



WEEKLY NEWSLETTER – 17th May 2021

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

NHS Digital issued a [Data Provision Notice \(DPN\)](#) on 12 May to all practices in England notifying them of their intention to begin extracting data as part of the GP Data for Planning and Research (GDPR) programme. GDPR is the successor to the GP Extract Service (GPES), and it is a legal requirement for practices to comply with the DPN.

Read the BMA [joint statement with the Royal College of GPs](#) about this.

Practices need to comply 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 GDPR](#)

[Transparency notice](#)

[Type 1 opt-out form](#)

[Next steps for GPs](#)



2. Face-to-face appointments - Dr Richard Vautrey Update

Please see below the statement issued on Friday, 14.05.2021 by Dr Richard Vautrey, Chair of the British Medical Association's General Practitioners Committee:

"As I said to the [UK LMC Conference which was held this 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. I have already expressed to NHSE my very deep concern about the contents of their letter, and I 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 [statement to GPs](#) sent on Friday. You can also read my 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."

Richard Vautrey



3. Online Consultations - Contractual Requirements and BMA Statement

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 of us 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.



COVID-19 UPDATE

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

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.

Please see the attached letter from NHSE (Enc.1) outlining further guidance.

2. 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.

3. COVID-19 vaccination programme

As from 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](#) last week, which NHSE/I issued [guidance](#) on for GP practices.

4. 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 BMA [guidance about the COVID-19 vaccination programme](#).



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.

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 as we are currently remote working so would be grateful if all contact were made via the nhs.net email.

Helpful Links:

BMA COVID-19: toolkit for GPs and GP practices <https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-toolkit-for-gps-and-gp-practices> Comprehensive guidance for GPs, partners, and practice managers to manage employment and contractual issues and service provision during the coronavirus pandemic.

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

NHS ENGLAND: <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>