

Face-to-face appointments

As Richard Vautrey said to the [UK LMC Conference which was held last week](#), general practice has been through a hard and difficult time that has left many physically exhausted and mentally drained. It's tested every GP team and individual like never before. But it has shown the profession at its best. We have been there for our patients. We have not let them down. We have responded to this unprecedented situation and we have risen to and met the challenge. The hard work and dedication of so many people in general practice has saved countless lives and the nation owes you all a huge debt of gratitude.

So, the media headlines of recent days and the subsequent letter relating to the [Standard Operating Procedures](#) from NHS England has completely understandably left many GPs and practice teams demoralised, angry and feeling that the immense workload pressures that practices are currently experiencing is not recognised or appreciated. Practices need help and support not condemnation and criticism. GPC have already expressed to NHSE their very deep concern about the contents of their letter, and have been candid about how it has been received by the profession.

Instead of knee-jerk responses to press headlines there needs to be proper acknowledgement from the Government and NHSE/I that practices are under huge pressure at the moment, that you are doing the right thing by working in line with national infection protection and control guidance as set out by the CMO and that you have been using telephone and online consultations appropriately to both keep patients and staff safe. This also needs to be much more clearly explained to the public.

It is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community. Practices have the contractual freedom to do this taking in to account their capacity and workload pressures, and by doing so delivering a safe service to their patients.

None of us trained to be call-centre GPs and we all want to get back to a time when we have the freedom to see more patients face to face but we need to do that in a way that matches capacity and safety within each practice. As covid-19 prevalence falls and, through the incredible efforts of general practice, vaccination levels rise practices are rightly and wisely adapting the arrangements they have had during the height of the pandemic. However, at present we know there is no spare capacity, there is no surplus workforce waiting to come and assist and the impact of the wider NHS backlog is having a massive impact on every practice. We know that Practices have been and will continue to offer face to face appointments for those patients who need them as well as trying to protect our patients and colleagues from becoming infected in our surgeries.

We don't just need our patients' understanding, we have often had that throughout this last year, we need governments to act. We don't just need short term fixes, or more letters and guidance telling us what to do, but a return to the freedom to deliver services in the way that best meets the needs of our patients, as well as long-term commitment to investment and development of general practice. That is what we will keep pushing for and what we expect government and NHSEI to deliver.

Here is a copy of the GPC [statement to GPs](#) and the [CLMC letter](#) sent to practices. Please share it widely. You can also read the GPC full press statement [here](#).

The increased media focus, like these articles in the [Telegraph](#) and [Telegraph](#), so often fail to reflect the massive pressure practices are currently under, nor the continued need to adhere to national guidance to maintain safe infection control arrangements for both patients and our workforce, further damaging the morale of a dedicated and hardworking general practice workforce.

Online Consultations - Contractual Requirements

We are aware that there have been a growing number of concerns relating to NHSE/I guidance suggesting, and local commissioners requiring, practices to maintain online consultations and remote triage systems.

The contractual position

Before the pandemic, as part of the [2019 GP contract deal](#) (paragraph 5.10 (i)) GPC England agreed that it would eventually become contractual for practices to offer online consultations during core hours. This agreement has not yet been added to the contract regulations, so is not currently a contractual requirement. However, GPCE also agreed that practices should offer online consultations as early as possible, provided that the necessary infrastructure is in place, but it would not become a requirement until it is entered into the contract regulations. It is, therefore, for practices to determine how best they use online consultation systems, including what hours they are available, and they should try to use them in such a way that helps with triage and workload management, enabling the delivery of a safer and more accessible service to all their patients.

The reality for practices and patients

The COVID pandemic has necessitated the implementation of online consultations and remote triage ahead of time. Many practices have found remote triage and online consultation systems useful as a way of gathering more information from patients to assess whether they need to be seen face to face, and to direct them to the most appropriate service/healthcare worker as well as manage demand, workload and crucially safety during the pandemic. However, some practices find these systems can increase demand and workload pressures, and many practices as well as patients want a return to arrangements that we last saw in 2019.

It is clear that patient experiences and their expectations have changed due to the pandemic, and that both patients and practices are now using technology to support consultations to a greater extent, but it is also clear that practice workload and demand (which was very high before the pandemic) has also increased over the last few months as we move into the recovery phase.

GPCE has been rebutting suggestions in the media that practices have been preventing patients from accessing services face to face, as any patient who needs it can, and has always been able to, have a face to face appointment. Telephone and online consultations have been appropriately used by practices as a safer way of consulting during the pandemic period and has allowed many millions of patients to access appointments. Many lives may have been saved as a result.

The future

We all hope to get back to a greater proportion of face to face appointments when it is safe to do so and government restrictions allow, as this is at the heart of good doctor patient relationships and why many became and continue as GPs, but that also depends on the capacity of a limited and exhausted workforce to cope with growing demand. We, therefore, need the government and NHSEI to do far more to support general practice at this critical time, not just with IT, but practical support for the workforce and funding to improve practice premises to create safer environments.

The whole model of access to general practice, including the impact on practice workload and the patient experience, must be reviewed as we move toward a new normal. Practices need the flexibility to find a model that works for their patient population and for the practice workforce – this cannot be a one-size-fits-all approach with total or majority online service, but equally cannot be a total face to face service; there will be a need for a balance.

LMC UK Conference 2021

The LMC UK Conference 2021 was held last week, where we debated a wide range of motions – many focused, not unexpectedly, on the workload and workforce pressures in general practice which have been exacerbated even further during the pandemic. We also passed some very important motions, including ones calling for zero tolerance to racism and the role general practice can play in addressing climate change.

In his [speech](#) to the conference, Richard Vautrey, GPC Chair, highlighted that the past 14 months have tested every GP team and individual like never before and he called for the Government to act to address this and provide real and meaningful support for practices as they continue to play a vital role in the country's pandemic recovery. We cannot allow another crisis to hit us without being better prepared.

This comes as the recent [GP appointment data](#) revealed that there were 3million more appointments in March this year than there were in March 2019, before the onset of the pandemic, and the [workforce figures](#) published last week which showed that NHS in England lost more than 900 GP partners between March 2020 and March this year. This at a time where the number of patients per practice is 22% higher than it was in 2015. Resulting now in 0.46 fully qualified GPs per 1000 patients in England - down from 0.52 in 2015.

This issue was also illustrated in the latest [BMA survey](#), which found that a third of GPs said they were more likely to retire early following the pandemic and one in five said they were more likely to leave the NHS for another career, citing workload and their own health and wellbeing as the primary reason. Read the BMA's full analysis of the figures on the [GP pressures page](#).

These [graphs by NHS Digital on online consultation submission](#), also clearly show the increase in the use of online consultations, which have nearly double in the past year.

Watch Richard's full speech [here](#). You can view the resolutions [here](#), along with the recordings of the event [here](#).

COVID-19 vaccination programme

As of 13 May, [38-39-year-olds](#) (part of cohort 11) are now eligible to receive the COVID-19 vaccination in England. This comes after [JCVI updated their advice for vaccination of those under 40](#), which NHSE/I issued [guidance](#) on for GP practices.

COVID vaccine status

The [Government has announced](#) that from 17 May 2021, people will be able to demonstrate their COVID-19 vaccine status for travelling purposes, by accessing the NHS app, or by calling 119. People are also strongly advised not to contact their GP to prove their vaccine status.

“Do not contact your GP surgery about your COVID-19 vaccination status. GPs cannot provide letters showing your COVID-19 vaccination status.”

This was also supported in a motion passed at the LMC UK Conference, which called for easy access to complete vaccination and immunisation record, to provide evidence for employment and travel purposes, to reduce the need for patients to request this from their GP.

In preparation for the requests that may arrive in general practice, practices can use the following draft text to inform messages on your websites and to signpost patients to:

“Thank you for contacting the surgery enquiring about COVID vaccination certification.

We are unable to issue this certificate at the practice.

Please see the [Gov.uk website](#) for further information.

Proof of your vaccination status will be available on the NHSapp, which is also valuable for accessing your health records and ordering repeat prescriptions.

The NHSapp can be downloaded from [here](#) for iPhone or [here](#) for android.

Alternatively, you can call the NHS helpline on 119 (from 17 May) and ask for a letter to be posted to you. This must be at least 5 days after you've completed your course of the vaccine, the letter may take up to 5 days to reach you.

*Kind regards *Your Surgery* “*

You may find this [video](#) advising patients how to register for the app helpful.

Change to 2nd dose vaccination schedule

[This guidance](#) related to JCVI advice to bring forward 2nd doses of vaccinations.

“Appointments for a second dose of a vaccine will be brought forward from 12 to 8 weeks for the remaining people in the top nine priority groups who have yet to receive their second dose. This is to ensure people across the UK have the strongest possible protection from the virus at an earlier opportunity. The move follows updated advice from the independent experts at the Joint Committee on Vaccination and Immunisation (JCVI), which has considered the latest available evidence on the variant and has recommended reducing the dosing interval to help protect the nation from the variant.

People should continue to attend their second dose appointments and nobody needs to contact the NHS. The NHS will let those who should bring their appointment forward know, when they are able to do so.

Those aged under 50 will continue to get their first dose, with their second dose at 12 weeks, as has been the deployment strategy so far.”

Changes to National Booking Service (NBS) for pregnant women

The new NBS functionality will enable pregnant women to book appointments at a site that offers the Pfizer-BioNTech or Moderna vaccine following a series of screening questions. This is in line with JCVI guidance and the [Green Book](#).

Every woman who is pregnant or thinks she might be, should be offered a discussion on the potential risks and benefits of vaccination with a clinician, so that she can make an informed choice about whether to receive it. Pregnant women will be able to have a conversation with a healthcare professional at their vaccination appointment or can speak to their maternity team or GP service.

Vaccine data

Nearly [55 million doses of COVID vaccines](#) have now been delivered in the UK, and over 18 million have also received their second dose. The latest [data](#) show that over 30 million people in England have received their first dose, and 16 million their second dose.

Read more about the latest changes in the GPC [guidance about the COVID-19 vaccination programme](#).

Multilingual versions of pulse oximetry patient video

An NHS video showing people [how to use a pulse oximeter at home](#) is now [available in multiple languages](#) as part of the Health and Care video library. This includes 11 of the most commonly spoken languages in England after English. The video is for people with suspected or confirmed coronavirus, who have been asked to monitor their oxygen levels at home using a pulse oximeter and are being supported by [COVID Oximetry @home](#) or [COVID virtual ward](#) services.

Referring patients with minor illness symptoms to a community pharmacist

Practices can refer patients contacting them with minor illness symptoms for a same day consultation with a community pharmacist, using the referral pathway to the Community Pharmacist Consultation Service.

[The RCGP are hosting a webinar](#) on 27 May to explain how the referral pathway works, the benefits to practices and patients and how to start using it, hearing from GPs, practice managers and pharmacists. For more information on the pathway visit the [CPCS Future NHS page](#).

DPN for GP Data for planning and research (GDPR), legal direction

NHS Digital (NHSD) has sent out a Data Provision Notice (DPN) to all practices notifying them of the rollout of GP Data for Planning and Research (GDPR).

Key documents/links

- [RCGP/BMA statement](#)
- [Data Provision Notice \(DPN\)](#)
- [Privacy statement](#)
- [Patient information on GDPR](#)
- [Transparency notice](#)
- [Type 1 opt-out form](#)
- [Next steps for GPs](#)

This is a planned replacement for the GPES (GP extraction service) to collect data for planning and research from general practices. This data collection mechanism will, in time, become the only one that GPs *need* to comply with when sharing data for secondary uses, although they may wish, and are entitled to continue sharing data for secondary uses through pre-existing or new channels where there is a clear and lawful basis for doing so.

The BMA and RCGP have issued a [statement](#) on this and note that it is a legal obligation for practices to comply with the [DPN](#). NHS Digital have a [page](#) on their website which provides details on the programme and contains GP and patient facing documents (linked above) which explain what is changing.

The first collection will begin on the 1st July as per the DPN, allowing six full weeks (plus an extra seventh week) to ensure patients have the opportunity to exercise a Type 1 opt should they wish to do so.

'GP Practices will be sent an invitation to comply with the Data Provision Notice via their GP system supplier. The exact method, form and timing of this invitation will vary by system supplier. However, the invitation will include instructions on how to comply with the DPN, this is a simple and straight forward task. GP system suppliers will commence extractions for individual General Practices who have responded to their system supplier to confirm they are complying with this Notice and provide this data to NHS Digital seven weeks from the date of issue of this Notice, from 1st July 2021.'

Patients have the right to exercise a type-1 opt-out to ensure their data is not collected as part of GDPR and should do so before the first collection to be certain it is processed in time, it is important that where a Type 1 output has been received by the practice, that these are recorded as quickly as possible. Practices may wish to proactively engage with patients to make them aware of their right to opt out. NHS Digital have linked this [form](#) with the instruction to patients to fill it out and return it to their practice should they wish to opt out.

In terms of next steps for GP practices, the following landing page details [here](#).

We have listed out the next steps for you as a practice

1. Comply with DPN
2. Update your Privacy notice
3. Consider as a practice if you will proactively be contacting patients to inform them of what is changing
4. Register type1 opt outs in a timely fashion

International Nurses Day

Following [International Nurses Day](#), we would like to acknowledge and pay tribute to the vital role of practices nurses and the many community nurses who work closely with practices on a day to day basis. As essential members of the general practice workforce we all benefit from their skills and expertise. Richard Vautrey, GPC Chair, raised this in his speech to the LMC UK Conference, when he called for the investment necessary to be able to recruit and retain more practice nurses, as just as with GPs, as we have not seen the increase in their number in the way that we and our patients need.

On [#NursesDay](#) we celebrated and thanked our nursing colleagues for all that they do [#NursesDay2021](#) - read our [tweet](#)

New GP Pay and Pensions system

The new GP Pay and Pensions system is due to become available to practices and GPs on 1 June. PCSE has this week [written to LMCs](#) with further information setting out some of its preparatory work and the support which will be available to users of the system.

GP Trainees Committee regional elections 2021

Nominations for a North East representative for the BMA's [GP Trainees Committee](#) are open until 12pm, 19 May. Please circulate to any Trainees you may have within your practice. Seats are for a two-session term. To submit your nomination, please login to the BMA's [election system](#). You need a [BMA website account](#) to take part in these elections. If you have any queries regarding the election process, please contact elections@bma.org.uk

Cameron Fund, Top Tips for Financial Wellbeing

One of the objects of the Cameron Fund is the prevention of hardship and you may be interested in their new initiative to target newly qualified GPs. "[10 Top Tips for Financial Wellbeing](#)". has been developed to help raise awareness of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help. Further details are in this [booklet](#) and [press release](#).

Please do circulate to your trainees and colleagues, it may be of interest to those already working or used as an interesting topic of discussion.

Home Office EU settled status webinar: Wednesday 26 May, 12-1pm

The Cavendish Coalition and the Home Office will be holding a webinar on [Ensuring the settled status and right to work of social care and NHS staff](#). As always, we cannot recommend any particular provider or vouch for this webinar but we share details as you may find it interesting.

You can join this free webinar with colleagues from the Home Office to find out the latest on the EU settlement scheme, right to work for your EU nationals and next steps, as we fast approach the application deadline.

Designed for recruitment leads and HR, you will hear best practice from social care and NHS organisations, in addition to a question-and-answer session. This will be relevant for employers of EU nationals, including GP practices or independent contractors. The webinar is free to join and if you wish to attend, please [sign up 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.

GPC GP Bulletin

Read the GP bulletin [here](#).