

LMC Update Email  
18 June 2021

Dear colleagues

### **GP appointment data (England)**

The [GP appointment data for April](#) in England was published yesterday, with revised data so that it now also includes COVID vaccinations delivered via general practices. The figures for April 2021 (23.8 million) are very similar to those in April 2019 (23.85 million), but with an additional 7.5 million appointments for COVID-19 vaccinations.

There were also more appointments being seen within the same or next day (13.1m vs 11.8m), and within a week (18.2m vs 16.2m), compared to April 2019 as well despite the additional workload from the COVID vaccination programme.

This highlights the immense pressures that GPs and their teams continue to operate under, as they battle to provide care to their communities alongside the ever-increasing workload generated by the pandemic and associated backlog of patients needing care.

It is testament to general practice that in April, the majority of appointments were done the same day as booking. The number of consultations after a two-to-seven day wait is going up, which is a sign that practices are responding appropriately to the needs of their patients who want to wait for a specific timed appointment, often face-to-face. However, it could also be an indicator that practices are struggling to meet same day requests, and illustrates the serious toll that increased patient demand is having on surgeries across the country, and how much harder it is for GPs to give patients the timely care they need. Read our full [statement](#) and on [twitter](#). This was reported by [Pulse](#)

### **Time to end NHSE/I directive letters**

In our recent [letter to the Secretary of State for Health](#) in England and our follow up urgent meeting with him, we stated a need to see an end to directive letters from NHSE/I, and instead allow practices and other GP services to provide patient care in the most appropriate manner, meeting the reasonable needs of their patients and based on their knowledge of their local communities.

It is therefore positive to see affirmation that we are starting to be heard. We have received a [reply](#) from the Secretary of State, in which he 'thanked all general practice staff for the incredible work we have been doing since the start of the pandemic to deliver essential care and support to all patients', acknowledged the pressures the profession is facing and also confirmed the intention to 'move away' from the use of SOPs as 'we transition further out of the pandemic.' This was further reiterated by NHSE/I in their [bulletin issued on 15.6.21](#) which says their current approach is a temporary one not a permanent fixture and that when the government is finally able to move to Step 4 of its easing of lockdown plan, now potentially in July, the need for SOPs could end. They were also clear that SOPs are only guidance, not contractual documents, something we have made clear to practices.

In addition, in a recent interview in [Pulse](#), Nadhim Zahawi MP, the vaccines minister in England, talked about the 'tireless dedication' of everyone in Primary Care involved in the vaccination programme, recognising how much pressure it had placed the profession under.

These are all small but positive steps in the right direction but there is clearly much more that they need to do.



**Long-COVID and weight management enhanced services (England)**

NHSE/I has published two new [enhanced services](#) relating to long-COVID and weight management. In addition, and following our lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors, recognising the significant workload they have been carrying.

Whilst the additional support for practices to help care for patients with long-COVID has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed if we are to reduce the loss of much needed members of our workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. We also have concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. This could have been an opportunity for NHSE/I to demonstrate their commitment to be less directive and for government to take much more meaningful steps to address the underlying factors that lead to obesity, but they have failed to do that. You can read our [press statement](#) on this. [GP online](#) reported on our concerns about this enhanced service.

**Workload crisis**

As all of us who work in general practice are only too well aware, our profession is in crisis. We are faced by a profound [workload crisis](#) which has been in the making for years. While GPC England will continue to campaign at a national level for the resources and workforce levels which primary care needs not only to flourish but simply to survive, it is now abundantly clear that we cannot wait for others to resolve this.

However, GPs as independent practitioners are innovators and have the ability to manage their practice in the way they think best meets the needs of their patients, and as we have demonstrated during the COVID-19 pandemic, and through our delivery of the largest vaccine programme in the history of our nation's healthcare, that when GPs are [trusted to lead](#) they can do incredible things.

Simply put, the response from GPs and their teams to COVID-19 is compelling evidence of what can be done when practices are afforded the trust, autonomy, flexibility and freedom to act as the leaders of the profession in their local communities, acting in the best interests of their patients. To help GPs to push back against the unmanageable and inappropriate workload demands which we are faced with, GPC England previously published [Workload control guidance](#).

The information in this guide will arm practice managers and GP partners with a range of practical tools to reduce your practice's workload. The benefits of implementing this strategy include helping to define what unacceptable and dangerous workload looks like, improved GP morale and wellbeing, locality working with CCGs and practices providing support, and integrated primary care systems giving general practice a stronger voice.

This [guide](#) will help you to agree quantitative limits to individual safe practice for GPs. Appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work depending on the complexity of the case mix and also on the contractual status of the doctor.

**SGPC meeting -17 June**

I attended the Scottish GP Committee (SGPC) meeting on 17 June 2021 and heard updates on development of transitional services; progress of the memorandum of understanding refresh; results of the workload and wellbeing survey and the expanded multidisciplinary team survey which has recently been disseminated to GP practices as well as notification of the upcoming elections for all office bearer SGPC posts.

The committee again discussed local rollout of the Redesign of Urgent Care work, the future of COVID-19 community pathways and received various reports from the Sessional GP committee and GP Trainee committee. SGPC also heard updates on premises, IT, GP Wellbeing, medical appraisal and pensions.

**PCN handbook (England)**

The new PCN handbook for 2021/22 has now been published and is available on the [BMA website](#). The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#), including additional ARRS workforce and new PCN service specifications, as well as other operational aspects. The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from [NHS England](#).

**Long COVID NHS plan for 2021/22 (England)**

NHSE/I has published a [Long COVID plan for 2021/22](#) which outlines the 10 key next steps to be taken to support those suffering from long COVID. The plan is underpinned by a £100million investment, £30million of which will go towards the enhanced service, highlighted above, for general practice to support patients with long COVID. The remaining £70million will be used to expand other NHS long COVID services and establish 15 new [‘paediatric hubs’ to coordinate care for children and young people](#). These hubs will have specialists who can directly treat the children and young people, advise GPs or others caring for them or refer them into other specialist services and clinics. The plan, which builds on the [five-point plan](#) for long COVID support outlined by NHSE/I last year, also highlights the need for equity of access, outcomes and experience in long COVID support.

However, we remain concerned about the need for more help for members of the workforce with long COVID and for practices that need to support them, and continue to [call for the government to provide a compensation scheme](#) to support healthcare staff and their families who are living with long COVID.

**COVID-19 vaccination programme****Acceleration of second doses for cohort 10 and plans for inviting the remainder of cohort 12**

NHSE/I has published a letter advising that [appointments for a second dose of the COVID-19 vaccine will be brought forward from 12 to 8 weeks for the remaining people in cohort 10](#) (40-49 year olds) who have yet to receive their second dose.

The letter also includes an update on inviting the remainder of cohort 12 (18-24 year olds) to book their COVID-19 vaccinations, availability of support to meet challenges to system capacity and information about a webinar to discuss the new developments.

[People aged 18 and over in England](#) are now eligible and will be invited to book their vaccination appointments through the [National Booking Service](#) or by calling 119. It is expected that all adults in England will shortly be eligible to book an appointment. However, we do have concerns that the limitations on availability of Pfizer and Moderna vaccination will mean many young adults will have to wait a number of weeks before being able to get this much needed protection.

In [Scotland, people aged over 30](#) can get their vaccine, and in some parts of Glasgow people aged 18 and over can also get the first vaccine. In [Wales, people aged 18 and over](#) can get the vaccine as if this week. In Northern Ireland, people aged 18 and over can book [online](#) or call 0300 200 7813.

#### Funding and support for COVID-19 vaccination sites (England)

The NHSE/I document on [funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites](#) published last week, asked CCGs to seek to minimise any burden associated with locally commissioned services where these do not support COVID-19 vaccination and COVID-19 related activities.

#### Vaccine data

Nearly [73 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 30 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](#).

#### **Delay in roll-out of patient data sharing programme (GDPR) - England**

It was announced in the [Parliamentary health questions](#) last week that the planned roll-out of the GP Data for Planning and Research (GDPR) in England 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 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 have 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.

Following the announcement, we have had exploratory meetings with NHS digital to consider next steps, and will continue to work with them, 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](#)

### **New PCSE pay and pension system update**

PCSE's new pay and pension system was launched on 1 June and we have been contacted by concerned practices and GPs about the disparities in information and the difficulty in finding the relevant information on the system. We would urge all GPs to log on and check their details and data. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity. We have been informed of the following which is very concerning:

- PCSE don't have contact details for approximately 6,000 GPs. PCSE assures us that they are working on solutions for this but we advise any GP who haven't received any email from PCSE since 30 May giving access to the system, to contact [pcse.user-registration@nhs.net](mailto:pcse.user-registration@nhs.net).
- Past statements migrated to the new system are not showing the same level of detail as previously. PCSE have informed us that they are working on this but advise that users can still access those statements in full on Open Exeter in the meantime. This is not a satisfactory situation and we will be pursuing it until it is resolved.
- Around 1,000 practices have not yet received their QOF achievement payments for this month. PCSE are adamant that they have a solution for this and are working to ensure these payments are made this month, within contractual timeframes. They have written to affected practices.

We continue to meet regularly with PCSE to raise issues relating to missing and incorrect data along with poor usability. We are extremely concerned about the volume of these issues and have raised these with PCSE to resolve them urgently. We will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

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

### **Proposed changes to annual complaints collection (K041b form)**

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

### **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](#).

### **Seats for the ARM**

Following the ballot of LMC UK conference members who registered their interest in attending the BMA ARM which will take place on Monday 13 and Tuesday 14 September 2021, we still have some ARM seats remaining. You need to be a BMA member and provide your BMA number. If you would like to register your interest in attending can you please email Karen Day at [KDay@BMA.org.uk](mailto:KDay@BMA.org.uk)

### **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](mailto:elections@bma.org.uk).

### **BMA COVID-19 guidance**

Read our [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#)

### **GPC UK and GPC England committee pages**

Read more about the work and priorities of [GPCUK](#) and [GPC England](#) in the newly updated committee pages, which also includes surveys undertaken, membership of the committee, meeting dates and a link to the [GP practices page](#).

You can also follow us on twitter: [General Practice \(@BMA\\_GP\) / Twitter](#)

### **Media**

I was quoted in two articles in the print version of the Yorkshire Post on Monday - one about the impending Government announcement on lockdown, and the other about accessing GP appointments. On lockdown, which was their front page story, I said: "It is imperative that we follow the data. That's what the Government has said all along and what they must do. We have to recognise that we are in a critical stage of the pandemic where the Delta variant is increasing." In a

piece on GP appointments, I said there was "anger, frustration and disappointment felt by tens of thousands of GPs about the cavalier ways in which they have been treated and badly let down by the Government and NHS England", following a NHSE letter to practices directing GPs to resume face-to-face appointments. You can read our full press release on this issue [here](#).

Last week I was also interviewed on both BBC Look North (Yorkshire), along with GPC England member Dr Brian McGregor, and ITV Calendar News about GP workload pressures.

NIGPC deputy chair Frances O'Hagan was interviewed on Sunday's [BBC NI Sunday Politics show](#) (01:13) about the spread of Delta variant in Northern Ireland and the country's waiting list crisis. Dr O'Hagan's interview was subsequently picked up by [BBC News NI](#), yesterday's BBC Ulster and Foyle radio news bulletins, and the [Belfast Telegraph](#).

The [Register](#) reported on NHS Digital's decision to delay the deadline to opt out of the General Practice Data for Planning and Research (GPDPR). In response to this, Farah Jameel, GPC England executive team IT lead said: "The public needs a clear deadline by which they can opt out, alongside clear instructions on how to do this if they so wish. We have been urging the government and NHS Digital to consider making the process of opting out simpler, and in effect remove any additional burden [that] large volumes of Type 1 opt-outs could place on already under-pressure general practice. We urge NHS Digital to clarify this with both the public and practices. NHS Digital must also make clear to patients what will happen to their data if they do not opt out before the deadline, and how long this data will be stored for, as well an explanation as to why it cannot be retrospectively deleted should patients subsequently decide to opt out."

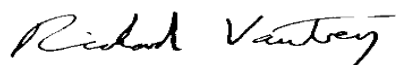
GPC England member Brian McGregor was quoted in [York Press](#) about patients demanding face-to-face appointments, where he said: "The biggest and most significant worry for many people in the healthcare profession is that with this increased demand we have, it is almost impossible to allow us to give that greater care to people lost in that huge sea of demand – that tsunami of everyone trying to get access to general practice – and we do not want the situation where vulnerable individuals will deteriorate while we're dealing with things that could have been dealt with in other ways." He was also interviewed on [BBC Radio Humberside](#) (from 2h10min) to discuss the delayed to the proposed lockdown easing on 21 June, as well as how doctors are feeling right now.

Read the GP bulletin [here](#).

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

Best wishes

Richard



**Richard Vautrey**  
Chair, BMA GPs committee