

LMC Update Email
23 July 2021

Dear colleagues

DDR B pay uplift

The BMA is hugely disappointed by the [Government's announced 3% pay uplift for doctors](#). As we have come to expect from this Government, this announcement is not all that it seems. For salaried GPs, a 3% uplift is more than the 1% the Government recommended at the beginning of the year and is the highest uplift they have received in many years. However, 3% does not compensate for the years of pay erosion experienced by all doctors. Moreover, the government has said that practices in England will not be given additional funding on top of the 2.1% for staff already allocated for this year which means GP partners could be faced with deciding between service cuts or being able to pay the full amount to salaried GPs. It is therefore not acceptable and disingenuous to speak of an uplift while refusing to provide the necessary funding. We have made our grave concerns known directly to the Secretary of State for Health and Social Care.

In their evidence DHSC highlighted the 'vital role' that general practice had played in the pandemic response and the DDRB underlined the critical importance of general practice and primary care more generally. In acknowledging the contribution of all doctors in the pandemic response, the DDRB also urged ministers to consider additional recognition for groups outside of their remit for this year, including GP contractors. Salaried GPs were roundly praised for their work throughout the pandemic and their adaptation to ensure the continued success in their role, including the utilisation of technology. It is worth also noting the announcement that GP trainer grants will increase from £8,584 to £8,842 and GP appraiser fees will increase from £543 to £559. These will be backdated to 1 April 2021.

What's clear is the government in England have completely and shamefully ignored the incredible response made by GP partners and their teams during the pandemic, suggesting that this year's pay award was to recognise the role played by other NHS workers. This will further damage GP morale and demonstrates that the Government does not value general practice as it should. The Government chose to ignore the DDRB's clear statement that pay awards needed to be appropriately funded in order to avoid 'a negative impact on service provision'.

Read more in my joint [blog](#) with the Sessional GPs committee chair Ben Molyneux about what this means for GPs.

Read the BMA statement [here](#)



Easing of COVID restrictions and infection control (England)

As of this week, from 19 July, the [COVID-19 restrictions in England have been eased](#) in line with the government's roadmap.

Following this announcement, NHSE/I has published a [letter](#) that confirms that the existing COVID-19 [Infection Protection and Control guidance](#) continues to apply in healthcare settings, and that contractors will continue to have NHSE/I's support in enforcing the IPC guidance.

The following provisions will continue under the [Pandemic Regulations](#) until 30 September 2021:

- A suspension of the requirement for practices to report about the Friends and Family Tests.
- A temporary suspension of the requirement for individual patient consent in certain circumstances, to encourage increased use of electronic repeat dispensing (eRD).
- A continuation of the temporary increase in the number of appointment slots that practices make available for direct booking by 111, up to one slot per 500 patients per day, although we believe that for most practices 1 per 3000 in line with the core contract should be sufficient.

Importantly, and something GPC England had been calling for, including in our letter to the Secretary of State for Health and Social Care, NHSE/I also confirm that the [Standard Operating Procedure for general practice](#) that has been in place since March 2020, will be withdrawn from 19 July 2021. We are pleased that we have been listened to on this, as it is for practices to determine how they manage their working arrangements, access and consultation delivery and each practice will know what works best for them.

Practices can download our [poster](#) to display about the continued use of face coverings for healthcare settings. See more information and guidance on PPE for practices in our [COVID-19 GP toolkit](#).

The BMA is supporting NHS Confederation's new campaign [#NotTooMuchToMask](#), encouraging people to continue to consider both their own and the safety of others as the restrictions lift by continuing to take sensible precautionary measures. Read our [tweet](#)

Releasing NHS staff from isolation to work

The [Government has announced](#) that double vaccinated frontline NHS and social care staff who have been told to self-isolate will now be permitted to return to work ahead of the self-isolation period - if there is a risk that staff absence would lead to potential patient harm, and following the completion of a local risk assessment and a number of safeguards are implemented.

It is regrettable that, through Government decision-making, inconsistent and confusing public messaging and policy, we are in the position we are now in, with soaring case numbers and hugely increased pressures on the healthcare system. Government's approach to loosening restrictions means many healthcare staff are now having to isolate at a time when pressure on the service is increasing, and practices are finding it incredibly difficult to deliver a service with very limited staffing.

We know that local medical committees will be discussing with relevant organisations in their area, including the director of public health, how this can be safely and appropriately implemented. Practices are reminded that this is voluntary and should only be used in exceptional circumstances. Any staff who decline to return should not be adversely impacted financially and there should also be a focus on better provision of remote working alternatives wherever possible.

Maintaining staffing levels when many have to self-isolate is having a big impact on some practices so there does need to be some sensible local flexibility in the way this is applied across an area, and practices need quick answers when seeking to apply it.

Read the [NHSE/I guidance for allowing essential frontline staff to return to work](#).

Read the [BMA's response to the staff isolation exemptions](#)

GDPR delay – joint statement and letter to GPs

The Parliamentary Under Secretary of State for Health, Jo Churchill, has [written](#) to all GPs in England, setting out plans for the next steps for the [GDPR](#) (GP Data for Planning and Research) programme and extending the timeframe indefinitely beyond 1st September.

The BMA and RCGP (Royal College of General Practitioners) have been closely involved in discussions over the steps that are necessary before any data collection can commence under GDPR, and welcome the commitments made in these latest plans.

We have always recognised the crucial role that GP data has to play in research and planning which can improve public health but have made it clear that it is important for patients and the public that this data is only made available for appropriate purposes, and in a secure and trusted manner and with minimal administrative burden on the profession.

Read our full joint statement [here](#)

Read the press statement by Farah Jameel, GPC England executive team IT lead, [here](#)

The BMA's response to the Government's announcement delaying the start of the data sharing programme was referenced in a number of articles on [The Register](#), [Digital Health](#), [Healthcare Leader](#) and [Medscape](#).

COVID-19 vaccination programme

The [Joint Committee on Vaccination and Immunisation](#) (JCVI) has advised that children at increased risk of serious COVID-19 are to be offered the Pfizer-BioNTech vaccine, including children aged 12 to 15 with severe neurodisabilities, Down's syndrome, immunosuppression and multiple or severe learning disabilities.

The JCVI also recommends that children and young people aged 12 to 17 who live with an immunosuppressed person should be offered the vaccine, to protect those at higher risk of serious disease from COVID-19, and who may not generate a full immune response to vaccination.

The [BMA welcomed this new guidance](#) and have encouraged NHSE/I to be clear that people should not contact their GP for information practices do not have. Read the [BMA statement](#)

NHSE/I has now published a [letter](#) advising that children and young people (aged 12-17) with underlying health conditions, or who are household contacts of persons (adults or children) who are immunosuppressed, should be offered COVID-19 vaccination, following the JCVI statement earlier this week. The letter advises that children are offered a first dose vaccination before returning to school in September, and it is therefore expected that first dose vaccinations for eligible children aged 12-15 to be operational from w/c 23 August at the latest with invitations issued in advance.

The letter also advises that, '18 years' in the existing national protocol and PGD can be interpreted as including 17 year olds within 3 months of their 18th birthday, where this is necessary to support high vaccine uptake. Children aged 12-15 in the groups specified by JCVI can only be vaccinated using a PSD until the documents are updated.

Annual flu vaccination letter

The [annual national flu immunisation programme 2021 to 2022 letter](#) has now been published. This year, the eligible cohort from the start of the programme includes those aged 50 and over and the letter states that, as trials are still ongoing to ascertain whether co-administration of COVID-19 and influenza vaccines will be permissible, practices should continue planning for influenza vaccination as usual, with further advice to be issued should co-administration with COVID-19 vaccination be recommended.

As we [pointed out](#) last week following the publication of the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme, community delivery of both COVID-19 and flu vaccinations is essential to the success of the programme and it is vital that local systems support practices to do this where the nature of the COVID vaccination used allows.

Meetings with ministers and MPs

I met with the Parliamentary Under Secretary of State for Health, Jo Churchill, this week to discuss a range of issues. I raised my serious concern about the DDRB award, the lack of recognition for the role GP partners have played during the pandemic and the need for funding to support the implementation of the award for sessional GPs. I also raised our concerns about on-going workload pressures and the impact this was having on the workforce, with the potential for further PCN service specifications planned by NHSEI in the autumn, which would add significant additional pressure to practices at what was already likely to be a time of unprecedented activity given rising infection rates would be coupled with winter-related illness and a double vaccination programme.

Last week, I met with former Health Secretary and Current Health and Social Care Committee Chair, Jeremy Hunt MP. The focus of the meeting was also workforce pressures, in particular the need to manage patient expectations; better support the health and wellbeing of those working in primary care; improving workforce planning and promoting better approaches to recruitment and retention. During the meeting I asked the parliamentary committee to support increasing resource available for premises and improving access to community diagnostics, and also renewed our support for the committee's lobbying to ensure independent workforce planning was adopted as a statutory responsibility in legislation.

I have also this week met with Alex Norris MP, Shadow Minister of State for Prevention, Public Health and Primary Care in Labour's health team, again to highlight the workload and workforce pressures in general practice, and the unacceptable abuse directed at many working in general practice with the need for greater support. We also discussed the changes that needed to be made to the Health Bill and the need for premises investment to both improve infection control but also to provide space for expanding practice teams.

GP Payments and pensions system provided by PCSE

We, along with the Institute of General Practice Management, wrote to NHS England last month to raise our concerns about the new system and demand urgent action to ensure that GPs and practices are able to use the system as intended. We have now received the attached [response](#) which maintains the line that the issues we raised are merely expected 'teething problems'. PCSE are gradually putting 'fixes' in place for many of these issues, most of which we would consider to be solutions to problems that would not have arisen if user testing had been more thorough.

We continue to engage with PCSE in pursuit of solutions to outstanding issues as well as relevant data to allow us to measure performance. We will continue to do so for as long as is necessary. In addition to the survey for GPs currently running (see below) we are looking to survey practices in England in early September to capture their experiences of using the system in August, the third month of its use. Both surveys will be invaluable in helping us to hold PCSE to account.

Tell us your views on the new PCSE pensions portal

If you are a GP working primarily in England, please [fill out our survey](#) on the new system so that we have further evidence of the full extent of the issues and can hold PCSE to account. Note that this survey is not a forum for individual issues – please [raise these with PCSE directly](#).

Vaccines and undocumented migrants – safe surgeries toolkit

There have been some reports of undocumented migrants not being registered by GP practices, despite the requirement on GP surgeries [to register all patients](#) (if open to new patients).

We would therefore like to encourage practices to use the Safe Surgeries [toolkit](#) developed by Doctors of the World (DOTW), which is an accessible presentation of existing DHSC 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.

We continue to work with DOTW to encourage GPs and practices 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.

GPC England executive team member and workforce lead Krishna Kasaraneni was interviewed on [Channel 4 News](#) about this last week, where he highlighted that everybody is entitled to free general practice services at the point of need, regardless of immigration status or ability to produce documentation. This is in line with contractual requirements. Read the BMA and DOTW joint [letter](#) to support practices to remove barriers for this group of vulnerable patients.

Delegation of NHS England commissioning functions to integrated care systems from April 2022

NHSE/I has [written](#) to ICS (integrated care system) leads and CCGs to outline their plans to delegate some of NHSE/I's direct commissioning functions to integrated care boards within each ICS as soon as operationally feasible from April 2022. The letter outlines that subject to the will of Parliament relating to the Health and Care Bill, NHSE/I's expectation is that from April 2022 ICBs will assume delegated responsibility for primary medical services currently delegated to all CCGs (and continuing to exclude Section 7A Public Health functions).

Are you considering applying for a GP sponsorship licence to employ non-UK nationals?

If so we are keen to hear from you as well as those who started the process to apply for a licence, but dropped out because of difficulties with the application process.

The Home Office introduced a new sponsorship system last October, in preparation for the introduction of the new immigration system which came into force in January 2021. The new system is designed to alleviate many of the complexities of the old system and it is hoped the new application process will support employers to apply for a sponsorship licence with relative ease. As detailed in the updated [guidance](#), employers can now apply [online](#).

The Home Office wish to survey small businesses, including GP practices considering applying to get a sense as to their perceptions of the process. If you have any insights into the sponsorship process that you wish to share, please contact Caroline Strickland, Senior Policy Advisor in International Affairs on the following email CStrickland@bma.org.uk

Media

[GP Online](#) reported on our calls for NHSE/I to publish the ES specification for flu, and I commented: “Practices need to have all the information about different areas of work this winter, so they are able to make informed decisions about what is possible and begin planning. Therefore, NHS England should publish the flu specifications as soon as possible, giving practices as much time as they need to consider them alongside the booster programme. As we have already made clear to government, any other additional demands on GP workload must be delayed given the current crisis, and therefore NHS England must also think carefully before introducing any further service specifications in the coming months, in the context of rising COVID-19 cases and the challenges winter will bring.”

Andrew Buist, chair of the GPC Scotland, has published an [article](#) calling for urgent support for primary care in Scotland, about the continued workload demands the service faces.

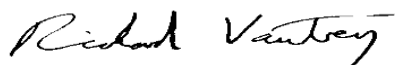
Chair of NI GPC Alan Stout was interviewed on [BBC Talkback](#) (at 18:09) about the vaccination roll-out to at-risk children and young people over 12. Dr Stout was also interviewed on U105 Frank Mitchell show about vaccine passports.

Read the GP bulletin [here](#).

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

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee