

### **New PCSE pay and pension system update**

PCSE's new pay and pension system was launched on 1 June and we have been contacted by concerned practices and GPs about the disparities in information and the difficulty in finding the relevant information on the system. We urge all GPs and practices to log on and check their details and data. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity. GPC have been informed of the following which is very concerning:

- PCSE don't have contact details for approximately 6,000 GPs. PCSE assures they are working on solutions for this but we advise any GP who haven't received any email from PCSE since 30 May giving access to the system, to contact [pcse.user-registration@nhs.net](mailto:pcse.user-registration@nhs.net).
- Past statements migrated to the new system are not showing the same level of detail as previously. PCSE have informed us that they are working on this but advise that users can still access those statements in full on Open Exeter in the meantime. This is not a satisfactory situation and GPC will be pursuing it until it is resolved.
- Around 1,000 practices have not yet received their QOF achievement payments for this month. PCSE are adamant that they have a solution for this and are working to ensure these payments are made this month, within contractual timeframes. They have written to affected practices.

GPC continue to meet regularly with PCSE to raise issues relating to missing and incorrect data along with poor usability. They are extremely concerned about the volume of these issues and have raised these with PCSE to resolve them urgently. We will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

PCSE have posted user guidance for [practices](#) and [GPs](#) on their website. GPC encourage users to make use of them.

### **Workload crisis**

As all who work in general practice are only too well aware, our profession is in crisis. We are faced by a profound [workload crisis](#) which has been in the making for years. While GPC England will continue to campaign at a national level for the resources and workforce levels which primary care needs not only to flourish but simply to survive, it is now abundantly clear that we cannot wait for others to resolve this.

However, GPs, as independent practitioners, are innovators and have the ability to manage their practice in the way they think best meets the needs of their patients and, as demonstrated during the COVID-19 pandemic and through the delivery of the largest vaccine programme in the history of our nation's healthcare, when GPs are [trusted to lead](#) they can do incredible things.

Simply put, the response from GPs and their teams to COVID-19 is compelling evidence of what can be done when practices are afforded the trust, autonomy, flexibility and freedom to act as the leaders of the profession in their local communities, acting in the best interests of their patients.

To help GPs to push back against the unmanageable and inappropriate workload demands which we are faced with, GPC England published [Workload control guidance](#).

The information in this guide will arm practice managers and GP partners with a range of practical tools to reduce your practice's workload. The benefits of implementing this strategy include helping to define what unacceptable and dangerous workload looks like, improved GP morale and wellbeing, locality working with CCGs and practices providing support, and integrated primary care systems giving general practice a stronger voice.

This [guide](#) will help you to agree quantitative limits to individual safe practice for GPs. Appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work depending on the complexity of the case mix and, also, on the contractual status of the doctor.

### **GP appointment data**

The [GP appointment data for April](#) in England was published with revised data so that it now also includes COVID vaccinations delivered via general practices. The figures for April 2021 (23.8 million) are very similar to those in April 2019 (23.85 million), but with an additional 7.5 million appointments for COVID-19 vaccinations.

There were also more appointments being seen within the same or next day (13.1m vs 11.8m), and within a week (18.2m vs 16.2m), compared to April 2019 as well despite the additional workload from the COVID vaccination programme.

This highlights the immense pressures that GPs and their teams continue to operate under, as they battle to provide care to their communities alongside the ever-increasing workload generated by the pandemic and associated backlog of patients needing care.

It is testament to general practice that in April, the majority of appointments were done the same day as booking. The number of consultations taking place after a two-to-seven day wait is going up, which is a sign that practices are responding appropriately to the needs of their patients who want to wait for a specific timed appointment, often face-to-face. However, it could also be an indicator that practices are struggling to meet same day requests, and illustrates the serious toll that increased patient demand is having on surgeries across the country, and how much harder it is for GPs to give patients the timely care they need. Read the full GPC statement [here](#) and on their [twitter page](#).

### **Long-covid and weight management enhanced services**

NHSE/I have published two new [enhanced services](#), relating to [long-Covid](#) and [weight management](#). In addition, and following GPC lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors, recognising the significant workload they have been carrying.

Whilst the additional support for practices to help care for patients with long-Covid has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed if we are to reduce the loss of much needed members of our workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. GPC also have concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. This could have been an opportunity for NHSE/I to demonstrate their commitment to be less directive and for government to take much more meaningful steps to address the underlying factors that lead to obesity, but they have failed to do that. You can read the GPC [press statement](#) on this.

### **Long COVID NHS plan for 2021/22**

NHSE/I has published a [Long COVID plan for 2021/22](#) which outlines the 10 key next steps to be taken to support those suffering from long COVID. The plan is underpinned by a £100million investment, £30million of which will go towards the enhanced service, highlighted above, for general practice to support patients with long COVID. The remaining £70million will be used to expand other NHS long COVID services and establish 15 new ['paediatric hubs' to coordinate care for children and young people](#) who are suffering from the condition. These hubs will have specialists who can directly treat the children and young people, advise GPs or others caring for them or refer them into other specialist services and clinics. The plan, which builds on the [five-point plan](#) for long COVID support outlined by NHSE/I last year, also highlights the need for equity of access, outcomes and experience in long COVID support.

However, GPC remain concerned about the need for more help for members of the workforce with long COVID and for practices that need to support them, and continue to [call for the government to provide a compensation scheme](#) to support healthcare staff and their families who are living with long COVID.

## **PCN handbook**

The new PCN handbook for 2021/22 has now been published and is available on the [BMA website](#). The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#), including additional ARRS workforce and new PCN service specifications, as well as other operational aspects. The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from [NHS England](#).

## **Time to end NHSE/I directive letters**

In a recent [letter to the Secretary of State for Health and Social Care](#) in England and a follow up urgent meeting with him, GPC stated a need to see an end to directive letters from NHSE/I, and instead allow practices and other GP services to provide patient care in the most appropriate manner, meeting the reasonable needs of their patients and based on their knowledge of their local communities.

It is, therefore, positive to see affirmation that GPC are starting to be heard. GPC have now received a [reply](#) from the Secretary of State, in which he 'thanked all general practice staff for the incredible work we have been doing since the start of the pandemic to deliver essential care and support to all patients', acknowledged the pressures the profession is facing and also confirmed the intention to 'move away' from the use of SOPs as 'we transition further out of the pandemic.' This was further reiterated by NHSE/I in their [bulletin issued on 15.6.21](#) which says their current approach is a temporary one not a permanent fixture and that when the government is finally able to move to Step 4 of its easing of lockdown plan, now potentially in July, the need for SOPs could end. They were also clear that SOPs are only guidance, not contractual documents, something we have made clear to practices.

In addition, in a recent interview in [Pulse](#), Nadhim Zahawi MP, the vaccines minister in England, talked about the 'tireless dedication' of everyone in Primary Care involved in the vaccination programme, recognising how much pressure it had placed the profession under.

These are all small but positive steps in the right direction but there is clearly much more that they need to do.

## **COVID-19 vaccination programme**

GPC [guidance page about the COVID-19 vaccination programme](#).

### **Acceleration of second doses for cohort 10 and plans for inviting the remainder of cohort 12**

NHSE/I has published a letter advising that [appointments for a second dose of the COVID-19 vaccine will be brought forward from 12 to 8 weeks for the remaining people in cohort 10](#) (40-49 year olds) who have yet to receive their second dose.

The letter also includes an update on inviting the remainder of cohort 12 (18-24 year olds) to book their COVID-19 vaccinations, availability of support to meet challenges to system capacity and information about a webinar to discuss the new developments.

[People aged 18 and over in England](#) are now eligible and will be invited to book their vaccination appointments through the [National Booking Service](#) or by calling 119. It is expected that all adults in England will shortly be eligible to book an appointment. However, there are concerns that the limitations on availability of Pfizer and Moderna vaccination will mean many young adults will have to wait a number of weeks before being able to get this much needed protection.

### **Funding and support for COVID-19 vaccination sites**

The NHSE/I document on [funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites](#), asked CCGs to seek to minimise any burden associated with locally commissioned services where these do not support COVID-19 vaccination and COVID-19 related activities.

### **Vaccine data**

Nearly [73 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 30 million have also received their second dose. Over 70% of all doses have been delivered by general practice teams. It is through the hard work and dedication of GPs and their staff that the UK is emerging from the restrictions imposed by the coronavirus crisis.

### **Delay in roll-out of patient data sharing programme (GDPR)**

It was announced in the [Parliamentary health questions](#) that the planned roll-out of the GP Data for Planning and Research (GDPR) in England would be delayed by two months, from 1 July to 1 September 2021.

Following the announcement, GPC have had exploratory meetings with NHS digital to consider next steps, and will continue to work with them, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data. We will update you as soon as possible as we are aware that time is still ticking for patient communications.

Read the full GPC statement about the announcement to delay [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](#)

### **Proposed changes to annual complaints collection (K041b form)**

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

### **Reminder: Deadline for THE EU SETTLEMENT Scheme – 30 June**

The deadline for applications to be made to the EU Settlement Scheme (EUSS) is 30 June 2021.

If you are a doctor currently in the UK and arrived before the 31 December 2020, you must apply by 30 June. It is free of charge, and in applying and being granted pre-settled or settled status, you will have secured your rights to continue living and working in the UK.

In addition, an application must be made for every eligible child within your family. If you and your family members have lived in the UK for many years or have a permanent residence document or EEA Biometric Residence Card (BRC), you still need to apply to the EUSS (or apply for British citizenship) to secure your existing rights in the UK. [Apply on GOV.UK](#) and check your immigration status [here](#).

### **GPC UK and GPC England committee pages**

Read more about the work and priorities of [GPCUK](#) and [GPC England](#) in the newly updated committee pages, which also includes surveys undertaken, membership of the committee, meeting dates and a link to the [GP practices page](#).

You can also follow on twitter: [General Practice \(@BMA\\_GP\) / Twitter](#)

### **Specialist and Professional Committee elections**

Nominations for the Specialist and Professional Committee elections are now open for the following committees:

- [Private Practice Committee \(PPC\)](#)
- [Professional Fees Committee \(PFC\)](#)
- [Committee of Medical Managers \(CMM\)](#)
- [Civil and Public Services Committee \(CPSC\)](#)
- [Armed Forces Committee \(AFC\)](#)

The deadline for nominations is 12pm Wednesday 7 July 2021. For more information about the roles please visit the committee webpages linked above.

To participate in any of the elections, you must hold the relevant position for the specified seat. You must also register for a [BMA web account](#) to use the online election system if you do not already have one.

To submit your nomination in any of the above elections please login to the BMA's [election system](#).

If you have any queries regarding the election process, please contact [elections@bma.org.uk](mailto:elections@bma.org.uk).

### **BMA moral distress report launch**

The BMA has published its policy paper on moral distress and moral injury, titled *Moral distress and moral injury, recognising and tackling it for UK doctors*. The report, and its key points, can be accessed [here](#).

The report includes:

- a definition of the terms 'moral distress' and moral injury'
- the findings of the recent BMA survey of UK doctors on moral distress and moral injury
- the impact of COVID-19
- recommendations, both structural and individual, on tackling moral distress

The report is also being promoted via social media, including [twitter](#).

If you have any questions on the report, please get in contact with the BMA's ethics & human rights team at [dnorcliffe-brown@bma.org.uk](mailto:dnorcliffe-brown@bma.org.uk).

### **Community Health and Wellbeing Worker at level 3 apprenticeship standard: demand scoping for employers**

Public Health England is working with a Trailblazer group of employers to develop a Community Health and Wellbeing Worker apprenticeship at level 3, which they are hoping will be approved for delivery this summer.

Community Health and Wellbeing Workers are a rapidly expanding workforce supporting the increasing emphasis across government departments on improving the health of local people and communities by preventing poor health and tackling inequalities. Their work is informed by the wider social determinants of health, such as the social, cultural, political, economic, commercial and environmental factors that shape the conditions in which people are born, grow, live, work and age. Typical job titles include:

- Health Trainer
- Care or Service Navigator
- Social Prescribing Link Worker
- Community Connector
- Live Well Coach
- Community Health Champion

A full overview of the occupation is available on [GOV.UK](#) as part of the collection: [apprenticeships that support public health careers](#).

To support the national uptake of the Community Health and Wellbeing Worker apprenticeship, Health Education England intends to run a national procurement to source both national and regional providers. To enable this, they are asking employers to indicate their future workforce demand through completing this survey by midday on Monday 19 July: <https://healtheducationyh.onlinesurveys.ac.uk/community-health-wellbeing-worker-apprenticeship-dema> . Please email [sp-phskf@phe.gov.uk](mailto:sp-phskf@phe.gov.uk) if you have any questions.

## **Society of Occupational Medicine (SOM) Occupational Health Awareness Week, 28 June – 2 July**

Linked to the [International Year of Health and Care Workers](#), the week will promote the value of occupational health to employers and the wider community. Resources are available to download from their website [here](#). You are welcome to share these and to join in with the conversation on social media using the hashtags #OHAW21 and #OccupationalHealthAwareness.

For the week, SOM is organising a free webinar on “How can we build back better? - The new world of work” on *Thurs 1st July 1-2pm* with Rachel Suff from CIPD on *What HR can do to manage absence and reduce presenteeism* and Dr Doreen Miller on *How OH supports your business needs*. [Register here](#). The week’s activities will also aim to raise the profile of occupational health (OH), including as a career, by [featuring OH professionals](#) to bring awareness to the range of career paths that can be pursued within OH.

## **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](mailto: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](mailto: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](#).