

21<sup>st</sup> June 2021

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## **GP APPOINTMENT DATA**

The [GP appointment data for April](#) in England was published yesterday, with revised data so that it now also includes COVID vaccinations delivered via general practices. The figures for April 2021 (23.8 million) are very similar to those in April 2019 (23.85 million), but with an additional 7.5 million appointments for COVID-19 vaccinations.

There were also more appointments being seen within the same or next day (13.1m vs 11.8m), and within a week (18.2m vs 16.2m), compared to April 2019 as well despite the additional workload from the COVID vaccination programme.

This highlights the immense pressures that GPs and their teams continue to operate under, as they battle to provide care to their communities alongside the ever-increasing workload generated by the pandemic and associated backlog of patients needing care.

It is testament to general practice that in April, the majority of appointments were done the same day as booking. The number of consultations taking place after a two-to-seven day wait is going up, which is a sign that practices are responding appropriately to the needs of their patients who want to wait for a specific timed appointment, often face-to-face. However, it could also be an indicator that practices are struggling to meet same day requests, and illustrates the serious toll that increased patient demand is having on surgeries across the country, and how much harder it is for GPs to give patients the timely care they need. Read the full statement [here](#) and on the BMA [twitter page](#).

### **TIME TO END NHSE/I DIRECTIVE LETTERS**

In the recent [letter to the Secretary of State for Health and Social Care](#) in England and Richard Vautrey's follow up urgent meeting with him, GPC stated a need to see an end to directive letters from NHSE/I, and instead allow practices and other GP services to provide patient care in the most appropriate manner, meeting the reasonable needs of their patients and based on their knowledge of their local communities.

Last week, GPC received a [reply](#) from the Secretary of State, in which he 'thanked all general practice staff for the incredible work we have been doing since the start of the pandemic to deliver essential care and support to all patients', acknowledged the pressures the profession is facing and also confirmed the intention to 'move away' from the use of SOPs as 'we transition further out of the pandemic.' This was further reiterated by NHSE/I in their [bulletin issued on 15.6.21](#) which says their current approach is a temporary one not a permanent fixture and that when the government is finally able to move to Step 4 of its easing of lockdown plan, now potentially in July, the need for SOPs could end. They were also clear that SOPs are only guidance, not contractual documents.

In addition, in a recent interview in [Pulse](#), Nadhim Zahawi MP, the vaccines minister in England, talked about the 'tireless dedication' of everyone in Primary Care involved in the vaccination programme, recognising how much pressure it had placed the profession under.

These are all small but positive steps in the right direction but there is clearly much more that they need to do.

### **LONG-COVID AND WEIGHT MANAGEMENT ENHANCED SERVICES**

NHSEI have published two new [enhanced services](#), relating to long-Covid and weight management. In addition, and following lobbying, they have also confirmed a further welcome extension to pay the full sessional payment to PCN clinical directors, recognising the significant workload they have been carrying.

Whilst the additional support for practices to help care for patients with long-Covid has some merit, it does not recognise the need for support for those in the general practice workforce who need access to occupational health services, or practices that need financial support to enable them to better help colleagues on prolonged sick leave. This must still be addressed if we are to reduce the loss of much needed members of our workforce.

The weight management enhanced service will present practices with additional work at a time when practices are already stretched to the limit. There are concerns that this service specification is overly bureaucratic, further micromanages clinical consultations, is clinically flawed and demonstrates a lack of trust in GPs and their teams to do what is best for patients. Furthermore, it is not clear that local weight management services have the necessary capacity to respond to increased referrals. This could have been an opportunity for NHSE/I to demonstrate their commitment to be less directive and for government to take much more meaningful steps to address the underlying factors that lead to obesity, but they have failed to do that. You can read the [press statement](#) on this.

### **WORKLOAD CRISIS**

As all of us who work in general practice are only too well aware, our profession is in crisis. We are faced by a profound [workload crisis](#) which has been in the making for years. While GPC England will continue to campaign at a national level for the resources and workforce levels which primary care needs not only to flourish but simply to survive, it is now abundantly clear that we cannot wait for others to resolve this. Worcestershire LMC have been meeting with and writing to MPs to highlight the issues with a call for an honest conversation with the public regarding the demand facing practices and increased resource and funding to support practices with recovery and restoration.

GPs as independent practitioners are innovators and have the ability to manage their practice in the way they think best meets the needs of their patients as

demonstrated during the COVID-19 pandemic, and through the delivery of the largest vaccine programme in the history of our nation's healthcare. When GPs are [trusted to lead](#) they can do incredible things. The response from GPs and their teams to COVID-19 is compelling evidence of what can be done when practices are afforded the trust, autonomy, flexibility and freedom to act as the leaders of the profession in their local communities, acting in the best interests of their patients.

To help GPs to push back against the unmanageable and inappropriate workload demands which we are faced with, GPC England previously published [Workload control guidance](#).

The information in this guide will arm practice managers and GP partners with a range of practical tools to reduce your practice's workload. The benefits of implementing this strategy include helping to define what unacceptable and dangerous workload looks like, improved GP morale and wellbeing, locality working with CCGs and practices providing support, and integrated primary care systems giving general practice a stronger voice.

This [guide](#) will help you to agree quantitative limits to individual safe practice for GPs. Appropriate limits on workload will depend on the unique circumstances of each practice and the preferences of each individual GP, as well as the complexity of care being provided. There will also be variation in the amount of spinoff work depending on the complexity of the case mix and also on the contractual status of the doctor.

Worcestershire LMC continue to raise your concerns with regard to workload shift from secondary care. It was good to see as a direct result that our Acute Trust colleagues received a letter last week from Mike Hallissey (CMO) reminding them that "It is recognised that it is entirely appropriate, and indeed best for patient care, for teams to refer patients on. Where it is recognised that the care to be delivered cannot be provided by the team caring for the patient, it is appropriate to make a referral to another team, within and outside the trust." We have also been meeting with Health and care Trust Consultant colleagues to address requests for diagnostic monitoring of patients under the Eating Disorders service and CAMHS. Much of the work that we do is discussed at our monthly LMC meetings so do ask your local representatives for more information on specific aspects if you would like to. The minutes from LMC meetings are also available on our website.

## **PCN HANDBOOK**

The new PCN handbook for 2021/22 has now been published and is available on the [BMA website](#). The handbook has been updated to include the changes agreed as part of the [2021/22 GP contract](#), including additional ARRS workforce and new PCN service specifications, as well as other operational aspects. The full service specification setting out the requirements of the PCN DES for 2021/22, as well as further guidance, is also available from [NHS England](#).

### **LONG COVID NHS PLAN FOR 2021/22**

NHSE/I have published a [Long COVID plan for 2021/22](#) which outlines the 10 key next steps to be taken to support those suffering from long COVID. The plan is underpinned by a £100million investment, £30million of which will go towards the enhanced service, highlighted above, for general practice to support patients with long COVID. The remaining £70million will be used to expand other NHS long COVID services and establish 15 new [‘paediatric hubs’ to coordinate care for children and young people](#) who are suffering from the condition. These hubs will have specialists who can directly treat the children and young people, advise GPs or others caring for them or refer them into other specialist services and clinics. The plan, which builds on the [five-point plan](#) for long COVID support outlined by NHSE/I last year, also highlights the need for equity of access, outcomes and experience in long COVID support.

### **COVID-19 VACCINATION PROGRAMME**

Acceleration of second doses for cohort 10 and plans for inviting the remainder of cohort 12

NHSE/I has published a letter advising that [appointments for a second dose of the COVID-19 vaccine will be brought forward from 12 to 8 weeks for the remaining people in cohort 10](#) (40-49 year olds) who have yet to receive their second dose.

The letter also includes an update on inviting the remainder of cohort 12 (18-24 year olds) to book their COVID-19 vaccinations, availability of support to meet challenges to system capacity and information about a webinar to discuss the new developments.

[People aged 18 and over in England](#) are now eligible and will be invited to book their vaccination appointments through the [National Booking Service](#) or by calling 119. It is expected that all adults in England will shortly be eligible to book an appointment. However, we do have concerns that the limitations on availability of Pfizer and Moderna vaccination will mean many young adults will have to wait a number of weeks before being able to get this much needed protection.

### Funding and support for COVID-19 vaccination sites

The NHSE/I document on [funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites](#) published last week, asked CCGs to seek to minimise any burden associated with locally commissioned services where these do not support COVID-19 vaccination and COVID-19 related activities.

### Vaccine data

Nearly [73 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 30 million have also received their second dose. Over 70% of all doses have been delivered by general practice teams. It is through the hard work and dedication of GPs and their staff that the UK is emerging from the restrictions imposed by the coronavirus crisis.

Read the BMA [guidance page about the COVID-19 vaccination programme](#).

### **DELAY IN ROLL-OUT OF PATIENT DATA SHARING PROGRAMME (GPDPR)**

It was announced in the [Parliamentary health questions](#) last week that the planned roll-out of the GP Data for Planning and Research (GPDPR) in England would be delayed by two months, from 1 July to 1 September 2021.

This follows extensive engagement by BMA and RCGP with NHS Digital and with the health minister, [calling on NHS Digital and the Government to delay the introduction](#) of their new data programme until patients and the public have had time to be aware of and understand the programme and choose to opt-out if they wish.

Along with the RCGP we have made it abundantly clear to both the Government and NHS Digital that this programme needed to be delayed to allow for a proper in-depth public information campaign to give the public a chance to make an informed decision about whether they want their data collected as part of the new GP data extraction programme. We knew there was insufficient time until the first extraction to allow for the public and patients to have a proper understanding of what the programme was intended for and to give enough time to make fully informed choices on whether they should opt-out or not. It is clear that previous communications from NHS Digital on this programme had been either inadequate or non-existent.

While we understand that data sharing plays a key role in planning and research as well as developing treatments, we also know that the crux of the

GP-patient relationship relies on trust, transparency and honesty, and therefore allowing the public and patients to make fully informed decisions is paramount.

It is important that the Government now takes full responsibility for ensuring that there is an adequate public engagement ahead of the roll out so that all patients across England can make an informed choice.

Following the announcement, GPC have had exploratory meetings with NHS digital to consider next steps, and will continue to work with them, to ensure that there are appropriate safeguards in place as to how the data collected is used, and that the views of the profession are represented in all discussions pertaining to patient data.

Read the full statement about the announcement to delay [here](#).

### **NEW PCSE PAY AND PENSION SYSTEM UPDATE**

PCSE's new pay and pension system was launched on 1 June and we have been contacted by concerned practices and GPs about the disparities in information and the difficulty in finding the relevant information on the system. We would urge all GPs to log on and check their details and data. Any errors or issues identified should be [raised with PCSE](#) at the earliest opportunity. We have been informed of the following which is very concerning:

- PCSE don't have contact details for approximately 6,000 GPs. PCSE assures us that they are working on solutions for this but we advise any GP who hasn't received any email from PCSE since 30 May giving access to the system, to contact [pcse.user-registration@nhs.net](mailto:pcse.user-registration@nhs.net).
- Past statements migrated to the new system are not showing the same level of detail as previously. PCSE have informed us that they are working on this but advise that users can still access those statements in full on Open Exeter in the meantime. This is not a satisfactory situation and we will be pursuing it until it is resolved.
- Around 1,000 practices have not yet received their QOF achievement payments for this month. PCSE are adamant that they have a solution for this and are working to ensure these payments are made this month, within contractual timeframes. They have written to affected practices.
- GPC continue to meet regularly with PCSE to raise issues relating to missing and incorrect data along with poor usability. We are extremely concerned about the volume of these issues and have raised these with

PCSE to resolve them urgently. We will continue to monitor and pursue the progress of this and other remedial work over the coming weeks.

PCSE have posted user guidance for [practices](#) and [GPs](#) on their website. We would encourage users to make use of them.

## **PROPOSED CHANGES TO ANNUAL COMPLAINTS COLLECTION (K041B FORM)**

NHS Digital has published their [response to their consultation on the proposed changes to the annual complaints collection \(K041b\)](#) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

## **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](mailto: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](http://www.worcslmc.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  
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## **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  
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## **Representatives:**

All 20 practices are represented at Committee Meetings

**Worcestershire and Herefordshire GPC Representative:** Dr S Parkinson

## **The next LMC meetings will be:**

Worcestershire – 8<sup>th</sup> July 2021  
Herefordshire – 7<sup>th</sup> July 2021