

LMC Update Email
17 September 2021

Dear colleagues

#Support Your Surgery campaign

At a time when so many are criticising general practice, we would encourage you to continue to use the resources and tools available on the [Support Your Surgery campaign page](#) to get the support of our patients to make the changes we urgently need to see.

The need for the campaign was clearly demonstrated this week as Sajid Javid, Secretary of State for Health and Social Care, showed how out of touch he is with the state of general practice through the [comments he made in parliament](#). We would therefore encourage patients and the profession to sign our petition calling on Government to provide the resourcing need so we can increase the number of GPs and other support staff in England.

This is one of the ways to address the concerns we share with our patients and to reduce the workload pressures we currently experience – and more [than 10,000 people have now signed our petition](#) - please show your support and sign it [here](#)

A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to info.gpc@bma.org.uk.

You can also show your support for the campaign by adding a [‘Support Your Surgery’ Twibbon](#) or [Twitter banner](#), or [Facebook banner](#), to your social media profiles.

Letter to Secretary of State

Following our joint letter with RCGP, NHS Confederation and the Institute of General Practice Management (IGPM) sent last week, we have again [written](#) to the Secretary of State, Sajid Javid, to address the inflammatory [comments](#) he made in Parliament regarding increasing face-to-face GP appointments and that they were working with the BMA about this.

We pointed out that although GPs would like to be able to do this, the simple truth is that we need far more than just words to do so, and we need to remember “a return to how things were before the pandemic” would mean a return to a profession at breaking point, too few GPs, practice nurses, support staff, inadequate premises and longer waiting times to obtain an appointment for patients.

We have again called for urgent action from government to tackle these fundamental issues including an immediate suspension of QOF, not least following the impact of the blood bottle shortage and the ongoing workload pressures and restrictions practices are experiencing. Read [our statement in response to Sajid Javid’s comments](#)

Media

This was reported by the [Independent](#), [Medscape](#), [Pulse](#), [GP Online](#), [GP online](#) and dozens of [local and regional outlets](#) including the [Yorkshire Post](#) (also front page in print), as well as [MSN](#).



GP survey - deadline extended (England, Wales, Northern Ireland)

Please complete our survey to tell us about the issues affecting you most, including your workload, recruitment and your future career plans.

This is an important survey and will support our negotiations and lobbying, and is a crucial important part of our GP campaign. Your responses will also help us better understand the issues affecting GPs and ensure we are representing the profession effectively.

The [survey](#) is now open until **22 September** and will only take around 10-15 minutes to complete.

COVID vaccinationsCOVID vaccinations for 12-15 year olds

The [UK CMOs have now advised](#) that the additional likely benefits of reducing educational disruption provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the [JCVI](#), and therefore recommend on public health grounds to extend the offer of vaccination with a first dose of Pfizer-BioNTech vaccine to *all* children aged 12 to 15.

The [Enhanced Service Specifications](#) have been updated to include the expanded “at risk” group for 12-15 year olds, which means that practices will be covered by indemnity and can start vaccinating this group.

The [Collaboration Agreement](#) which has been approved by MHRA for phase 3 of the vaccination programme has been updated. Practice vaccination groups are required to have a Collaboration Agreement, although not required to use the template.

[Healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school](#), and practices will only be involved in the vaccination this group where the commissioner requests, *with the agreement of the practice*, and in collaboration with the school-aged immunisation service. GP vaccination sites should not therefore proactively vaccinate this group unless they been requested to do so. Read the guidance from NHSE/I [here](#)

Booster vaccines

We welcome that the [JCVI has now confirmed that booster vaccines](#) should be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9). The booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1. We would anticipate that many GP practices will want to co-administer these boosters with flu vaccination and we expect local teams to facilitate this. There is also a need for government and NHSE/I to do far more to support practices, not only in the delivery of this important programme for our patients, but also to address the wider workload pressures practices are experiencing, something which is only likely to increase as the winter progresses.

[NHSE/I have announced](#) a further increase to the funding for PCN clinical directors from October to March 2022 although this will be from 0.25WTE to 0.75WTE rather than the higher 1WTE payment made previously. Whilst it is necessary to recognise the significant work clinical directors and those working with them are currently doing, it is disappointing that this has been reduced rather than increased further as is really needed. The [updated Phase 3 specification](#) has now been published.

We have also written to the MHRA asking for clarification with regards to the continued recommendation for a 15-minute observation period following provision of the Pfizer-BioNTech 'Comirnaty' vaccine for COVID-19. We highlighted that this causes a particular problem for GP practices participating in the vaccination programme as many practice premises lack the facilities or space to safely undertake the required 15-minute observation period following provision. We would encourage LMCs and practices to also write to MHRA (info@mhra.gov.uk) to address this issue.

Media

The [Guardian](#) reported on the COVID vaccinations for 12-15 year olds and the booster campaign, and the article mentioned our advice in the bulletin that GP vaccination sites should not proactively vaccinate this group unless they been requested to do so.

Recording overseas vaccinations

We continue to raise the issue of recording overseas vaccinations on practices' IT systems, a technical solution for recording on the NHS immunisation management service (NIMS) is still being worked up but not yet ready to roll out.

In the meantime, NHS Digital has advised that vaccination sites should follow the [guidance from Public Health England](#) (see p13 and the table on page 34-35), relating to vaccines given abroad, in terms of which vaccine should be given in England depending on which was given abroad.

If someone has had their first dose outside of the UK, they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, or a GP practice (especially if they have had a brand of vaccine not available in the UK) to arrange their second dose. Patients should be told that at this time, only vaccines delivered in the UK will count towards UK COVID-19 certification and that the NHS is working on a solution.

If a patient registered with a GP in England informs you that they have had a vaccination overseas, you may choose to record the details in the usual clinical notes section of the patient's GP record. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

Blood bottle supply update

NHSE/I has sent a [letter](#) to practices updating on the supply disruption of BD blood bottles. The availability of alternative products and improvement in BD's production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with the [best practice guidance](#), can resume, stocks permitting from 17 September. Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, in order to spread out demand for tubes. All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week's worth of tubes based on demand from June and July 2021.

Blood tests in hospital will still be more limited and we have asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.

COVID-19 Response: Autumn and Winter Plan 2021

The BMA has produced a short [briefing](#) regarding the Government's [Winter Plan](#), outlining the main points expressed in the Secretary of State's speech and the Prime Minister's press conference.

- Although the worst case scenarios of the models look to be quite unlikely, there is still considerable risk of hospitalisations reaching unsustainable levels in the Winter.
- That the expected peak of infections in August may be delayed until October – coinciding with winter pressures.
- There is a significant degree of uncertainty and predicting the trajectory of infection is difficult
- There is a great deal of consensus that acting earlier and introducing certain measures to limit contacts such as working from home could have a significant potential to mitigate the scale and speed of the infection trajectory; these would preferably be done when hospitalisations are already at a manageable level.

Read the BMA [press statement](#) which reflects our position on how we believe the Government should approach this period of time

End of the shielding programme and closure of the Shielded Patient List (SPL)

The [Government has announced](#) that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support still available. Practices do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

Health inequalities and climate change

This week we [wrote](#) to the President of the UN COP26 Climate Conference, Alok Sharma MP, to highlight our concerns about health inequalities and climate change. We made a number of recommendations including the action government could take to support general practice to become carbon neutral, implementing a practice of return and recycling for medicines such as inhalers and for resources to meet the needs of practices in areas suffering from high levels of deprivation.

ARM update

The BMA's [Annual Representative Meeting](#) was held earlier this week, where the Council chair Chaand Nagpaul's [speech](#) highlighted the pressures GPs are under, and that GPs and primary care teams have worked incessantly 7 days a week in vaccination centres while practices at the same time continued to provide essential services to their patients. He pointed out that it's therefore soul destroying for GPs to be publicly vilified for not being able to operate normally and that it was a failure of leadership by the NHS not to defend GPs. He said "what we needed was for ministers and NHS leaders to visibly congratulate and thank GPs and primary care teams for their heroic efforts in saving tens-of-thousands of lives." Read the resolutions [here](#) and [listen to my report to the ARM](#)

A motion was passed at the ARM, which stated that 'primary care did not shut during the pandemic, but appropriately changed working practices to protect both patients and staff, continuing to see patients face to face where this was necessary' and called on 'the BMA to demand NHS England cease and desist from negative briefings suggesting otherwise'. This was reported on by [Pulse](#)

Changes to the COVID-19 test kit distribution service

From 4 October, an amended COVID-19 test kit distribution service will begin from and as part of the changes, people will be asked to register on www.gov.uk or via 119 for a collect code to pick up test kits. More information is available from the Service Specification on the [NHS BSA website](#).

NHS-Galleri cancer test trial

The [NHS has launched a trial of a new blood test](#) that can detect more than 50 types of cancer before symptoms appear. The participants, are aged 50-77 and asymptomatic of cancer, are identified and invited through NHS DigiTrials to register their interest in being part of the study. Those who consent will be invited up to a mobile screening unit to give a blood sample.

The [NHS Galleri test trial](#) checks for the earliest signs of cancer in the blood and only those who have a positive Galleri test will be referred by the study team to a 2WW clinic based on the predicted cancer signal origin. Hence, any GP involvement in this study is only if participants choose to contact them at any point in the trial process. A few GP practices have, in addition, volunteered to undertake trial recruitment from their lists and are liaising with the study team.

Supportive call from WHO for investment in primary care post COVID

Attached is a statement by the WHO Regional Committee for Europe, about reinventing primary health care in the post-COVID-19 era, which calls for more investment in primary care.

Survey of practices' experiences of using PCSE payments and pensions portal in August (England)

We are extending the closing date of our joint [survey](#) (with the Institute of General Practice Management), for practices to learn of their experiences of using the PCSE payments and pensions portal, until *Tuesday 21 September*. We would be grateful if you could share the survey with your practices if you haven't already done so. Take the [survey](#)

GPC UK by-election

The GPC by-elections for the following regions are open until midday on Wednesday 22 September:

- Hampshire / Isle of Wight (1 session term 2021-22)
- Buckinghamshire / Oxfordshire (2 session term 2021 – 2023)
- East / West Sussex (3 session term 2021 – 2024)

Submit your nominations [here](#). If you have any questions, please email elections@bma.org.uk

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. Register [here](#)

Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual [Social Prescribing Link Worker Day Conference](#) on 8 October 2021, with the theme of *The Creative Disruptors Reducing Inequalities & Powering Up Integrated Care*, to celebrate and showcase Social Prescribing Link Workers' impact and role in creatively disrupting inequalities and powering up integrated care. This event is open to GPs, social prescribing link workers, community health and social care industry leaders, PCNs and clinical directors. There are 20 free tickets available for BMA members – first come first served - via this [link](#)

Media**GP pressures and staff abuse**

Dr Farah Jameel, GPC England executive team member, wrote a piece for the [Independent](#) about her experience of abuse as a GP, which was then also picked up on [MSN](#) and [Yahoo!](#).

I was quoted on BBC Radio 2, Radio 4 and Radio 5 Live, saying general practice went into the pandemic with too few doctors and inadequate spaces, and that the Government had to invest as

the profession was on its last legs. This came after the [Guardian reported](#) on the struggles of primary care, quoting Prof Martin Marshall, chair of the RCGP. The [BMJ](#) carried an article around GPs being blamed for government failures in primary care, and [Pulse](#) covered the story of GPs struggling to give 'safe care' due to 'Government failings'. I was on BBC Radio York on Monday, warning that the NHS is heading into a very difficult winter and again this morning explaining why GP practice needed to continue to limit the number of people in practice waiting rooms which had an impact on the number of face to face appointments that could be offered.

The [Guardian](#) wrote a piece in defence of GPs and the pressures they are under, and the abuse and criticism they are facing. Dr Chaand Nagpaul mentioned the scale of the backlog as he gave evidence to MPs around the Health and Social Care Bill currently being debated. This was covered in [Pulse](#).

There was also further coverage on the letter sent to health secretary Sajid Javid by the BMA, RCGP, NHS Confederation and IGPM, expressing concerns with the lack of support from the Government around the abuse towards General Practice. The story was covered by [Pulse](#) and [GP Online](#). BMA concerns on the NHS backlog and the workforce shortages in the health service were also quoted in [London Economic](#), and [Tribune Mag](#).

I was interviewed on BBC Radio 4's [Today programme](#) (at 1h36m47s into replay), where I highlighted the how the ongoing infection protection measures and size of many waiting rooms limited the number of face to face appointments that could be provided as practices continued to work to protect their patients and also spoke about the workload and workforce pressures, saying: "GPs and practices share the frustrations of our patients. We started the pandemic with too few GPs, too few nurses, too few support staff and we're in a worse situation rather than a better situation now."

Dr Krishna Kasaraneni, GPC England executive team member, was part of coverage on [ITV News Calendar](#) (6min into replay) was shown alongside a package around [GP pressures](#). He said: "I think what we need is a joint effort both from the profession and from the public to call on the Government to change things in general practice, to invest in general practice, both in people and premises so that we can start looking after patients in the way that they deserve." The BMA's concerns around workforce shortages and abuse were also mentioned in regional media like the [Hull Daily Mail](#), Nottingham Post (print), and on BBC Humberside.

Northern Ireland

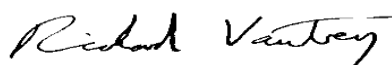
NIGPC chair Dr Alan Stout was interviewed in the [Belfast Telegraph](#) and [Irish News](#) about Covid jabs for over-12s and booster jabs for over-50s. He was also interviewed by [Ulster Star](#), [BBC Radio Ulster news bulletins](#) (00:25) and [Newsletter](#) about pressures.

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