



NEWSLETTER

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GP contract negotiations and future of general practice

As you will 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 the [response to misleading comments](#) about our involvement in the contract changes.

GP contract 22/23 – guidance for practices

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

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.

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 to raise the case for general practice. In particular they outlined the continued and growing pressures facing the general practice workforce, and also 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.

Policy Exchange report on the future of general practice

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](#).

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.

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 that 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 what conditions do and do not warrant an exemption, and reiterate that there is no appeal. We 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.

Kings 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.

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.

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](#).

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.

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.

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 in to 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>.