



WEEKLY NEWSLETTER – 7th March 2022

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1. PENSIONS - New guidance for members who may hold or have held fixed or enhanced protection from lifetime allowance charges

Following new [HMRC guidance for public service scheme members with enhanced or fixed protection](#) which was issued on 28 February 2022, we have made some amends to our [lifetime allowance webpage](#).

The guidance relates to members who will be affected by the changes to public service pension schemes as a result of the McCloud judgment **and** may hold or have held enhanced or fixed protection from lifetime allowance charges.

The LMC would encourage any members who may hold or have held enhanced or fixed protection from lifetime allowance charges, to read [this information](#) as soon as possible before 31 March 2022.

The guidance can be found in the section titled 'Closure of the 1995/2008 Scheme and the move to the 2015 Scheme' our [lifetime allowance webpage](#).

More information on which members will be affected by the changes to public service pension schemes as a result of the McCloud judgment can be found on our [changes to public service pensions web hub](#). - NHS Pensions



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2. GP contract negotiations and future of general practice

As you will probably be aware, despite negotiations between GPC England and NHS England about amendments to the five year contract deal agreed in 2019, [NHS England](#) announced last week that the contract amendments will come into effect from 1 April, without an agreement or endorsement by the BMA.

We are bitterly disappointed with these changes to the GP contract, which fail to help patients and support practices at this critical time.

The negotiations reached a stalemate in mid-February when it became clear that NHS England would not be offering an update that would impact meaningfully on patient care, nor provide the support desperately required for general practice as it faces unprecedented pressures and pandemic recovery, despite GPC England suggesting a number of solutions to address some of these pressures, enabling practices to support patients.

Read the full BMA statement [here](#) and our [response to misleading comments](#) about our involvement in the contract changes.

3. GP contract 22/23 – guidance for practices

Read the [guidance about the contract changes](#) to support practices in their decision making and next steps.

4. Safe working in general practice

General practice is in crisis, with increasing patient need and demand, coupled with a shrinking and exhausted workforce, as well as a vast backlog of care following from the COVID-19 pandemic, exerting greater pressure on a system already at breaking point.

As a result of these challenges, GPCE has published a [safe working guide](#) to enable practices to prioritise safe patient care, within the present bounds of the GMS contract. Present resource in general practice is finite, though we must continue to deliver high quality, safe care to our patients. As a result of resource decisions by practices, it may be the case that some patients will regrettably wait longer to access GP care for their non-urgent problems or are directed to another more appropriate provider.

5. BMA successfully challenges threatening letters from solicitors

A number of solicitors have been threatening doctors with legal action if the doctor does not provide COVID-19 exemption for the solicitor's clients. The BMA's Medico Legal Committee (MLC) has written to the Solicitor's Regulation Authority (SRA) and has been assured solicitors should not be "writing in offensive, threatening or intimidatory ways. And we also do not expect solicitors to pursue matters which they know have no legal merit."

If doctors receive intimidating letters, please advise your Medical Defence Organisation (MDO) and share a copy with us at info.gpc@bma.org.uk so that the MLC may pursue further via the SRA.

Furthermore, the GPC and the MLC have met with the COVID-19 Exemptions Team at the Department of Health and Social Care (DHSC). We understand that further guidance on COVID-19 exemptions will be published, and this will clarify the role of doctors in providing exemption certificates, make it clear



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what conditions do and do not warrant an exemption, and reiterate that there is no appeal. GPC have asked for departmental support that any legal action is against the policy, and thus the DHSC, and not the GP/surgery. Both committees hope to see a swift and satisfactory conclusion to this matter.

6. NHSPS service charges dispute update - trial dates

The BMA is supporting five test claimant GP practices who have received demands from NHS Property Services (NHSPS) to pay inflated service charges based on its “full cost recovery” approach, outlined in NHSPS’ Consolidated Charging Policy (‘the Policy’). These court proceedings were brought against NHSPS for a declaration that the Policy does not form part of their tenancy and therefore NHSPS cannot base their charges on it.

The trial will begin on 17 March 2022 and will be concluded no later than 5 April 2022.

The [Lawyer magazine](#) has selected the case as one of the top 20 cases to watch in 2022. The case was pursued because of its national significance and has required a huge amount of time and effort from everyone involved, and it is good to see this being recognised. This is a good example of a grassroots issue that is being supported by the BMA at considerable risk and costs. Irrespective of the final outcome this case shows that the BMA is prepared to support doctors in difficult circumstances. Read the [statement from our legal team](#) at Capital Law.

7. Guidance for 2022/23 seasonal flu vaccination programme

NHS England has published [guidance on the recommended vaccines and eligible cohorts for the 2022/23 seasonal flu vaccination programme](#).

The guidance highlights that in 2022/23, the NHS flu vaccination programme will only be offered to patient groups eligible in line with pre-pandemic recommendations. This means that 50–64-year-olds, and frontline health and social care workers will not be included in the national programme for the coming year. Practices will therefore need to revert to their previous occupational health arrangements for the vaccination of practice staff.

8. Excess flu vaccine stock and 30 March reporting deadline

Please be reminded of guidance issued in relation to accessing Department of Health and Social Care (DHSC) centrally supplied flu vaccine. Unused stock cannot be returned to manufacturers. If stock cannot be used within your Primary Care Network (PCN), this excess stock will need to be disposed of.

Regarding excess stock, please complete [this spreadsheet](#) detailing the amount, type of vaccine and batch numbers that have been distributed to other practices or disposed of. Your completed spreadsheet needs to be returned by 10am on Wednesday 30 March to england.midscovid19vacs.pmo2@nhs.net.

You can view the [full guidance here](#) for reference. If you have any queries regarding this, please contact england.midscovid19vacs.pmo2@nhs.net.

9. Pneumococcal vaccine claims

As practices may be aware, from April 2022 it will no longer be possible to submit claims to the NHS BSA for reimbursement of locally procured PPV23 vaccines administered, and practices should only be using centrally procured PPV23 vaccine for immunising their eligible population.



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From 1 April 2022, the pneumococcal vaccines (both the PPV23 and Pneumococcal polysaccharide conjugated vaccine) will be removed from the bulk vaccine list, for which claims are made via the FP34PD/D appendix form, and practices will need to submit pneumococcal vaccine reimbursement claims via a prescription form (FP10) for each administration instead.

10. Smoking Cessation service

From 10 March 2022, an NHS [Smoking Cessation Service \(SCS\)](#) will start to be commissioned from community pharmacies as an Advanced service within the Community Pharmacy Contractual Framework. The service allows NHS trusts to refer patients to a community pharmacy of their choice to continue smoking cessation treatment which was initiated during an inpatient stay in hospital (the Ottawa Model for Smoking Cessation).

While this is not a service that general practices can refer into, a requirement of the service is to notify a patient's GP of the outcome of the service provision. Therefore, as the service gradually rolls out over the next two years (with both NHS trusts and pharmacies opting into provision of the service), practices may receive these notifications as and when their patients are discharged from the service.

Further information on the SCS can be found at <http://www.psn.org.uk/scs>.

11. Mandatory vaccinations for healthcare staff to be revoked

The proposed requirement of [mandatory vaccinations](#) for health and social care staff, which was supposed to come into force in England on 1 April, will be [revoked on 15 March 2022](#).

If you have been affected by this issue, please contact the BMA's [employment advisers](#).

12. King's Fund report on Additional Roles Reimbursement Scheme (ARRS)

The King's Fund has published a major [report on the ARRS](#), which focuses on four roles — social prescribing link workers; first contact physiotherapists; paramedics and pharmacists — to examine the issues related to the implementation of these roles, looking at the experiences of working in these roles and of the people managing them.

The report found a lack of shared understanding about the purpose or potential contribution of the roles, combined with an overall ambiguity about what multidisciplinary working would mean for GPs. It also found that successful implementation of the scheme requires extensive cultural, organisational and leadership development skills that are not easily accessible to PCNs.

13. Meeting with Secretary of State and NHS health care reforms

This week Dr Farah Jameel, GPC England Chair, attended a meeting with Sajid Javid MP, Secretary of State for Health and Social Care, alongside BMA Chair of Council, Dr Chaand Nagpaul. The meeting was an opportunity for the Secretary of State to outline the key themes from his '[Road to Recovery Speech](#)', which he delivered the following day. The BMA response to that speech can be [viewed here](#).

The meeting was also an opportunity for us to raise the case for general practice. In particular we outlined the continued and growing pressures facing the general practice workforce, and also



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reflected on the mood of the profession in response to the contract announcement from NHSE/I – outlining what [further measures](#) we have been calling for.

14. Policy Exchange report on the future of general practice

GPC were pleased to see that the recent [Policy Exchange report of future of general practice](#), supported by the Secretary of State, recognises the importance of what GPs and their teams do for their communities, and understands that there are some deep-seated problems that need to be urgently addressed, and begins to articulate some ways to make general practice services sustainable for the future. The BMA will be providing a more detailed critique of this report in the coming weeks. Read the [BMA statement in response](#).

15. Data on the pressures facing general practice

Pressures on general practice such as workforce shortages are still as severe as ever, and is evident in the latest data from [NHS Digital for the GP workforce](#) in January which shows that there is now the equivalent of 1,608 fewer fully qualified full time GPs than in 2015. This is in addition to the average number of patients each GP is responsible for having increased by around 300 since 2015.

The Institute for Government has produced a [performance tracker for general practice](#) for 2021, which draws together data from various sources on the state of general practice and the challenges facing it in the context of the pandemic. It also addresses some of the challenges to recovery and provides estimates for projected demand, concluding that the largest concern for general practice is the need to increase staff numbers.

The Health Foundation's webpage on [understanding activity in general practice](#) has more up to date figures and in particular provides detailed explanations of the scope, quality and detail of GP appointments data, to show what appointment data can or can't tell us.

The BMA's own webpage on [pressures in general practice data analysis](#) includes key figures on workforce and appointments that are updated each month, alongside what the BMA has been calling for, for general practice.

16. New: NHS Digital Weight Management Programme referrals

NHSE launched a new weight management service on 1 July called the Digital Weight Management Programme (DWMP). The programme is referenced as the preferred referral option for eligible patients for the Weight Management Directed Enhanced Service (DES B0699).

Eligible patients referred to this service will count towards payments under the Weight Management DES (B0699).

The programme is available to patients with a BMI over 30kg/m² (over 27.5kg/m² for patients from a BAME background) and a diagnosis of diabetes, high blood pressure or both. Patients are referred through eRS and offered 12 weeks of digital weight management support at one of three different levels of intervention. Full details of the programme and access criteria can be found [here](#).

Community pharmacy teams can now refer adults living with obesity, and other conditions, to the twelve-week online NHS weight management programme.

Other useful resources, including GP IT system compatible templates, that can be found by accessing the above link include:



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[GP Toolkit](#)

[GP IT system compatible referral templates](#) – ODS code required to access.

[Patient information leaflets](#)

Summary information for practice access to the Digital Weight Management Programme can be found [here](#). Then follow [these steps](#) to download either the EMIS or SystmOne referral template to be used on eRS.

17. BSol Flexible Staff Pools Lantum - Now Onboarding Clinical Pharmacists, Practice Managers, Medical Secretaries, Receptionists

Birmingham and Solihull have partnered with workforce management software, Lantum, to create a multidisciplinary staff bank and promote resilience across our system.

We initially started with GPs and Nurses however we are now expanding this to other roles including;

- Clinical Pharmacists
- Practice Managers
- Medical Secretaries
- Receptionists

Access the Birmingham and Solihull staff signup page through this link. [Join the staff bank here](#). Click 'Join the bank here' once on the page.

If you do not already have an account, please select 'I don't have an account' and input your details in full. If you do already have an account, please select 'I have an account', then log.

There will be a **training webinar on the 24th of March 13:00 - 13:30** which you can drop into if you have any questions about joining the staff bank. - You can [join the webinar from this link](#)

You also need to ensure that you've uploaded your core documents in order to have your profile verified by Lantum's Clinical Governance Team. Click 'My Account' and 'Upload Documents', then upload the following;

CV

DBS (enhanced), dated within three years

Passport

The roles joining the BSol Locum Bank will be picking up shifts in addition to the ARRS role. This is not to be funded via the Additional Roles Reimbursement Scheme.

When prompted to do so, you'll also need to upload your payment details. Payments for sessional work are always remitted by Lantum. Lantum offers a next day payment tool, Rocketpay, which you can opt in to.

Please see the [Lantum clinician FAQs](#) for support on how to operate your account, and be sure to download the Lantum clinician app on the [App Store](#) or [Google Play](#) after you've created your account on your desktop. A welcome guide is attached for you.



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Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net . If you do call the offices, then please leave a message as this will be transferred direct to our emails and we can respond quicker.

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Helpful Links:

BMA Website: <https://www.bma.org.uk/advice-and-support/gp-practices>

GOVERNMENT Website: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.

NHS ENGLAND Website: <https://www.england.nhs.uk/>