

GPC England Officer Team election

We are pleased to announce that David Wrigley has been elected to the GPC England Officer Team as deputy chair. He is a GP partner working in Carnforth, Lancashire and he is also an elected member of the BMA's UK Council and, until his term finished in June earlier this year, was deputy chair of Council for five years, serving from 2016-17 and then again from 2018-22. He was also a former regional representative of GPC, and currently vice chair of Morecambe Bay LMC.

The GPC England Executive Team has now become the GPC England Officer Team (made up of a chair and three deputies). This brings the leadership structure of GPC England further in line with what is standard practice at the BMA and ensures parity of esteem between the Officer Team.

Read the full statement [here](#) and read more about GPC England [here](#)

Tees Valley Primary Care Training Hub newsletter

You can view the July edition of the Tees Valley Training Hub newsletter [here](#)

Validium: The Healthy Almanac Toolkit - September 2022

Welcome to your September newsletter. Each month, we'll send you tips from the Validium team, designed to support your mental wellbeing. Whether you want to minimise stress, reduce absence, manage trauma or address a specific workplace issue there's something for you here.

The voice in your head is not always the most helpful one. A negative internal narrative can hold us back and make us feel alone. As summer comes to a close, learn how to manage that inner critic so it doesn't hold you back.

If you need support with any of the issues raised below, don't forget that Validium is here to help. Contact us today through your employer for expert mental health support.

Health Awareness Days

1st-30th – Gynecological Cancer Awareness Month

1st-30th – World Alzheimer's Awareness Month

10th – [World Suicide Prevention Day](#)

Infographics

- Letting go is great for your mental health – [here's why](#)

Guides

- [How to overcome negative narratives in 3 steps](#)
- [How trauma affects your brain](#)

Animated Short

- How to let go of fear, anger and anxiety in 60 seconds. *Click here to view the video* [Learn more](#)

GP workload and workforce

GP practices across the country continue to experience significant and growing strain with declining GP numbers, rising demand, struggles to recruit and retain staff and has knock-on effects for patients. GP numbers are falling, with little increase in the overall number of GPs since 2015, and a significant decline in the number of GP partners over that time.

As shown by the latest [GP practice workforce data](#), published today, as of July 2022 we now have the equivalent of 1,857 fewer fully qualified full-time GPs compared to September 2015. This means that NHS has lost the equivalent of 51 full-time fully qualified GPs compared to the previous month (June 2022). This is despite the promises by the Government of an additional 6,000 GPs by 2024.

At the same time, the number of [GP appointments](#) remains high, with the July total of 26 million, of which 44.3% were same day appointments. Read more about the pressures in general practice [here](#)

General practice is under considerable strain and due to these pressures, GPs continue to leave the profession in larger numbers than ever before. We will continue to urge the Government to tackle the systemic pressures that contribute to burnout and worsening wellbeing among doctors, impress upon the need to support the workforce.

We encourage practices to control their workload to mitigate the impact of unsustainable demand and overworking. Our [Safe working in general practice](#) guidance enable practices to prioritise safe patient care within the present bounds of their contract with the NHS. We would encourage practices to consider these suggestions for controlling their workload to ensure safe patient care, and better staff wellbeing could make a significant difference in the coming weeks and months. Please also take a moment to check in on your colleagues' wellbeing and look out for each other.

The BMA is here for you and offers a range of [wellbeing and support services](#) for doctors, and we encourage anybody who is feeling under strain to seek support. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call **0330 123 1245** today or [visit the website](#) for more information.

For all other support, speak to a BMA adviser on [0300 123 1233](#) or email support@bma.org.uk

COVID Booster

Responding to the announcement of the [autumn COVID-19 booster programme](#), Preeti Shukla, GPC clinical and prescribing policy lead, said:

“The new Moderna bivalent vaccine is great news in the fight against the Covid virus and will make an important addition to this autumn’s booster programme – a programme essential to preventing another outbreak in the winter.

“However, with the current well-documented pressures on GP practices and the reduction in the funding for delivery of these vaccines, we have serious concerns about the rollout. Payment to GPs for delivery of vaccines has dropped 20% since last year’s rollout while the costs for GP practices have only rocketed in the meantime. This vaccine will require freezing and refrigerating, an ever more expensive operation as energy costs rise. The new Moderna vaccine only strengthens the case for returning payments to last year’s level rather than trying to deliver a booster programme on the cheap.

“GP practices, while glad to hear of a new vaccine to add to their arsenal, will nevertheless be wondering if the numbers add up as they face a difficult autumn and winter.”

Read the statement: [Autumn booster programme must not be delivered 'on the cheap'](#)

New Flu Enhanced Service Specifications and Flu Collaboration Agreement

NHS England and NHS Improvement (NHSE/I) has now published the [service specifications](#) for 2022/23 flu childhood flu vaccination programmes.

As practices will be aware from the previous [NHSE/I flu letters](#), practice staff are still not included within the cohorts for the programme. We have serious concerns about this as including practice staff within the eligible cohort would improve uptake, protect patients, and help maintain workforce.

We have repeatedly raised our concerns about this with NHSE/I, especially as practice staff were included in last year's programme, and this is something that we are continuing to discuss with NHSE/I as a matter of urgency.

Government's reported plan for GPs to prescribe heating bill discounts is 'beggars belief'

In response to the [report that GPs would be asked](#) by government to 'write prescriptions for money off energy bills', David Wrigley, GPC England deputy chair, said:

"We completely reject any suggestion that GPs do this work. They do not have the time or the skills to do the work of the welfare system. At a time when GPs are already overwhelmed with the greatest workforce crisis and are supporting patients on hospital waiting lists which are longer than ever, this addition to their workload would be totally unacceptable. It is beggars belief that government ministers think it is appropriate to suggest GPs undertake it. The government has not discussed this with us in any form - floating these sorts of proposals via the media is deeply unprofessional." Read the full statement [here](#)

Social prescription trial on walking and cycling

The [Government is introducing social prescriptions for walking, wheeling and cycling](#), as part of a new trial to improve mental and physical health and reduce disparities across the country. This is a step in the right direction for public health - physical activity is key to good physical and [mental health](#) and brings huge benefits to society and the environment.

But the impact will be minimal without a clear commitment to long-term funding and consideration of the wider context. Without properly addressing resources and the capacity of GPs, this approach risks frustrating doctors as well as the public. The initiative needs public health and primary care to have joined up policymaking and adequate funding, however, if prevention is to stay the course and deliver long-term health benefits, especially for the poorest.

Read more in this [article](#) by Penelope Toff, Chair of the BMA's Public Health Medicine Committee

GP 'bureaucracy busting concordat'

Earlier this week the Government published its GP '[bureaucracy busting concordat](#)', which outlines seven principles to help reduce unnecessary bureaucracy and administrative burdens in general practice. Developed with input from the BMA, the concordat includes principles around medical evidence, certification and designing processes around ease of use for both GPs and patients.

GPC England deputy chair, Kieran Sharrock, said he was glad that DHSC and NHSE/I "recognise the potential of what empowering practices to take charge of their workload can do, and hope all Government departments sign up to this concordat and its seven principles - which the BMA helped develop - to ensure unnecessary bureaucracy in general practice can finally start to be relieved".

PCNs – clarification on CQC registration

Following concerns and some confusion at local level regarding PCNs (Primary Care Networks) and CQC (Care Quality Commission) registration, the following clarification has been provided by CQC:

'It is important to remember that only legal entities can register with CQC. If a provider is a collaborative, such as a PCN, and is not a legal entity then it cannot carry out regulated activities and therefore it cannot be registered with CQC. In a situation where a PCN is not a legal entity, and the constituent members are already registered with CQC for the delivery of regulated activities they provide as part of the network (including extended access) they will not need to register separately from the constituent practices, however it is advised that providers amend their statement of purpose to accurately reflect the additional roles they will assume as a participant member of a PCN.'

In a situation where a new or currently unregistered provider organisation is formed as a legal entity AND the organisation will have ongoing direction and control of the delivery of regulated activities it would be required to register with CQC. If a PCN becomes a legal entity but does not directly control and deliver regulated activities (for example by supplying staff to assist constituent practices to deliver their regulated activities) there is no need to register with CQC. Please note that new applications for registration can take up to 10 weeks to process. The exact timeframe will depend upon the complexity of the application and the availability of key information requested by the registration inspector.'

In addition to this statement, GPC England officers and staff will be working with CQC to develop and publish responses to a range of FAQs addressing PCNs and registration.

Trust registration requirements

On 10 January 2020, the Fifth Money Laundering Directive (5MLD) was transposed into UK law. One objective of the 5MLD was to broaden the scope of trusts required to comply with and sign up to the Trust Register Service (TRS), which may apply to some GP surgeries depending on how they are structured.

Property-owning GP partners may be required to register, particularly where the names on the land registry entry do not match the names of the property-owning partners, or where there are more than five surgery-owning partners. Similarly, and depending on the precise wording of your Primary Care Network (PCN) agreement, monies held by one practice on behalf of a PCN could be construed as the formation of a trust and may trigger a registration requirement.

Unless exempt, 5MLD requires the express trusts to register with the TRS. HMRC has published [guidance on what may constitute an express trust](#) and [instances where exemptions may apply](#).

If you are unsure whether you need to register with the TRS, it is important that you receive independent legal advice, as a failure to register may result in financial and criminal penalties. The deadline for registration is **1 September 2022**.

Section 49 report guidance

Under section 49 of the *Mental Capacity Act 2005* (the "MCA"), the Court of Protection (the "CoP") may require NHS health bodies and local authorities to arrange for a report to be made for the purpose of considering any question relating to someone who may lack capacity. Producing a report is a complex process involving assessing the patient, reviewing notes, discussing with relevant professionals and compiling information. The amount of time required to review a long and complex set of medical records presented can be significant.

The definition of 'NHS body' does not include GP practices, even if their contractor CCGs/PCOs are. Therefore, practices cannot be directly ordered by the Court of Protection to produce a report under section 49.

Although it is possible for an NHS body (e.g. an NHS Trust) that had been ordered to arrange for a report to be made to request that someone else produce a report (under section 49(3)), e.g. a GP - in doing so, the trust *cannot compel a GP as an independent practitioner to do the work* and if the GP agrees to do the work, he/she is entitled to be paid a rate agreeable to the GP.

Read more in this [guidance](#) by the BMA's [Medico Legal Committee](#)

Research priority setting with the General Practice Workforce Survey

The School of Health Sciences, University of Surrey is conducting a short national survey to identify and prioritise a shortlist of service delivery challenges that require further research, as identified by the general practice workforce. Study findings will be used to ensure that future research seeks to address areas of unmet need, as determined by the workforce.

The survey asks three key questions from a workforce perspective: (1) what is working well in general practice; (2) where are the challenges; and (3) what needs fixing, as well as basic demographic information. The survey is open to all clinical and non clinical staff in UK General Practice. Take the 10 minute survey [here](#) (Deadline: 23 September 2022)

Best Practice Show, 12-13 October 2022, NEC Birmingham

GPC England will be at [Best Practice Show](#), UK's main event for the primary care and general practice community, on 12-13 October 2022. We will have a dedicated theatre, with a programme focussed on the most pressing issues facing general practice, including the future of general practice, working within ICSs, workload management, workforce management, primary care estates, and more.

Free for healthcare professionals, the conference provides up to 12 hours of CPD certified training, expertly tailored to meet the training requirements of healthcare professionals. Register [here](#).

England Conference of LMCs 2022

A reminder that the closing date for the submission of all motions for the England Conference of LMCs 2022 is **Thursday 8 September at midday**. Guidance on how to submit motions can be found [here](#) and tips on how to write motions can be found [here](#). If you require any additional guidance or assistance, please contact the team on info.lmcconference@bma.org.uk

GPC England committee pages and guidance for practices

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

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@TheBMA / Twitter](#), [@BMA GP / Twitter](#) [@DrFJameel / Twitter](#)

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