

GP payments and pensions system provided by PCSE update

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

GPC continue to engage with PCSE in pursuit of solutions to outstanding issues as well as relevant data to allow performance measurement. GPC will continue to do so for as long as is necessary.

As we approach the end of the second month of its use, we continue to see an unacceptably high level of issues being raised about the new online portal. GPC continue to liaise with PCSE several times a week but the progress is frustratingly slow. The survey for GPs in England to provide their experiences of the new system will remain open until 13 August. If you haven't already, we would urge you to please [fill out this survey](#) so that GPC 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](#).

We know that practices are the biggest users of the portal and we are aware of the many issues they are facing. GPC's intention is to release a survey of practices in England at the start of September which they hope to use as a 'snapshot' of progress after three months of its use. There will be further information on this in the coming weeks but, again, the purpose is to help GPC hold PCSE accountable for their performance. Please be assured that practice use of the portal continues to be central to the work GPC are doing on this issue.

GP appointment data demonstrates workload pressure

The latest [GP appointment data for June](#) has been released. The data shows a 3.5m increase in the number of appointments provided during June this year compared to June 2019 (26.7m compared to 23.2m), with an additional 4m COVID vaccination appointments delivered on top of that. Taken together the total number of appointments during June was approximately 31.1m.

The appointment figures continue to demonstrate the immense pressures that GPs and practice teams are under with the ever-increasing workload generated by the pandemic and NHS backlog. Figures like these have become all too familiar but to see them in the summer when the workforce should normally be able to take time out to rest and recharge after such a difficult year is very concerning. GPC will be highlighting to the new incoming NHSE/I chief executive that there is a critical need to alleviate the severe pressure GPs and their teams are under.

[Read the BMA response here.](#)

RCGP report echoes BMA call to tackle general practice pressures

The RCGP has published a [report](#) reinforcing many of the key public messages regularly made by the BMA in recent months including that general practice is now 'at breaking point'. It proposed a five-point recovery plan to prevent GPs and other members of the practice team from burning out and ensure patients can continue to receive the care they need, well into the future. The RCGP described the pressures within general practice as unsustainable and said that they must be urgently addressed as we move beyond the 'emergency' pandemic period. During this time, GPs have to deal with the aftermath of COVID in their local communities, including long COVID, and the additional mental and physical health problems it is causing in patients of all ages.

They call for much more work to be done by the Government on recruitment and retention of GPs and the wider workforce. There is an urgent need for investment in premises so staff have space to work safely while providing care for patients. In addition, [workload pressures must be reduced](#), including the removal of unnecessary bureaucracy, and GPs need to have a strong voice in the new ICS arrangements. GPC agree that all these goals must be delivered to see a real change in the crisis we currently face.

Supporting general practice campaign

In the coming weeks, GPC will be sending to practices materials and tools they need to explain to their patients the pressures general practice is facing. The monthly appointment data clearly shows the need for this as we all experience unprecedented pressures which are increasingly hard to deal with. There is no evidence that these pressures are going to lessen in the coming months as we face what many are predicting to be a very difficult winter.

FUNDING OPPORTUNITY: Sunday 22 Aug Response Date North Cross-Sector Pre-Registration Trainee Pharmacy Technician Places

North School of Pharmacy and Medicines Optimisation would like to invite collaborative partnership expressions of interest from those employers working within the North to take on Cross-Sector Pre-Registration Pharmacy Technician (PTPT) trainees.

Collaborative partnerships should ideally consist of a community, mental health, or secondary care provider (Hospital Trust) **AND a GP Practice**. Two-year training period to be supported by employing organisations (trainees must be in post for a February 2022 start at the latest.). Please complete the expressions of interest form via the link below by no later than 23:59 22nd August 2021.

[North Cross-Sector Pre-Registration Trainee Pharmacy Technician Places Survey Link.](#)

You will find these documents helpful in considering how this opportunity may benefit your practice, workforce and patients:

- [Apprenticeships in dental, pharmacy and optometry](#)
- [Guidance for prospective employers](#)
- [EOI letter cross sector pre-registration pharmacy technician](#)
- [Job description example pre-registered pharmacy technician](#)
- [GP practice hospital example](#)

All expressions of interest submitted will be acknowledged and notification of whether a bid is successful or not will be provided by 3rd September 2021. Further instructions will be provided if your expression of interest has been successful.

DDRB 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. GPC have made their 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 the joint [blog](#) with the Sessional GPs committee chair Ben Molyneux about what this means for GPs. Read the BMA statement [here](#)

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.

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

NHS Health Check refresher training – Zoom training, Tuesday 24 August, 9.30 – 11.30

This **FREE** course has been developed to refresh the skills and knowledge of Healthcare Professionals working in General Practice who deliver NHS Health Checks. It will cover:

- Aims and elements of a Health Check
- The epidemiology of Cardiovascular Disease/Dementia
- Assessing and managing risk; who to include; fixed and modifiable risk factors
- Healthy diet, cholesterol, blood pressure, smoking, e-cigarettes and BMI explained
- The national diabetes prevention programme
- The National Picture & Local Picture
- Communicating risk and assessing patient/clients thoughts re: lifestyle changes using evidence based behaviour techniques
- System update from the Primary Care Data Quality Specialist

Please ensure all bookings are made no later than the Friday 20th August. The Zoom invite will be forwarded on Monday 23rd March.

To book your free place please visit: www.firstcontactclinical.co.uk/Courses/Teesside-NHS-Health-Check-Refresher-Training . For more information please contact 0191 4329838 or training@firstcontactclinical.co.uk

Guidance to support GP practices obtain a sponsorship licence

The BMA and NHS England and NHS Improvement have published guidance to support GP practices obtain a sponsorship licence to recruit a GP from outside of the UK or a UK medical graduate switching from a Tier 4 visa. After hearing from GP practices, it will address the questions that are often raised and is designed to support GP practices to complete the online registration process and identify the right documents to send to the Home Office. Please note this does not replace the official [Home Office guidance](#).

You can access the guidance on the following [link](#)

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

If so GPC 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

Improving the NWRS (National Workforce Reporting Service)

NHS Digital has [improved the way they collect primary care workforce data](#) making the new NWRS is easier to use, and as simple and efficient as possible to help minimise the burden placed upon practices and primary care networks.

From July, users should access the new NWRS via the [Strategic Data Collection Service](#) (SDCS) - using the same login you use to complete other data collections, such as the General Practice Annual Electronic Self-Declaration (eDEC). Visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#).

It is important to understand staff capacity in the health service - this information helps shape GPC's negotiating strategy and how investment, training and resource is directed across the primary care workforce. It is therefore critical that the information you submit to NHS Digital about your staff is accurate and complete. Provision of workforce data is also a contractual requirement for practices and PCNs as it is crucial for understanding changing capacity across the primary care workforce.

To find out more about the changes to the NWRS, Practice and PCN Managers can [join one of NHS Digital's webinars](#) which are running twice weekly until end of August.

Annual flu vaccination letter

The [annual national flu immunisation programme 2021 to 2022 letter](#) has 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 GPC [pointed out](#), 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.

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.

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](#)

Easing of COVID restrictions and infection control

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. GPC are pleased that they 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 the GPC [poster](#) to display about the continued use of face coverings for healthcare settings. See more information and guidance on PPE for practices in the GPC [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 their [tweet](#)

COVID-19 vaccination programme

Vaccinating children

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.

Chief Midwife urges pregnant women to get NHS Covid Jab

Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer for England, has written to midwives and GP practices stressing the need to encourage pregnant women to be vaccinated to protect them and their baby. [England's top midwife is urging expectant mums to get the Covid-19 vaccine](#) after new data shows the overwhelming majority of pregnant women hospitalised with the virus have not had a jab. The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwives have both recommended vaccination as one of the best defences for pregnant women against severe COVID-19 infection.

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).

GPC 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.

GPC 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 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.

FCP/AP Roadmap Supervision and Verification Course

Tees Valley Primary Care Training Hub are pleased to confirm the running of the FCP/AP Roadmap Supervision and Verification Course. The training dates available are:

- 17th Sept & 23rd Sept
- 7th Oct & 18th Oct
- 8th Nov & 11th Nov
- 3rd Dec & 13th Dec

The training course will run from 10:00 until 16:00 on both days and will be delivered via Microsoft Teams.

Places will be offered on a first come first served basis. To confirm a place please complete the form below. Please note by completing the form it does not mean you have a place on the training – you will receive an email confirming the full details once your application has been reviewed to ensure you meet the criteria.

<https://healtheducationyh.onlinesurveys.ac.uk/application-form-2>

If you have any further queries, please contact neyadvancedpractice@hee.nhs.uk

New NHS England chief executive

The new chief executive officer of NHS England and Improvement will be Amanda Pritchard. She is currently the chief operating officer at NHSE/I and was previously chief executive of Guy's and St Thomas' NHS Foundation Trust after beginning her NHS career as a graduate management trainee in 1997. She is the first woman in the health service's history to hold this post, which she will take up on 1st August.

Amanda Pritchard recently publicly praised GPs and their teams and acknowledged the work we are doing saying: 'a really big thank you to primary care – working well beyond pre-pandemic activity – (they are) really really working at an astonishing rate'.

GPC welcomed her appointment and hope this provides an opportunity to reset the relationship with NHS England in such a way that GPs can see tangible evidence of both understanding and support for them and the teams they work with at this critical time of workload pressure and workforce exhaustion. GPC believe that a strong and supported general practice is the core foundation on which the wider issues facing the NHS can be dealt with and it's vital that NHSE/I under this new leadership do all they can to address the fundamental issues we all face.

Read the [BMA response to the announcement](#).

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).

GPC GP Bulletin

Read the GP bulletin [here](#).

BMA COVID-19 guidance

Read the GPC [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](#)

Mental health and wellbeing – looking after you and your practice team

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to offer [wellbeing services via Validium](#) for **ALL working in general practice within Tees** (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA now offers face-to-face counselling, in addition to their [existing wellbeing services](#). For the next six months, you can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions, provided by the BMA's existing accredited provider Health Assured, through a grant from the [CHSA](#). Call 0330 123 1245 today or [visit the website](#) for more information. Access the [BMA's COVID-19 wellbeing pages](#) and the [BMA wellbeing twitter page](#)

The BMA's [report on the mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA continues to offer [wellbeing services and confidential 24/7 counselling and peer support for all doctors and medical students](#), as well as their partners and dependents, on 0330 123 1245. For hard copies of the [Wellbeing poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of [NHSE provided support](#) available to you and your team including a **wellbeing support helpline, a 24/7 text alternative, peer to peer, team and personal resilience support, free mindfulness apps and the #LookingAfterYouToo coaching offer**.

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.