

28th June 2021

In this week's Newsletter...

[New Health Secretary in Post](#)

[New PCSE Pay and Pension System Update](#)

[Collaborative Shared Care Record DSA](#)

[Meetings with Health Minister, Jo Churchill](#)

[Meeting with the Minister for Covid Vaccine Deployment, Nadhim Zahawi](#)

[Exemptions for Care Workers](#)

[Covid-19 Vaccination Programme](#)

[Department of Health and Social Care Draft Data Strategy](#)

[Delay in Roll-Out of Patient Data Sharing Programme \(GDPR\)](#)

[Enhanced Shared Parental Leave System for Salaried GPs](#)

[Contact your MP about Punitive Pension Tax](#)

[Mental Health and Wellbeing](#)

[LMC Website](#)

[Covid Resources](#)

Click on any title to go directly to an item

NEW HEALTH SECRETARY IN POST

We have acquired a new Health Secretary over the weekend as you may be aware. Sajid Javid has taken over from Matt Hancock and has commented that he wants to see an end to the pandemic and a return to normal as soon and as quickly as possible. He will update MPs later on today regarding when Covid measures will be lifted in England. Matt Hancock handed in his resignation after breaching social distancing guidance. In a letter to the Prime Minister, he said that the government "owe it to people who have sacrificed so much in this pandemic to be honest when we have let them down."

NEW PCSE PAY AND PENSION SYSTEM UPDATE

We have grown increasingly concerned about the volume of issues being raised about the new online portal for pay and pensions. The issues are wide-ranging and involve both historical migrated data and current data. We are aware of some of this data being incorrect, some of it being missing and still more just being unclear to users. It is affecting GPs' pension data in many instances, locum and solo performers being particularly affected, and there have also been early issues with some payment runs to practices. PCSE assures us that all of this is being addressed urgently but we need to see more evidence that this is happening.

GPC have [written to the Chief Commercial Officer of NHS England](#) to raise our concerns and demand urgent action to ensure that GPs and practices are able to use the system as intended as we approach a critical time for many users.

GP engagement with the new system remains low according to the data we have seen, so we would urge GPs to log in and check their records as a priority and to [inform PCSE](#) of any errors. We would also ask all system users to make use of [PCSE's guidance materials](#). We understand that a significant number of calls and emails to PCSE are being answered with information from the guidance.

COLLABORATIVE SHARED CARE RECORD DSA

We can confirm that the LMC has sought its own independent legal advice regarding the Collaborative Shared Care Record and our legal advisers are content that the legal basis for practices to share data using this DSA is sound and the DSA is comprehensive. They have advised that practice DPOs/data protection leads familiarise themselves with the document so that they are fully aware of the requirements of the DSA particularly with regard to data breaches and privacy notices.

The LMC believe that there is a need for further direct patient engagement and support for practices with regard to the numerous various data sharing initiatives that are underway. Therefore, following a meeting earlier this week it has been agreed that practices will be provided with a brief summary of all the currently known data sharing projects (both national and local) which you can use to inform patients of their options on your website. The summary will include a brief outline of the projects, a link to opt out and a summary of the implications if the patient does decide to opt out. To reduce your workload all practices will also be provided with a new privacy policy which will include all necessary components of the new data sharing arrangements. This is almost complete and will be shared shortly.

Finally, practices will be given support in providing text messages for patients informing them about the collaborative data sharing along with leaflets, posters etc. All practices must be satisfied that they have done enough to inform patients about the changes therefore you will be asked to sign and return the DSA, and at the point when you are happy that you have communicated with patients, you can turn on the data sharing within emis. Only at this point will data flow into the shared care record.

The LMC can therefore reassure practices as much as it possibly can, in respect of participation in the project. Of course, this cannot completely mitigate any risks.

MEETINGS WITH HEALTH MINISTER, JO CHURCHILL

Members of the GPC Executive Team met with health minister, Jo Churchill last week to follow up the points raised in their previous meeting with the Secretary of State for Health and Social Care and following his recent [letter](#), where they called on the Minister to bring an end to SOPs, and the NHSE/I approach to overly prescriptive management of general practice. They also asked for improved direct messaging to patients and pushed for the PCN service specifications planned for October to be delayed until April 2022 at the earliest in order to reduce additional workload burden for practices during the autumn and winter when we are likely to be facing a rise in respiratory illness alongside the need to focus on flu/COVID-19 vaccinations and support patients impacted by the on-going NHS care backlog.

They raised the need to maximise ARRS recruitment this year, to maintain the options for flexible working and the issue of practice premises, including the need for more space, not least for PCN recruited staff to work from. They also discussed the need for the government to do more to inform the public about the pressures the whole NHS was under and for them to encourage people not to take out their frustration on frontline staff, particularly by abusing reception staff.

Following a joint GPC England/DDA (Dispensing Doctors Association) letter to Jo Churchill MP about a range of dispensing issues, Richard Vautrey joined Dr Richard West, the chair of the DDA, for a meeting with the health minister to discuss how these issues could be addressed. They highlighted the need to enable dispensing practices to use the electronic prescribing system, to address the issues relating to rurality that adversely impact many dispensing practices and called for improvements to the arrangements for drug reimbursement.

MEETING WITH THE MINISTER FOR COVID VACCINE DEPLOYMENT, NADHIM ZAHAWI

Meetings have been held with Vaccines Minister, Nadhim Zahawi this week to discuss the COVID booster vaccine and the flu vaccine preparations. The Minister opened the meeting by thanking GPs for their work and recognising the success of the COVID vaccine programme. He outlined that work is underway to roll out a booster campaign, but that questions remain and the final decision will be made by the JCVI. Operational guidance will be coming out shortly to enable practices to opt in to phase 3 of the programme.

GPC outlined the need to base the programme as much as practically possible on the historically successful annual local delivery of flu vaccination, which is effectively “business as usual” for practices and pharmacies. They also discussed the need to support practices and not to add additional burdens during what is likely to be a challenging winter, and called for IT improvements, including how the NHS app could be used to record wider vaccine provision to enable patients to be empowered to check their own vaccine history.

EXEMPTIONS FOR CARE WORKERS

Following a public consultation, it was recently announced by the Government that, from October, [people working in care homes will need to be fully vaccinated against COVID-19.](#)

This will impact those who visit care homes, including GPs and community teams. The government has said that a small number of people would be exempt and whilst they have indicated that individuals may be directed to their GP to provide evidence for their exemption, we do not believe this should be the approach.

We believe a better approach would be for local authorities to receive support in commissioning a dedicated service to assess exemption requests that does not require GP involvement, as is the case in many areas for disabled parking badge and that the Government should support local authorities with this. This would lead to a consistent approach as well as reducing a further workload burden for practices. Should the government continue to suggest GP practices should do this, we believe this will require practices to refer to a secondary care service to do the necessary assessment as many of these patients will be receiving specialist care.

The government also plans to launch a further public consultation on whether or not to extend this to include all those employed in health and care settings.

COVID-19 VACCINATION PROGRAMME

Vaccine cohorts

[All adults aged 18 and over](#) (cohort 12) in England are eligible for the COVID-19 vaccines and will be receiving texts inviting them to book a vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site. This weekend many sites were offering the opportunity to attend a centre without an appointment for vaccination.

Vaccine supply

While the limited supplies of the Moderna vaccine have always been directed to mass vaccination sites, in recent weeks some areas have reported seeing a significant reduction in the volume of Pfizer vaccine available and supplies are not meeting demand from those still to be vaccinated. This means some people are waiting weeks for their first-dose appointment at a time when we need as many as possible to be protected as quickly as possible.

While the Government insists that the UK is on track to offer a first dose to all adults by its own 19 July deadline, we need honesty and transparency about what supplies are available nationally. This is especially urgent given the need to stem the spread of the Delta variant by vaccinating as many people as quickly as possible.

FAQs to support general practice and students in higher education institutions

NHSE/I has published [FAQs to support general practice and higher education institutions](#), which advises that although in general, patients should return to the place they had their first dose to have their second dose, students in higher education are able to receive their second dose in a different location to their first dose if they have relocated. The National Booking Service has an option to book or re-arrange the second vaccination appointment at a different location to the first appointment.

The guidance also advises on what the options are for students who had their first dose in Wales, Scotland or Northern Ireland, but is in England at the time of their second dose. If a person has received a first dose of COVID-19 vaccine overseas with a vaccine that is also available in the UK, they should receive the same vaccine for their second dose. If the vaccine they received for their first dose is not available in the UK, the [most similar alternative](#) should be offered.

Vaccine data

[75.5 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and nearly 32 million have also received their second dose.

DEPARTMENT OF HEALTH AND SOCIAL CARE DRAFT DATA STRATEGY

The Department of Health and Social Care has published their [draft data strategy](#) this week, setting out their plans to harness the potential of data in health and care.

When used effectively, ethically and legally, data can play a pivotal role in improving the health of the population, whether this is for planning, research or for direct patient care. Everyone has a right to know what is happening with their healthcare data, however, as we have seen in recent weeks with the pausing of the GDPR roll-out, what happens when these issues are not communicated properly, and patients are not given an opportunity to take part in such important discussions.

Therefore, the Government and NHSX must follow through with commitments to engage fully with both the public and the profession, addressing any concerns they may have about this strategy and specifically proposals around sharing data more widely than for direct care.

GPC will be considering the draft strategy in detail and responding formally on behalf of our members and their patients in due course.

DELAY IN ROLL-OUT OF PATIENT DATA SHARING PROGRAMME (GDPR)

Following extensive lobbying by the BMA and LMCs Government announced a delay to the rollout of GDPR, which amounts to two months with full rollout now expected on 1 September rather than 1 July.

BMA is now engaged in discussions with NHS Digital and other stakeholders to ensure no additional burden is placed on GPs to facilitate the implementation of this programme, and have been lobbying MPs on this issue.

In view of the extension to date of the first extraction, we will keep you informed on all next steps that practices will need to take as we approach this deadline. In the interim, you may wish to consider as a practice whether to proactively contact patients to inform them of what is changing. Read the full statement about the announcement to delay [here](#).

If patients register a Type 1 Opt-out, practices must process this in a timely fashion. Codes for opt-out can be found [here](#) and are copied below for ease.

Opt-out - Dissent code

9Nu0 (827241000000103 |Dissent from secondary use of general practitioner patient identifiable data (finding)|)

Opt-in - Dissent withdrawal code

9Nu1 (827261000000102 |Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)|)]

Further information, including a transparency notice, is available [here](#).

ENHANCED SHARED PARENTAL LEAVE SYSTEM FOR SALARIED GPs

The new [enhanced shared parental leave](#) system for salaried GPs has been launched across the UK and will allow for up to 50 weeks of the 52 weeks maternity leave to be shared between the parents. Eligible parents are also able to share up to 37 weeks of statutory shared parental pay (equivalent of statutory maternity pay). The ESPL system will be offered by employers at GMS and some PMS practices. Employees may request for this new form of leave to be included in their contracts, in line with provisions for junior doctors and agenda for change staff. This change to a more flexible form of leave supports the BMA's commitment to address the gender pay gap. [Find out more about enhanced shared parental leave entitlements](#) and read the updated [Salaried GPs handbook](#).

CONTACT YOUR MP ABOUT PUNITIVE PENSION TAX

The BMA will begin its campaign addressing the taxation issues within the NHS Pension Scheme with a Parliamentary briefing event on 1 July. They are looking to gather support and attendance from MPs from all parties and nations to address this vital issue. BMA members are encouraged to support this event by [tweeting their MP](#) to highlight the event directly to them. Please join us and invite your MP along to the event by using our [template form](#).

MENTAL HEALTH AND WELLBEING SUPPORT

Wellbeing

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

There is help and assistance available within the Herefordshire and Worcestershire Healthy Minds service. They are able to provide bespoke talking therapies for all colleagues irrespective of your role in your organisations to assist with anxiety, low mood, stress and other common mental health problems. Referral is easy and can be completed via visiting

<https://www.healthyminds.whct.nhs.uk/>. This is a NHS service and as such is free at the point of contact and confidential.

The Service Manager, Phill Morgan Henshaw is happy to answer any questions regarding referral and treatment and can be contacted on 01432 842200 or via phill.morganhenshaw@nhs.net.

Mentor Support

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

BMA Mental Health and Wellbeing

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. Access the [BMA's COVID-19 wellbeing pages here](#).

The BMA has welcomed the NHSE/I [announcement](#) of further funding for the expanded and rapid access provision of mental health services for NHS staff in England over the winter. This is urgently required and something the BMA has been calling for to support the major challenges NHS staff are facing. At the ARM, a motion was passed expressing concern at the potential long-term impact of the pandemic and called for resources to support the profession. As we head into a second wave of the virus it is vital that staff are protected. [Find out more here](#).

LMC WEBSITE

The following guidance has been added to the LMC website www.worcsimc.co.uk this week:

No New Items

COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

**Registered office: St Stephens Surgery, Adelaide Street, Redditch, Worcs B97 4AL
Tel. 01527 65082**

All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

CHAIRMAN: Dr David Herold
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP
Tel: 01386 444400 Email: d.herold@nhs.net

VICE-CHAIRMAN: Dr Matthew Davis
Bewdley Medical Centre, Dog Lane, Bewdley, Worcs
DY12 2EF
Tel. 01299 402157 Email: matthew.davis@nhs.net

SECRETARY: Dr Gillian Farmer
St Stephens Surgery, (address and contact details as above)
Email: gfarmer@worcslmc.co.uk

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

BROMSGROVE: Dr D Pryke
Dr K Hollier

REDDITCH: Dr I Haines
Dr M Shah

WYRE FOREST: Dr M Davis
Dr S Morton
Dr J Rayner

WYCHAVON: Dr D Herold
Dr J Rankin
Dr K Gines

MALVERN: Dr P Bunyan
Dr R Khekar

WORCESTER: Dr F Martin
Dr C Whyte
Dr R Benney

Co-opted Representatives:

Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Dr J Chun (North)
Dr L Jones (South)

Practice Manager Representatives:

Helen Garfield, Representative WF PM
Michelle Hallahan, Representative R&B PM
Meryl Foster, Representative SW PM

First5 Rep: Dr M Venables
IT Rep: Dr R Williams
Non Principals: Dr W Safdar
Clinical Directors: Dr R Williams
EDI: Dr R Benney

MEMBERS OF THE HEREFORDSHIRE COMMITTEE

SECRETARY: Dr Nigel Fraser
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB
Tel: (01432) 272285 Email: nfraser@hereflmc.co.uk

MEDICAL DIRECTOR: Dr Paul Downey
St Stephens Surgery, Adelaide Street, Redditch B97 4AL
Tel: 01527 65082 Email: pdowney@hereflmc.co.uk

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: lsiembab@worcslmc.co.uk

Representatives:

All 20 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

The next LMC meetings will be:

Worcestershire – 8th July 2021
Herefordshire – 7th July 2021