

1st June 2021

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UNSUSTAINABLE, UNSAFE, AND UNFAIR: GENERAL PRACTICE IN CRISIS

Key Facts

Number of appointments in March 2021: 28,4 million

Number of appointments in March 2019: 24.6 million

March 2019 – 28697 fully qualified GPs*

March 2021 – 28096 (-2%) fully qualified GPs*

*Full time equivalent (FTE)

Full analysis of the latest GP workforce and activity data can be found on the BMA [GP pressures page](#).

GPs and practices are under unprecedented pressure, delivering a far greater [number of consultations](#) with almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic. This is not just due to the serious impact of the COVID-19 pandemic, but also the major scale of the NHS backlog with millions more waiting for treatment, combined with a falling numbers of GPs relative to the growing population, despite government pledges to address this. On top of this GPs and their teams are working incredibly hard to deliver the hugely impressive COVID vaccination programme quickly and effectively.

It is unsustainable, unsafe and unfair for GPs and their teams, whether in practices, urgent care services or other settings, to be working such excessive hours at an intensity that is increasingly at the expense of their own physical, mental, social and families' health.

The first duty for GPs, as doctors and professionals, is to do no harm. GPs must, therefore, take all steps possible to deliver care that is safe for patients and protects their staff. With social distancing and infection protection and control measures still necessary, patients should only receive a face-to-face appointment if they need one, not simply because they demand one. Many surgeries have restricted and unventilated reception areas and are not yet safe for patients to walk-in without an assessment.

Practices are already working well beyond their safe limits and the impact of this on patient care has yet to be fully appreciated or recognised. GPs and their practices, as independent practitioners, with the support of GPC England and your LMC, should deliver care to their patients in the way they determine that best protects and cares for their population. They should not be disempowered by national guidance.

Most importantly, it is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community, and with regard to the need to maintain good infection, protection and control measures in place. Practices have the contractual freedom to do this in a manner determined by each practice, taking into account their capacity and workload pressures, and using their best clinical judgement to interpret any guidance, and by doing so delivering a safe service to their patients and a sustainable working environment for their workforce.

GPs must be [trusted to lead](#) and given the autonomy to look after their patients as they think best in their expert judgement. GPC England, the BMA, and your LMC, are here to support you in doing that.

The simple truth is that within the constraints of limited resources, dwindling workforce numbers and infection control measures it is not possible for practices to continue to deliver all that is expected of them. This is set against the context of rising infection levels and the spread of the B.1.617.2 variant in the UK, [cases of which have risen by more than 160% in the past seven days](#). It is this clinical context that should determine the key priorities for General Practice in the coming days and weeks, not politically-driven or media-fuelled edicts.

GPs have always put the needs of their patients and communities first. It is important that we continue to prioritise our resources to our sickest and most vulnerable patients, and that we do everything within our power to ensure they are kept safe.

Over the next few weeks, the BMA will be producing a series of support and guidance resources to help you to:

- define what unacceptable and [dangerous workload](#) looks like
- push back against unacceptable workload demands and workload shift
- work collaboratively at an ICS level to introduce an 'OPEL alert' system for use by practices supported by the LMC
- deal with any abuse from patients.

In response to our letter to MPs across Worcestershire, we will be meeting with Mark Garnier MP at his request for him to further understand the issues affecting general practice and we have received a very positive message of support from Rachel Maclean MP in which she ask that we "thank all GPs in Redditch and Worcestershire for your hard-work and dedication during the pandemic, as well as for your involvement in the incredible roll out of the COVID Vaccines."

She comments that she has "received many positive comments from constituents regarding their experiences with accessing GP services during the pandemic and has always been a big supporter of telemedicine and the flexibility this provides not just GP practices, but patients as well." She states that there will of course always be a need for face-to-face appointments, but

for many people a quick call or video chat with their GP will work better than physically visiting the surgery.

Finally she has agreed to bring our letter to the attention of the Minister for Prevention, Public Health and Primary Care, Jo Churchill, to ensure our views are heard by the Government.

In response to the [SOP](#) published last week Dr Farah Jameel, GPC England Executive team said: "Despite NHS England's claims otherwise, this SOP fails to clarify how GPs are meant to offer face-to-face appointments to those patients who need them, while at the same time maintaining infection control and social distancing measures. In writing such an SOP, NHS England displays a critical lack of understanding of what the average GP surgery estate physically looks and feels like and how many patients it can safely accommodate at any given time."

[BBC News](#) has published an article about the rising numbers of patients needing care and the shortage of GPs threatening to overwhelm the system. Richard Vautrey was quoted in relation to the recently updated SOP and the GPC England motion of no confidence in the NHS England leadership, where he said that doctors were left "angry, frustrated and disappointed" by the SOP letter, especially given the incredible contribution GPs have made to the vaccination programme. The article also includes an excellent [interview](#) with Dean Eggitt, Medical Secretary of Doncaster LMC and former member of GPC England, about GP practices in England facing a 'tsunami of patients'.

URGENT MEETING HELD WITH MINISTERS TO SEEK ACTION TO ADDRESS PRESSURES IN GENERAL PRACTICE

Yesterday, Richard Vautrey, Chaand Nagpaul (BMA council chair) and Ben Molyneux (Sessional GPs committee chair), met with the Secretary of State for Health, Matt Hancock, and Parliamentary Under-Secretary of State for Primary Care, Jo Churchill where they highlighted the huge concern of the profession about the current pressures facing general practice. This followed the motion passed by GPC England, calling for an urgent meeting with the Secretary of State.

They stressed the urgent need to support surgeries to reduce workload pressures and to deliver care and appointment arrangements in the way they knew their patients would benefit from. They called for an urgent end to national directives and criticism, and more help and understanding for practices trying to care for those patients who are now part of a huge NHS backlog, caused by the pandemic.

Although it is encouraging that senior members of the Government prioritised this urgent meeting following our request, it is only through swift and meaningful action by them, and from NHSEI, that we will be convinced that they are serious about tackling the crisis currently facing general practice. Read the full statement [here](#).

RCGP STATEMENT ON NHS PRESSURES

GPC have been working closely with the RCGP on how to both highlight and tackle the workload pressures impacting general practice. As part of this they have published a [statement](#) saying that that NHS pressures are not just about hospitals, as GPs deliver record numbers of consultations. Professor Martin Marshall, RCGP Chair, said: "GPs and our teams are working flat out, delivering record numbers of consultations - almost 13 million in the last four weeks. This is in addition to their remarkable contribution to the COVID-19 vaccination programme, with 75% of vaccines currently being delivered in general practice alone."

COVID-19 VACCINATION PROGRAMME

Those aged [30 or over](#) are now 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.

15-minute observation period (Pfizer)

We continue to question the necessity for the 15-minute observation period following a Pfizer vaccine, particularly for second or subsequent doses. MHRA have informed us that the evidence related to this is regularly reviewed by their Expert Working Group, but as yet no change has been made.

Vaccine data

Over [62 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 18 million have also received their second dose. The latest [data](#) show that over 32 million people in England have received their first dose, and 20 million their second dose.

NEW PCSE GP PAY AND PENSIONS PORTAL

The new PCSE GP Pay and Pensions portal is due to go live on 1 June. PCSE has advised that via this new portal, practices and GPs working in general practice will be able to access a range of new services to help manage their payments and pensions administration online.

PCSE has written to all practices to ensure they have the correct details on file for the correct contact who will control the access within their practice to the new system. We have been assured that this work is complete but if a practice believes that they have not had this correspondence or they are unsure who their assigned contact is they should email pcse.user-registration@nhs.net. Once the service is live, these 'User Admins' will then be able to log in to the portal and assign the roles to their practice staff. A suite of guidance for using the new system can be found on the PCSE website [here](#).

The payments element of the new system should allow practices to submit payment claims, such as for premises or Locum cover, online. Monthly practice statements will also move to the portal from 1 June. These will only be available via this route.

Practices should find it easier to submit pension information such as an Estimate of GP and Non GP Provider NHS Pensionable Profits with the new system. Practices should also be able to provide updates on salary changes in real-time to ensure the correct pensions contributions are being deducted. Approving Locum A forms and other pensions administration work should also be easier.

Any GP who is a member of the NHS Pensions Scheme as a GP partner, salaried GP or locum GP will be able to access an improved service from PCSE to administer their pension account and access their pension records from 2014/15 onwards. Members will be able to do the following via PCSE online with the new service: Type 1 Annual Certificate of Pensionable Profit and Type 2 self-assessment forms; Estimates of Pensionable Profit/Pay form; Retirement, 24 hour retirement and death in service; GP Locum contributions; GP Solo contributions; opting members in or out of the NHS pension scheme; amending member's Additional Voluntary Contribution (AVC). Further information can be found [on the PCSE website](#).

Members of the scheme are encouraged to log onto the new portal from 1 June 2021. To access this functionality you will need to have a verified PCSE Online account. If you don't have an account, or have yet to verify your existing account, please contact the PCSE User Registration team at pcse.user-registration@nhs.net. If you already have an account but have forgotten your log in details you can set up a new password on the [PCSE login page](#).

£120M COVID EXPANSION FUND - FAIR SHARES ALLOCATION PER STP

NHSE/I has now published a [fair shares allocation per STP for the £120 COVID expansion fund](#) for 2021/22.

Following significant pressure from GPC England they secured [additional £120m for general practices from April 2021](#) until 30 September 2021. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity. Monthly allocations will be £30m in May, £20m in June and July and reach £10m in August and September.

GP DATA FOR PLANNING AND RESEARCH

NHS Digital has published a [Data Provision Notice](#) (DPN) in order to begin extracting data as part of the [GP Data for Planning and Research \(GPDPR\)](#) programme, which is the successor to the GP Extract Service (GPES). Your IT supplier will be in touch separately with instructions on how to comply, as these vary by system. As this is a legal direction, responsibility for communicating these changes to the general public sits with NHS Digital and the Department of Health and Social Care. Should you wish to communicate it to your patients you may do so, but it is not an obligation.

These are the next steps that practices need to take:

Comply with [DPN](#); Update your [Privacy notice](#); Consider whether to proactively contact patients to inform them of what is changing; and register [type 1 opt-outs](#) in a timely fashion.

If patients register a Type 1 Opt-out, practices must process this. 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 and next step for GPs, is available [here](#)

A joint statement from BMA and RCGP can be found [here](#).

FINAL SENIORITY FACTORS FOR 2017/18

The [Final Seniority Factors for 2017/18](#), for England, have now been published by NHS Digital.

NHSEI REVIEW OF URGENT AND EMERGENCY CARE STANDARDS

Based on the responses to their consultation, NHS England and NHS Improvement (NHSEI) have announced on 26th May their intention to replace the four-hour A&E target by a bundle of new standards and an overall new approach to measuring performance in Urgent and Emergency Care (UEC) services. Any final proposals will however require government sign-off, which has not yet been given.

They are proposing to introduce 10 new standards which they say would provide system-wide information rather than focusing on one-part of the system. They argue that the current four-hour target focuses on only one part of a now much more complex range of urgent services for patients, including ambulance care, UTCs and NHS 111.

A summary of the proposed new metrics is attached.

CAMERON FUND – 10 TOP TIPS FOR FINANCIAL WELLBEING

The [Cameron Fund](#) has had a difficult year in common with the rest of the world, but has continued to support our colleagues and families including those who have been affected by Covid. One of the objects of the Cameron Fund is the prevention of hardship and 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"***](#).

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.worcslmc.co.uk this week:

[Urgent and Emergency Care Standards Review May 2021](#)

[GP Data Graphic May 2021](#)

COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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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.

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Practice Manager Representatives:

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All 20 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

The next LMC meetings will be:

Worcestershire – 10th June 2021
Herefordshire – 7th July 2021