

Dear Colleagues

Wessex LMCs News Update From The Team. . .

Enhanced Service Specification COVID-19 vaccination programme: phase 3 2021/22

We are aware there is a potential issue with how and if the service is deliverable as there remain unknown variables. However, we note that the specification says that GP practices “must indicate a willingness to participate” in the enhanced service by 17:00 28th July 21. We would suggest that this is not the same as signing an agreement to provide the service. In fact it goes on to say in the same paragraph that “GP practices and the Commissioner (NHSE) must record their agreement to participate in the ES in writing. It does not say how and when the recording of the agreement is to take place.

We will of course continue to work with CCGs and the Commissioners for a reasonable pragmatic approach and to address concerns once the details become clearer.

[Enhanced Service Specification COVID-19 vaccination programme: phase 3 2021/22](#)

Update on GPC England Resolution

At the last GPC England meeting in May, the committee passed a vote of no confidence in the senior leadership of NHS England and Improvement. Among other things, the motion also instructed the GPC England executive team to cease all formal meetings with NHSEI until such time a motion could be brought back to the committee recommending that NHSEI had taken sufficient steps to restore the confidence in its leadership. This is an instruction the GPC have followed. Yesterday, GPC England met again to discuss progress and the direction we may wish to go next.

In the eight weeks since their last meeting we have seen some positive signs and change in tone from both the Department of Health and Social Care and NHSEI, including from senior NHSEI executive directors, with [public thanks](#) and [recognition](#) of the pressures currently facing general practice, while communications have taken on a more factual tone.

But while we acknowledge and welcome these positive signs, and in particular the recognition of the important role that general practice has played throughout the pandemic as well as the pressures GPs and the whole of general practice is currently experiencing, kind words have not yet always been followed by the actions we'd like to see. In recent weeks we've seen [flawed and overly bureaucratic enhanced services](#) announced and [activity targets](#) introduced when the profession is on its knees.

Most recently, the specifications for the [Covid booster programme ignored calls from frontline GPs](#) to be given more clinically appropriate flexibility and support in enabling practices to deliver the programme in a way that best benefited their communities.

So, despite some signs of progress, after discussion at yesterday's meeting, a recommendation was not brought to return to formal meetings with NHSEI at this point.

We must be clear, however, that this is not a situation that we want to continue and we recognise that getting to a place where we are able to negotiate effectively on behalf of the profession with an NHSEI that clearly demonstrates that it understands and acts on the needs of general practice is in the best interests for everyone, not least our patients.

England has a new Health Secretary and in the coming weeks NHSEI will have a new chief executive, and these appointments provide an important opportunity for both the Government and NHSEI to demonstrate their clear commitment to general practice, that we hope could potentially pave the way for beginning to engage on fresh terms.

GPC England continues to discuss how they may proceed and we will keep you informed of developments in due course.

Shocking workforce crisis exposed by BMA report

The BMA published [Medical staffing in England: a defining moment for doctors and patients](#) early this week. The figures indicate that there are 1,307 (4.4%) fewer fully qualified FTE GPs than in September 2015, whilst the number of patients per GP practice is 22% higher than it was in 2015, so the GP workforce has not expanded with this rise in patient need. As a result of this, there are now just 0.46 fully qualified GPs per 1,000 patients in England - down from 0.52 in 2015.

There is an urgent retention issue with GP partners with numbers continuing to fall. It is clear that workload pressures are having a material impact as, based on the data trends, fully qualified GPs generally want to better control their workload and work-life balance. There is also a clear trend towards salaried and sessional GP roles and more portfolio and LTFT (less than full-time) working, which is the case for GP trainees as well.

The Government is clearly failing to get anywhere near its 2020 commitment of an additional 6000 doctors in general practice by 2024, as we only anticipate getting around 3,380 additional fully qualified FTE GPs (not factoring in any existing GPs reducing their hours or leaving the profession in that time). This also still falls short of the [Centre for Workforce Intelligence's 2014 prediction model](#) of the worst-case scenario for the GP workforce in 2024.

To tackle the workforce crisis the BMA are calling for urgent and sustained action, including:

- Legislation mandating regular healthcare workforce assessments in the Health and Care Bill
- Action to address workforce pressures
- Reduction in bureaucracy, targets and premises pressures that particularly impact GP partners

The BMA are also calling for an increased Treasury investment in the medical workforce, including:

- Sufficient medical school, foundation programme and specialty training places
- A relaxation of punitive pension taxation rules, so doctors are not forced to consider early retirement
- Introduction of flexible working options for all staff
- Doctor retention initiatives, as set out in our [Rest, Restore, Recover](#) (2021) report.

Read more [here](#)

Supporting General Practice and latest appointment data

We all know that GPs and their teams across the country are under enormous pressures. [NHS Digital has published the latest statistics for GP appointments](#) which show that over 8.5 million vaccines appointments were delivered via general practice in England in May, on top of 23.5 million 'regular' appointments, again demonstrating the level of demand that practices continue to meet. These figures, taken together with the results of the national [GP patient survey](#) released last week, shows the reality of our experience, that practices are delivering hundreds of millions of appointments and as a result of our hard work the vast majority of patients are pleased with the care delivered by their general practice team.

In the BMA's [letter](#) to the former health secretary Matt Hancock, the BMA made it clear that the Government needs to do more to support general practice, not talk it down. Their message to the new Secretary of State for Health and Social Care, Sajid Javid, is the same – GPs and their staff are angry, frustrated and disappointed by this treatment. In the BMA [letter](#) to him, we raised our concerns about the way the Government's emergency regulations have led to a command and control way of working which at times has restricted practices rather than empowered them, and asked for him to bring an end to this micro-management of general practice from both government and NHSE/I when the restrictions are lifted on 19 July. The BMA have also called for urgent action to reduce workload pressures through recruiting and retaining more GPs and practice nurses, and to address the premises issues that seriously limit our work.

As well as lobbying efforts, the BMA also want to do as much as they can to support practices in England with the tools they need to explain to their patients the pressures that general practice is facing. More information will be released in the coming weeks on the BMA website and in communication directly to practices.

Easing of COVID restrictions and face coverings

[A BMA survey](#) released ahead of the [Government's announcement](#) confirming the easing of the restrictions on 19 July, found that a vast majority of doctors who were asked said they were in favour of keeping rules around face coverings and social distancing.

91% of doctors surveyed believe masks should continue to be worn in healthcare settings - where practical – and 86% say the same for social care settings. 90% of those surveyed wanted to see masks remaining mandatory on public transport, and a majority thinks face coverings should continue to be worn in shops, in hospitality and workplaces, like offices. BMA council chair Dr Chaand Nagpaul said: "Doctors are clear in their desire to protect the public's health and our NHS by proven measures to control spread of this deadly virus. They want to see the legal requirement for wearing of face coverings retained not just in enclosed public spaces but also for patients and visitors and staff in hospitals and GP surgeries as well as social care settings."

The BMA has also co-signed a [letter](#) with the Royal Pharmaceutical Society and other stakeholders, to the Prime Minister, calling for the continued use of face masks in healthcare settings.

NHSEI have now made a [statement](#) that the government's [infection control guidance for healthcare settings](#) has not changed, and so will continue to apply following the lifting of restrictions next week, and healthcare settings should therefore maintain face coverings among other IPC measures.

The BMA have produced a poster that practices can display about the continued use of face coverings for healthcare settings – download it [here](#)

See more information and guidance on PPE for practices in the following BMA [COVID-19 GP toolkit](#).

Face coverings in healthcare settings

Face coverings in healthcare settings in England

While NHS England clarified that IPC guidance in GP practices would remain in place, Dr Richard Vautrey commented: "It is essential that this is communicated clearly and widely so that everyone understands what to expect when entering surgeries, hospitals and other health and care premises, and why these measures are necessary to protect us all and to effectively get on top of this pandemic".

The [Guardian](#) reported that PHE made clear on Tuesday that its infection prevention control (IPC) guidance is to remain in place after 19 July, meaning the current situation on mask-wearing in health and care settings will continue. This is following pressure from the BMA and other health organisations on the government for clarity on the status of face coverings in hospitals and GP surgeries when legal requirements on mask-wearing will be lifted.

COVID-19 Vaccination Programme (England)

NHSE/I has published the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme and other assorted documents.

It is very disappointing that NHSE/I are not listening sufficiently to practices and have not done more to enable local groups to safely transfer vaccines delivered to PCN sites on to member practice sites should they choose to do so. Yet at the same time we have seen vaccine safely delivered in care homes, through buses, pop-up sites and smaller pharmacies. Moreover, earlier in the pandemic vaccine has been provided to practices to deliver to their patients elsewhere in the UK. The BMA will continue to challenge this unnecessary restriction which could lead to poorer uptake.

Local community delivery of both COVID-19 and flu vaccination is essential to the success of this programme and it's vital that local systems support practices to do this. Read the BMA [statement in response](#) to the publication of the ES documents.

Dr Richard Vautrey was quoted in the [BMJ](#), and [Healthcare Leader](#) about the BMA's disappointment at NHS England's decision not to allow individual GP practices to organise and administer covid-19 vaccination boosters this autumn.

The BMA's weekly COVID-19 data analysis is attached.

Do listen to the Covid Podcast with Nigel Watson and Michelle Lomardi - <https://www.wessexlmcs.com/covid19videoandaudiovideopodcastsandrecordedwebinars>

Health and Care Bill briefing for General Practice

Following the introduction of the Government's [Health and Care Bill](#) to the House of Commons last week, GPC and the BMA have produced a [briefing](#) outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes including the transfer of powers from CCGs to ICSs, GP voice within ICSs, and changes to funding flows.

Ahead of the Bill's Second Reading this Wednesday, [BMA Council also voted to express the BMA's opposition to the Bill as presented to Parliament](#), arguing that it is the wrong time to be reorganising the NHS, fails to address chronic workforce shortages or to protect the NHS from further outsourcing and encroachment of large corporate companies in healthcare, and significantly dilutes public accountability. The BMA is also concerned about the wide-ranging excessive powers the Bill would confer on the Health Secretary.

Further information on the Bill and the BMA's work this is available on a [dedicated webpage](#).

Medical Examiners roll out (England and Wales)

On Tuesday, 8 June, the UK Government [formally announced](#) the roll out of the [medical examiner system](#) into primary care in England and Wales, although medical examiners have already been in place in Scotland and in acute settings in England and Wales. Many have expressed deep concern about the impact this could have on an already overstretched, underfunded, primary care system. Complicating matters was that at the time of the announcement, there was no statutory instruments in place for the roll out.

The recently published [Health and Care Bill](#) will, if enacted, see dramatic changes for the NHS in England, and the BMA has issued a [press response](#) to the publication of the Bill, highlighting their concerns. The BMA's Professional Fees Committee are making representations on behalf of the BMA to both the National Medical Examiner's (NME) and the UK Government to express concerns over the medical examiner system roll out into primary care.

Survey about CQC inspections and their effect on ethnic minority GPs

BAPIO GP forum is [seeking views](#) of GPs and GP Practices effected by CQC inspections, particularly from ethnic minority GPs or practices owned and/or led by ethnic minority GPs. This will help inform the discussions with CQC on issues facing ethnic minority GPs and the practices they work in. Please feed in your views [here](#). If you have any questions, please contact Kalindi Tumurugoti (Kalindi.Tumurugoti@nhs.net)

GPC England Meeting Report

GPC England met on 15 July 2021 where much of the meeting was spent discussing what actions had been taken following the resolution from the May GPC England meeting, the results of which are outlined above. The committee also had updates on and discussed phase 3 of the COVID vaccination programme and winter flu vaccination programme, the implementation of GP Data for Planning and Research (GPDPR), and implications for primary care of the NHS Bill.

This was the last meeting of the session and several members of the committee will be leaving the committee after the BMA ARM in September. Julie-Anne Birch, Siobhan Brennan, Mark Corcoran, Lynn Hryhorskyj (Chair, GP Trainee Committee), Bob Morley, and Simon Parkinson were all thanked for their contribution and support to the committee and the profession over the years. Their wise counsel and input into the BMA work will be missed.

It will also be Fay Wilson's last meeting as Speaker for the committee and she was thanked for fulfilling this new role so well.

The GPC England Executive and Policy lead update is attached.

Elections for BMA's specialist and professional committees

Voting for the Specialist and Professional Committee elections are opened for seats on:

- Private practice committee (PPC)
- Professional Fees Committee (PFC)
- Committee of medical managers (CMM)

The deadline for voting is **12pm, Thursday 22 July 2021**.

Nominations for seats on these committees have reopened **until 12pm on Thursday 22 July 2021**.

- Civil and Public Services Committee (CPSC)

- Armed Forces Committee (AFC)
- Committee of medical managers (one seat)

To submit your nomination or vote, please login to the BMA's [election system](#). To vote or stand in the election, you must hold the relevant position for the specified seat.

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

One career, endless opportunities #Choose GP

Final applications for 2021 GP specialty training will open on 27 July – 18 August 2021. Please 'like' and follow the #Choose GP [Facebook](#) and [Instagram page](#) to keep up to date with news and views, and forward this information to any doctors who may be thinking about career options.

The [GP National Recruitment Office](#) (GPNRO) website has more guidance and we have a number of GPs and trainees who can help with enquiries. Email Daryl gprecruitment@hee.nhs.uk to be put in touch.

Upcoming Education. . .

“How to” Modules for GPs, Senior Leaders & Partners in General Practice

Wessex LMCs are pleased to announce the launch of our “How to” modules. The modules will be held as a series of 6 individual webinars across September 2021 to February 2022. These webinars will cover all the essential knowledge you need to become effective in your role and will also provide a forum for discussion and support.

The modules are:

- [Tuesday 28th September 2021: NHS overview & NHS contracts – how to understand & apply the regulations](#)
- [Tuesday 12th October 2021: Premises – how to unpick the detail](#)
- [Wednesday 3rd November 2021: The importance of the partnership agreement, how to apply it & other legal issues.](#)
- [Tuesday 7th December 2021: How to understand finance – the income streams and efficiencies](#)
- [Tuesday 25th January 2022: How to assess leadership & success, understand 'well-led' and how to apply it](#)
- [Thursday 3rd February 2022: How to manage complaints & practitioner performance concerns](#)

The webinars will be:

- Open to all in Wessex LMCs at £25 per Wessex LMCs member (£50 per non-member), per module. Delegates may be able to access funding for these modules via the [Fellowship](#) or [New to Partnership scheme](#).
- Hosted by Wessex LMCs and run for 2 hours over zoom. Each session will run from 09:30am - 11:30am
- Booked on an individual basis so delegates can attend as many or as few as they choose.
- Recorded and will be free to access for all delegates who have paid to attend the webinar.
- Available to watch after the event for £20/£40 per module, for a duration of 6 months, for anyone who did not attend the live event.

Please see attached leaflet for more details.

Regards

The LMC Team

Twitter: @WessexLMCs