021**. For more information about the roles please visit the committee webpages linked above.

To participate in any of the elections, you must hold the relevant position for the specified seat. You must also register for a [BMA web account](#) to use the online election system if you do not already have one.

To submit your nomination in any of the above elections please login to the BMA's [election system](#).

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

Media

[Pulse](#) reported on an increase in abuse of practices staff, believed to be a direct result of NHS England's face-to-face order. Krishna Kasaraneni, GPC England Executive team member, was quoted: "Unfortunately, condemnation from NHS England and certain sections of the media have fed a dangerous narrative and created confusion among patients about the way general practice is operating. The frustration felt by patients is often shared by GPs themselves and it is completely unacceptable for people to take this out on hardworking practice staff, who are doing their absolute best to try to meet the needs of all patients when they contact the practice. Abusive language and even more seriously, threats of physical violence, can never be justified, and it has a severe impact on staff's mental health and wellbeing. No one should expect to come to work and be abused."

[Pulse](#) reported on the 10th biannual GP Worklife Survey (conducted between November 2019 and March 2020) which showed that GPs were working on average two hours per week less in 2019 than two years before. In response to this, Samira Anane, GPC workforce policy lead, said the figures on GP intentions to leave the profession are alarming but will certainly not come as a surprise to many GPs. She said: "This desire is largely driven by unsustainable workload and the impact this has on doctors' own wellbeing. GPs desperately need support from Government and policymakers as they face the most challenging time of their careers – with, as this study suggests, even younger doctors being pushed to the brink. This research was carried out before the pandemic, and it is likely that the experiences that GPs have gone through over the last year has changed their outlook further."

Read the GP bulletin [here](#).

The latest Covid-19 statistics are attached.

We would encourage LMCs to share this GPC update with GPs and practices.

Have a nice weekend.

Warmest regards,

Mark

Mark Sanford-Wood

Deputy Chair, BMA GPs committee (England)