



WEEKLY NEWSLETTER – 28th May 2021

- ❖ [PCSE GP Payments and Pensions System](#)
- ❖ [BMA meeting with Secretary of State for Health and Social Care](#)
- ❖ [NHS Standard Contract 2021/22 – New “interface”](#)
- ❖ [Online consultations – the contractual position](#)
- ❖ [GP Data for Planning and Research, legal direction](#)
- ❖ [IGPM campaign to stop abuse in General Practice](#)
- ❖ [Cameron Fund top tips for financial wellbeing](#)
- ❖ [Primary care system development funding and GPIT funding guidance](#)
- ❖ [Minimum requesting interval for NT-pro-BNP](#)
- ❖ [Changes to Pneumovax® 23 \(Pneumococcal Polysaccharide Vaccine, PPV23\) - supply route](#)
- ❖ [GP practice to referral pharmacy scheme – BSol Practices](#)

1. PCSE GP Payments and Pensions System

Reminder: The new GP Payments and Pensions system is due to become available to practices and GPs on 1 June.

Birmingham LMC and members of the BLMC Managers Forum Group attended a webinar hosted by PCSE last week. Here is the recording of the session <https://youtu.be/ujKyacybcPw>. It is hosted on YouTube for anyone to view, but if you have a YouTube account you can also post comments and questions under the video. PCSE will be answering these, the Qs and As will be visible to anyone who watches the video, so it is a good way to build up some FAQs and help each other out.

The guides for each of the processes can be found on the PCSE website [here](#)

Please also see the attached list of questions and answers from the GP Practice webinar (Enc.1)

PCSE have also issued an invitation to all Practice User Administrators this week, inviting them to join one of a series of daily webinars they are holding next week (1 to 4 June) where they will talk through how to assign colleagues in their practice to the new GPPP roles which are available in the system.

If you are unable to make any of these sessions, they will also be posting a recording of the webinar on their YouTube channel.

The available dates and times are as follows:

[Tuesday 1 June at 12:30 to 13:15](#)

[Wednesday 2 June at 13:00 to 13:45](#)

[Thursday 3 June at 12:00 to 12:45](#)

[Friday 4 June at 10:00 to 10:45](#)



2. BMA meeting with Secretary of State for Health and Social Care

Please see below the BMA press release issued on Thursday 27th May 2021:

Health Secretary meets with senior leaders from the BMA as he recognises intense pressures GPs are facing

The Secretary of State for Health and Social Care has told the BMA that he recognises the immense pressures general practice is currently facing.

The Association called for an urgent meeting with Matt Hancock after the BMA's England GP committee passed [a motion of no confidence](#) in the leadership of NHS England last week, following its letter instructing GPs to now offer face-to-face appointments despite many already doing so throughout the pandemic.

Dr Richard Vautrey, GPC chair at the BMA - joined by council chair, Dr Chaand Nagpaul, and Dr Ben Molyneux, chair of the sessional GP committee this morning – told Mr Hancock and Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care, Jo Churchill, about the unsustainable workload pressures currently facing general practice, and the urgent need to support surgeries if they are to safely increase the number of face-to-face appointments while trying to care for those patients who are now part of a huge backlog, caused by the pandemic.

Reiterating [a letter](#) sent to Mr Hancock last week, the BMA made plain at today's meeting that GPs and their teams are feeling increasingly demoralised by the suggestion that they are failing their patients by following national guidance around triage and remote consulting, despite doctors working tirelessly to keep up with patient demand on top of delivering the vaccine rollout.

Dr Richard Vautrey said: "We are very pleased that Matt Hancock and Jo Churchill recognised the importance of meeting with us and the extreme pressures currently facing general practice.

"The BMA believes that GPs should feel empowered to deliver care in what they believe is the best way for their patients and retain flexibility of access – be it in-person or remotely - rather than submitting to arbitrary targets of face-to-face appointments that may not meet the diverse needs of patients, increase workload and waiting times, and ultimately diminish the quality of care we can provide.

"The emergency legislation, which led to the top-down directives currently governing general practice, must be removed, and steps taken to help us work smarter, not harder, in what is already an extremely pressurised environment. This means creating a defined recovery phase for primary care, as well as an investment package to give practices the confidence they need going forward, rather than getting bogged down in being micromanaged by NHS England and scrutinised over the number of in-person appointments.

"It's hugely encouraging that Government is listening and taking this issue as seriously as we are – even going on to refer to our meeting in the House of Commons today - but it's clear that this must now go beyond words and turn into action. We have fulfilled our promise to members that we would speak to the Government as soon as possible to rectify this situation, and now look forward to doing so."

Dr Ben Molyneux, sessional GP committee chair, added: "GP surgeries and GP urgent care services have continued to provide face-to-face appointments during what has been an extremely challenging time, but the profession is tired of command and control instructions that don't take into account the reality of what it is to be a GP during a global pandemic.

"Seeing patients face-to-face is what general practice is all about, but we need meaningful support to reduce the current workload pressures facing GPs and their teams. Most importantly, we need the acceptance that GPs know their patients best and that our communities ultimately benefit from flexible access, be that face-to-face or via alternative means preferable to the patient."

ENDS



3. 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.

4. 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.



5. 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](#)

6. IGPM campaign to stop abuse in General Practice

The Institute of General Practice Management (IGPM) have launched a campaign around abuse being suffered in General Practice.

If you wish to, you could forward to your receptionists, GPs, nurses, and all surgery staff, as well as friends and family. You may wish to encourage them to share it too?

Please find the video links below

Campaign version:

<https://youtu.be/hAM3fSDq9kA>

Full version:

<https://youtu.be/3ru4QhVZ2a8>



7. Cameron Fund top tips for financial wellbeing

One of the objectives of the Cameron Fund is the prevention of hardship and we thought you may be interested in their new initiative to target newly qualified GPs.

Being aware of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help, they have produced: [*"10 Top Tips for Financial Wellbeing"*](#).

Please find attached the booklet and a press release. (Enc.2 and Enc.3)

It is hoped that this will get picked up as a useful tool by GP training programmes, but it may be of interest to those already working or used as an interesting topic of discussion.

As present it is available as an online link:

<https://www.cameronfund.org.uk/media/1305/10-top-tips-for-financial-wellbeing-apr21.pdf>

8. 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



9. Minimum requesting interval for NT-pro-BNP

Biochemistry is introducing a minimum requesting interval of 12 months for NT-pro-BNP. This interval is in line with the Royal College of Pathologists' guidelines and is endorsed by the UHB Cardiology Team.

If you have any queries, please contact Rachel Webster, UHB Consultant Clinical Scientist, via Rachel.Webster@uhb.nhs.uk

10. Changes to Pneumovax®23 (Pneumococcal Polysaccharide Vaccine, PPV23) - supply route

There will be a change to the supply route of Pneumococcal Polysaccharide Vaccine (PPV) from 1 June. In line with other national immunisation programmes, PHE will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions from 1 June 2021, rather than providers locally procuring the vaccine.

From this date, the vaccine will be available to order from [PHE's ImmForm website](#). Please ensure you have an account to enable access. Details of ordering controls will be made available on ImmForm news item in due course. See the [ImmForm help sheet](#) for information on registering for an ImmForm account. More information is available in [this published letter](#).

BSol Practices

1. GP practice to referral pharmacy scheme

The CCG will be rolling out the EMIS referral templates via CSS's in due course, and the SystmOne referral template should be uploaded centrally from the CCG within the next two weeks.

For those practices/PCNs that use Ardens, please [click here](#) for guidance on how to access the referral forms.

Another session covering the GP practice to referral pharmacy scheme will be taking place on 9 June at 1pm. To join the session, simply [click this link](#) just before 1pm.

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/>