

Dear Colleagues

COVID-19 vaccination programme

Following our update in the previous newsletter where we reported that NHS England had [announced changes to the winter covid vaccination guidance](#), we have received some clarification that practices only administering the influenza vaccination, can claim using their normal system and CQRS. FAQs on FutureNHS state:

“Following feedback from practices, the 2023/24 seasonal flu ES specification is being updated to amend the recording requirements for synergistically delivered flu vaccinations by PCN groupings (i.e. flu only clinics run by a PCN grouping). A PCN grouping’s constituent practices will now be able to elect to record **flu only** vaccination events in either their GP IT clinical system or their PCN grouping’s point of care (PoC) system.

The system to be used must be agreed and adopted by all practices in the PCN grouping to reduce the burden of post payment verification work to address any duplicate recordings and payments.

The position with regards to the following has not changed:

- PCN groupings that co-administer flu and Covid-19 vaccination must still record their flu (and Covid-19) vaccination events in a PoC system
- Individual practices must continue to use their GP IT system for practice delivered flu vaccinations or collaborations under an Influenza Collaboration Agreement.”

Meeting with primary care Minister

Dr Katie Bramall-Stainer, GPC England chair, had catch up with Neil O’Brien, primary care minister, where they discussed a range of issues including cutting bureaucracy, improving GP retention, access to patient records and supporting practice staff health and wellbeing. She will continue to meet with the minister over the coming weeks to build on these initial discussions.

Accelerated Access to Records Programme update

Last week, GPC wrote to parliamentary under-secretary of state for health and social care, Neil O’Brien MP outlining the concerns expressed to us by GPs ahead of the upcoming switch-on of the government Accelerated Access to Records programme. As part of our efforts to engage with government and support members, we will be producing guidance for GPs in the coming weeks and updating members as and when we meet with government to discuss this issue. GPC will be in a position to provide a much more substantive update in the next bulletin and will communicate the specific support we will be providing in the coming weeks.

We urge practices to continue to use our [safe working guidance](#) to limit contacts to 25 per day in order to prioritise safe patient care, within the present bounds of the GMS contract.

RAAC in GP Premises

In January 2023 NHS England wrote to practices identifying the potential risk of RAAC (Reinforced autoclaved aerated concrete) in GP premises and advising that survey work be carried out. As set out in the Premises Cost Directions, practices have an obligation to ensure safety and the development of continuity planning in terms of addressing disruption to the delivery of primary care

at practice premises. Clearly this can be a big additional cost at a difficult time. GPC have called on Government to provide central funding to support practices where RAAC is found to be present.

Last week Dr Gaurav Gupta, GPC premises lead, was quoted in [GP Online](#): “It’s important to remember that general practice premises are already in poor shape due to a chronic lack of investment and planning from the government. Ultimately issues with RAAC have the potential to completely destabilise general practice if GP premises are found to be at risk, regardless of ownership. Therefore, the government must find a solution which means patients can continue to be treated in buildings which are fit for purpose and it provides a fully centrally-funded solution to the RAAC issue which covers all NHS buildings, including all general practice estate.”

2023/24 DDRB recommended pay rise for salaried practice staff

Further to the DHSC announcement some weeks back that all salaried general practice staff would receive a 6% uplift to their pay, back dated to April this year, GPCE and the Sessional GPs Committee recognise this is a matter that has the potential to create challenges between partners and salaried GPs. The BMA values both groups of colleagues and GPCE and the Sessional GPs Committee are working jointly to try and ensure collaborative communications to the profession as negotiations around this issue are completed, which is likely by the end of September.

Both Committees’ Executive officers recognise that for salaried GP colleagues whose contractual terms include a yearly salary uplift linked to annual DDRB pay award should receive that uplift each year. Salaried GPs employed on the BMA Model Contract should have such a clause, and an uplift date in terms of when this is applied, although the default would be 1st April.

There are other salaried GP colleagues whose contract may not specifically reference the DDRB Award in terms of a salary uplift, but the BMA believes all salaried colleagues should receive a 6% salary uplift unless another uplift is specifically referenced within their contracts. The BMA is aware some GP practices have already given at least an interim uplift based on the already known 2023/24 2.1% GMS (general medical services) Global Sum uplift for practice expenses.

The 2023/24 supplementary uplift above the pre-agreed Global Sum increase – determined when the existing 2019-24 five-year GMS contract investment framework was agreed – currently being negotiated with DHSC and NHSE is also expected to include other GP practice staff. This excludes ARRS staff; their annual [Agenda for Change terms pay uplift](#) (5%) was negotiated by the NHS Staff Council and will be applied to the maximum reimbursements rates primary care networks/practices can claim back for those staffing costs. Having surveyed the profession earlier this year, we are acutely conscious of the multiple inflationary pressures facing GP practices, in terms of their costs, which are not within the scope of any offer from the DHSC and NHSE.

So far in 2023/24, GP practices have only received the Global Sum uplift agreed within what is the final year of the 2019-24 five-year contract investment framework (2.1%). Any additional staff salary cost pressures are currently unfunded, and the BMA believes both partners and sessional colleagues will be aware of this. In terms of a supplementary uplift to Global Sum, GPCE hopes negotiations with DHSC and NHSE, which will provide a partial funding solution to increased salary costs, will be concluded by the end of September and such payments made to practices promptly thereafter.

Hopefully this gives further helpful background to this issue and also reassurance that both GPC England and the Sessional GPs Committee are working closely together to support all GPs regardless of their contractual status.

Inclisiran

NHS England recently sent a briefing note to practices on “the role of Inclisiran in lipid management”. There are still widespread concerns with the manner and speed with which NHS England have attempted to push a black triangle injectable into usage and there are still a number of questions, raised by both GPCE and the RCGP, on which NHS England has yet to provide a satisfactory response, as set out in our [joint position statement](#) with the RCGP.

With this in mind, we would like to remind practices that the prescription or administration of Inclisiran is not part of the GMS/PMS contract (although in negotiation with the LMC it may be commissioned via a LES). The onus lies with Commissioners to commission an appropriately funded service if they wish patients to have access to this drug, either within General Practice or via Specialist services.

Eco Flex Forms

GPs may be asked to complete an ECO4 Flex form, when a local authority has referred a patient that it considers to be living in fuel poverty or on a low income and vulnerable to the effects of living in a cold home. The form asks the GP to consider the patient’s medical health conditions and then recommend one of two routes; households identified as vulnerable to the cold or an individual suffering from severe or long-term ill health. This work is not covered within the core GMS contract and completing the form will require GPs to undertake a proper review of the patient’s notes. As such they are entitled to charge, as it is not a prescribed form under Sch. 2 of the GMS regulations.

Completing DVLA medical forms

Following an LMC query, colleagues should note that completing DVLA medical forms is not within the scope of the CNSGP medical negligence scheme in relation to any complaints or concerns that may arise from this work. This is private work, for which a fee is chargeable, and colleagues should check with their Indemnity Organisation that they are covered separately for this work under their own or a practice-based policy

NHS England GP Access campaign

NHS England is launching a public facing GP Access awareness campaign this week, in response to rising appointment numbers, falling GP numbers and falling satisfaction with GP access in the context of initial contact with a GP to book an appointment. It is part of the wider NHSE campaign ‘Help us to help you’ which focuses on raising public awareness of how the NHS system operates. This covers issues such as prevention and access to GPs, and links to the GP recovery plan emphasising helping patients to understand how the system works to support them. This part of the campaign are looking at effective care navigation and awareness of GP multidisciplinary teams.

European definition of General Practice

The [WONCA Europe Council](#) has updated their [Definition of General Practice/Family Medicine](#). The 2023 revision focuses on important challenges for GPs related to One Health (an integrated approach to optimise the health of people, animals and the environment), Planetary Health and Sustainable Development Goals. The statement defines the discipline of general practice / family medicine, the professional tasks of the family doctor and describes the core competencies required of GPs. It outlines what family doctors in Europe should be providing in the way of services to patients, so that patient care is of highest quality and cost effective. Read the [statement](#)

Best Practice Show, 11-12 October 2023, NEC Birmingham

The BMA and GPC England will be at [Best Practice Show](#), UK’s number one event for the primary care and general practice community, on **11-12 October 2023**. We will have a dedicated theatre at the conference, with a programme focussed on the most pressing issues facing sessional GPs and GP

partners including safe working and workload management, patient access to records, the future of general practice, GP contracts and more. It is **free for healthcare professionals**, and will provide up to 12 hours of CPD certified training, tailored to meet the training requirements of healthcare professionals. You can find more information, including the programme [here](#) and register [here](#).

LMC Secretaries Conference 2024

Please save the date for the LMC Secretaries Conference which will take place on Friday 15 March 2024, at BMA House, London. Further details to follow soon. If you require any further assistance, please contact us on: info.lmconference@bma.org.uk

Free BMA membership for International Doctors

Recognising the vital contribution that international colleagues make to our health service and the unique challenges international doctors face when starting a new career in the UK, the BMA will be offering free BMA membership to [international doctors for their first year in the UK](#). The second year will be at a favourable rate of just £10.08 per month (first year post qualified, rate), and their third year £20.00 per month (second year post qualified, rate). This new membership can be selected via the online join form, under '[IMG new to the UK](#)' as a drop-down option in the concessions section.

Please share this information to any IMG GP trainees in your practice or via the LMC.

NHS England local clinical excellence awards scheme for SAGPs

The BMA's Medical Academic Staff Committee (MASC) has been informed that NHSE has agreed to a local clinical excellence awards scheme for consultants and senior academic GPs (SAGPs). One of the qualifying criteria is 'working a minimum of 3 PAs/sessions per week for NHSE', and we are aware that NHSE has written to some SAGPs, saying that they have been identified as a person who is working less than 3 PAs per week for NHSE. However, as the 3 PAs can include teaching and research contributing to the NHS, we believe that most SAGPs should be eligible. MASC would therefore advise any SAGPs to email NHS England (england.medicalcea@nhs.net) as soon as possible to declare your eligibility. The deadline for full submission this year is 3 October.

Wellbeing resources

We continue to encourage practices to focus on their own team's wellbeing and take time to reflect on what can be done to protect it (this will also meet the requirements of QOF [quality improvement project on staff wellbeing](#)). We have produced a [document](#) which includes some tools for improving workload and safe working. A range of wellbeing and support services are also available to doctors, from the BMA's [counselling and peer support services](#), [NHS practitioner health service](#), [Samaritans](#) and [Doctors in Distress](#). See also our [poster with 10 tips to help maintain and support wellbeing](#).

GPC England committee pages and guidance for practices

Read more about the work of the [Committee](#)

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@BMA_GP / Twitter](#) [@TheBMA / Twitter](#)

Read about BMA in the media: [BMA media centre](#) | [British Medical Association](#)

Contact us: info.GPC@bma.org.uk

Read the last GP bulletin: [COVID-19 vaccination update](#) | [accelerated access to records programme](#) | [RAAC in GP premises](#)

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