

Vote of no confidence in NHS England leadership

As lockdown measures are easing to various extents across the UK this week, and the [BMA urging 'utmost caution'](#), GPs in England are understandably angry after receiving the letter from NHSEI last week about face to face appointments and seeing walk-in patients in advance of an updated SOP whilst the [Government's guidelines](#) still recommend social distancing in healthcare settings, and at the same time asking for second doses of COVID vaccinations to be brought forward, causing enormous pressure on general practice.

If it has not been evident to government, media or the public before now, it is now clear beyond doubt that general practice is under immense strain as a result of significant and unsustainable workload pressures and are delivering a far greater [number of consultations](#) (3m more) than they did at the same time two years ago, before the onset of the COVID-19 pandemic. This not only follows the serious impact of the pandemic and the hugely impressive involvement of GPs and their teams in delivering the COVID vaccination programme so quickly and effectively, but also the major scale of the NHS backlog and that GP recruitment and retention is still nowhere near at the levels we need and your government has pledged to address. Added to this, demand for our services has increased significantly through the use of additional means of communicating with patients through the growing use of online consultations.

As stated in Richard Vautrey's [address](#) to the UK LMC Conference, general practice has been through a hard and difficult time that has left many physically exhausted and mentally drained. It has 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.

The media headlines of recent days and the subsequent [letter](#) relating to NHSE/I's latest [Standard Operating Procedures](#) 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. **Note that this is guidance and not contractual. It is for practices to determine how they meet the reasonable needs of their patients.**

We have already expressed our very deep concern about the contents of their letter and GPC have been candid with NHSEI about how it has been received by the profession.

GPC have also [written to the Secretary of State for Health, Matt Hancock MP](#), calling for the Government to provide urgent support to general practice and clarity to practices and patients about the expectation to deliver more face-to-face appointments and enable walk-in patients whilst also maintaining safe waiting and reception areas, and asks for an urgent meeting to discuss this. This follows an urgent meeting GPC have already had to discuss the situation with Health Minister in England, Jo Churchill MP. The letter also outlines a number of changes which the Government must make if practices are to increase the number of face-to-face appointments. Read the GPC press statement [here](#).

As a result, an Emergency Motion of no confidence in the leadership of NHS England following its "tone deaf" letter to practices last week around face-to-face appointments, and longer-term failure to support, or recognise the efforts of, the profession over the last 14 months was discussed and passed at the recent GPC England meeting. The motion also demands an explanation from the Government as to why the letter was sent last week and an urgent meeting with the Secretary of State for Health and Social Care. As a result, the committee has now ceased all formal meetings with NHSE/I and this will continue until sufficient steps have been taken to give the committee confidence to justify a resumption in such meetings.

This motion...

GPC England is outraged by NHS England and NHS Improvement's lack of understanding of the pressures facing General Practice and:

i) Calls for formal BMA action by escalating concerns about NHS England's apparent lack of knowledge of the applicable contracts and regulations relating to the delivery of General Practice services

ii) Seeks both senior explanation and public action from the Department of Health and Social Care in view of the unacceptable decision to publish letter BO497 on 13 May 2021

iii) Has no confidence in the Executive Directors of NHS England

iv) Calls upon the Chair of BMA U.K. Council to support the Chair of GPC England in demanding an urgent meeting with the Secretary of State for Health & Social Care, to discuss the spiralling crisis in General Practice

v) Calls for GPC England's Executive to immediately cease all formal meetings with NHS England until a motion is brought back to GPC England by the Executive, requesting a vote on their recommendation that sufficient steps have been taken to restore the Committee's confidence in the Executive Directors of NHS England, to justify the resumption of such meetings.

....sounds a much-needed warning bell, rung by GPs at the end of their tether, emotionally and physically exhausted by the past 14 months. The onus is now on NHS England and ministers to fix a broken system so that patients as well as doctors have a GP service that is fit for purpose in every way. Read the full [GPC statement](#) .

GPC are calling for an end to this management-by-directive approach which is not appropriate at this stage of the pandemic. To reiterate, such guidance is not contractual and it is for practices, as independent contractors, to determine how they meet the reasonable needs of their patients, and how they organise their appointment and access arrangements, including online consultations and triage, in the best way they can utilising their available capacity and expert knowledge of their local community.

Online consultations – 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.

'If I die it will be your fault' campaign: supporting your teams

We are sure you will have seen the [incredibly powerful video](#) that has been circulated by the Institute of General Practice Managers. CLMC wholly supports the messages contained and we have emailed the press release and video to all 4 HealthWatch, LAs, CCG, ICP, NHSEI and NENC ICS, asking them to consider the content and share this far and wide. We encourage all to use and circulate this video on whatever forums you believe appropriate to help address the atrocious abuse that is taking place in general practice every day, the brunt of which is directed at administration and reception staff who are doing their very best to assist patients in incredibly difficult circumstances as services get back on their feet and backlogs are managed alongside new demands.

General Practice has endured a somewhat turbulent time with a great deal of negative press in recent months with regard to ways of working and the public perception, pedalled by media myths and propaganda, that they are closed and offering substandard services. As you are all aware, general practice in Tees Valley remained open throughout the pandemic and have done their utmost to support patients, as well as the wider NHS system, and has continued to provide the best possible care in adverse circumstances. In addition, general practice has delivered over three quarters of the Covid Vaccinations that have been required to have facilitated getting the country back on their feet and taking steps closer to 'normal life'.

For a long time we have been shining a light on the pressures facing the general practice workforce and the low morale within practices. We have a workforce at breaking point with many looking to leave the profession as they bear the brunt of the impact of patient frustrations, government whims and media demonisation of general practice.

The level of abuse faced in general practice is appalling and would not be accepted in any other workplace yet it is the practices who receive the negative press and are expected to do yet more in the face of the unrealistic demands and unreasonable requests. For a little more context, nationally 83% of practices had to call the police for help after experiencing abuse from patients and 78% facing threatening behaviour, racist or sexist abuse from patients; this cannot in any way be acceptable and must not be tolerated. People working within general practice entered the profession to try to help patients; this is a caring profession trying to do their best to help patients and they deserve a little care and us, collectively, to try our best for them in return.

We ask everyone to support in trying to address this daily abuse and enable practices to help patients. This [video](#) illustrates the practice side of the story, accurately showing the abuse that receptionists/administration staff deal with on a daily basis. Please let your administration/reception colleagues know that, like you, we have their back.

Practice administration teams are incredibly valuable and deserve our support; without their resilient administration team, the whole of general practice fails and, as a consequence, the NHS fails. They are often the unsung heroes and it is time their voice was heard. If we work together we can improve the system for everyone so that all patients enjoy a good service and general practice teams feel they can openly enjoy their work rather than apprehensive about what they may face that day and scared to come to work on a daily basis.

COVID-19 vaccination programme

[34 and 35-year-olds](#) are receiving texts inviting them to book a COVID vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site.

COVID-19 vaccination: accelerating second doses for priority cohorts 1-9

Following the recommendation by JCVI that reducing the dosing interval to help protect the nation from the COVID-19 B.1.617.2 variant, the [Government has instructed](#) that 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. 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.

Vaccination sites will receive an increase of the AstraZeneca vaccine to support with rescheduling second dose appointments.

The [letter from NHSE/I](#) promised additional financial support would be made available to vaccination centres to cover the administration costs of this activity and earlier this week we pushed for this to be made. NHSE/I has now published [Further details on the support available for PCN-led sites](#), including CCGs and ICSs to bring in additional workforce where possible, and additional payment of £1,000 for PCN groupings for rescheduling second dose appointments on or after 25 May 2021. They have also updated their [FAQs on providing second doses](#).

Updated Enhanced Service Specification

The [Enhanced Service Specification](#) for the COVID-19 vaccination programme 2020/21 has been updated to introduce a 3 month maximum period within which payment claims must be made, a change to restrict PCN groupings to using a single Point of Care system, as well as a change to permit the administration and payment claim of a single dose vaccine.

BMA media campaign 'Spread the word, not the virus'

The BMA has launched a [social media campaign to encourage a better uptake of COVID-19 vaccinations amongst communities from minority ethnic backgrounds](#).

Working with a group of influential social media creators, who have developed short video posts for Instagram, it is hoped that the campaign will pass on the message that everyone who can be, needs to be vaccinated so that the risk of infection and illness reduces and life can get back to normal. Find out more [here](#).

Guidance for vaccination centres to ensure access to people with dependent children

We welcome guidance recently published to ensure that people are not turned away from vaccination centres because they attend with dependent children – and have called for it to be publicised more widely. GPC intervened after a junior doctor on maternity leave was refused entry at a hospital vaccination site because she was carrying her three-month-old baby. Details of the case can be read [here](#).

Storage of Pfizer vaccine

Following [reports by the European Medicines Agency](#) that the approved storage period in a fridge for the Pfizer vaccine could be extended from days to weeks, the [MHRA has approved](#) new storage conditions for the vaccine, extending the length of time the thawed vaccine can be stored at normal fridge temperatures from 5 days to 31 days. NHSE/I has also published a [letter](#) about the change to shelf life of the Pfizer vaccine when stored in refrigerators at 2-8C. This change makes a big difference to the remaining vaccination campaign and potentially simplifies the giving of boosters at the same time as flu vaccines later in the year. However, work still needs to be done on trying to reduce pack sizes. GPC have also questioned again the continued need for a 15 minute observation period after vaccination.

Vaccine data

Nearly [60 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 18 million have also received their second dose. The latest [data](#) show that over 31 million people in England have received their first dose, and 18 million their second dose.

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

COVID-19 data

The [weekly summary of COVID-19 data](#), including information on the backlog of NHS work in each nation.

NHS Standard Contract 2021/22 – New “interface” provision

Following reports from GPs regarding inconsistent implementation of [NHS Standard Contract](#) requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs, and they also need to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the relevant LMCs.

In addition to previous changes, this year there is an additional requirement which is set out in Sections 3.17 and 3.18 of the [NHS Standard Contract](#):

“3.17 The Co-ordinating Commissioner (in consultation with the other Commissioners) and the Provider must jointly assess, by no later than 30 September 2021 (and annually thereafter), the effectiveness of their arrangements for managing the interface between the Services and local primary medical services, including the Provider’s compliance with SC6.7, SC8.2-5, SC11.5-7, SC11.9-10, SC11.12 and SC12.2 of this Contract.

3.18 Following the assessment undertaken under SC3.17, the Co-ordinating Commissioner and the Provider must then:

3.18.1 agree, at the earliest opportunity, an action plan to address any deficiencies their assessment identifies, ensuring that this action plan is informed by discussion with and feedback from the relevant Local Medical Committees;

3.18.2 arrange for the action plan to be approved in public by each of their Governing Bodies and to be shared with the relevant Local Medical Committees; and

3.18.3 in conjunction with the relevant Commissioners, implement the action plan diligently, keeping the relevant Local Medical Committees informed of progress with its implementation.”

GP Data for Planning and Research, legal direction

On Wednesday 12 April, NHS Digital issued a [Data Provision Notice](#) (DPN) to all practices notifying them of their intention to begin extracting data as part of the GP Data for Planning and Research (GPDPR) programme. GPDPR is the successor to the GP Extract Service (GPES) and it is a legal requirement for practices to comply with the DPN. Your IT supplier will be in touch separately with instructions on how to comply as these vary by system.

These are the next steps that practices need to take include complying with DPN, update your Privacy notice, consider as a practice if you will proactively be contacting patients to inform them of what is changing and register type1 opt outs in a timely fashion.

See also these key documents/links:

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

A joint statement from BMA and RCGP can be found [here](#).

Reminder: 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. We will include links to PCSE's guidance and relevant contact details next week.

Primary care system development funding and GPIT funding guidance

NHSE/I has published [primary care system development funding and GPIT funding guidance](#) for 2021/22. This outlines the funding, which GPCE has played a significant role in securing, both nationally and for each region for a range of general practice schemes. In summary at national level the funding available this year includes:

- £746 million for ARRS (£415 million included in the CCG baseline and £331 million held centrally)
- £55 million (at least) for GP fellowships
- £8.1 million for mentor scheme
- £15.5 million for the NPPS
- £120k per ICS for flexible staffing pools and digital staffing platforms
- £12 million for local GP retention fund
- £12 million (at least) for training hubs (separate to HEE funds for training hubs)
- £5 million for international GP recruitment
- £65 million for digital first support (additional £3m to fund staff for NHSEI regional teams)
- £16 million for online consultation software systems
- £246.5 million for GPIT systems and support in CCG baselines
- £13 million for technology upgrades
- £80 million GPIT BAU capital
- £105 million for GPIT futures framework
- £10 million for Access improvement programme (three streams of £5m, £2m and £3m)
- £29.2 million for PCN development
- £8.5 million for General Practice Resilience Programme
- £40 million for ETTF

LMC UK Conference 2021

You can view the LMC UK Conference [resolutions](#) here and watch a [recording](#) of the virtual event. See also updates by [Ben Molyneux, Chair of Sessionals GPs Committee](#), and by [Lynn Hryhorskyj, Chair GP Trainees Committee](#). These are also available on the BMA [website](#) (in the LMC UK Conference tab)

Forced labour in international PPE supply chains through COVID-19 – issues and solutions

The BMA has been a leading voice in fair and ethical trade for more than 15 years, speaking out against modern slavery and labour rights abuses in the production of medical supplies.

The COVID-19 pandemic has created a surge in demand for PPE globally. At the same time, labour rights concerns about the production of PPE have been gaining traction in the media. Following on from the 2016 report [In good hands: Tackling labour rights concerns in the manufacture of medical gloves](#), it is timely to look again at the issue.

Join this free online event which will present the latest findings from a project at the University of Newcastle on endemic forced labour in the medical gloves sector (funded by the Arts & Humanities Research Council and the Modern Slavery Policy & Evidence Centre). There will also be an opportunity to discuss what future steps can be taken to ensure transparency and accountability in international supply chains for medical goods.

The online event is open to BMA members, policy makers, academics, and individuals with an interest in healthcare procurement and will take place on Thursday 1 July, 10-12. Register [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](#).

GPC Sessional GP Bulletin

Read the latest Sessional GPs bulletin [here](#)