

# **NEWSLETTER**

12th July 2021

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### **PATIENT SURVEY RESULTS**

The annual <u>GP patient survey</u> results were published yesterday, and with 83% of patients rating their overall experience of general practice as good, an increase on the previous year, this is testament to just how hard GPs and their teams have, and continue to, work in order to provide care to their patients and communities. To see an increase in overall patient satisfaction despite the really challenging year the entire NHS has faced - is incredibly positive. Such excellent feedback from patients about all members of the practice team will also lift morale amongst an exhausted workforce who have clearly gone the extra mile and beyond for their patients. These results also clearly show how

out of touch with the real views of patients NHSE/I's damaging and demoralising letter earlier this year was.

GPs and their teams have been providing this good patient care all while playing a crucial role in the delivery of the COVID-19 vaccination programme and dealing with the consequences of a massive NHS care backlog, resulting in record appointment numbers being delivered. However, if we are to continue to meet the increasingly complex needs of our communities – delivering flu vaccine programmes, COVID-19 booster programmes, supporting growing numbers of patients with long COVID and managing an increasing number of appointments - then general practice needs more staff, more resources and better premises. I have been meeting with Worcestershire MPs over recent weeks to explain the pressures felt in general practice and to ask that an honest conversation is had with the public about the demand on our services in order to manage expectations and allow patients to support our recovery. The MPs who have replied to our letter and those whom I have met have been keen to recognise and pass on their thanks for the hard work carried out by practice teams during the pandemic.

### **HEALTH AND CARE BILL**

The Government introduced the <u>Health and Care Bill</u> last week, which will deliver significant health reforms in England. These include making ICSs (integrated Care Systems) statutory bodies, dissolving CCGs and transferring their responsibilities, staff and powers to ICSs, formally merging NHS England and NHS Improvement, removing Section 75 of the 2012 Health and Social Care Act and mandated competitive tendering, and conferring new powers over the NHS to the Secretary of State.

Responding to the publication, the BMA raised concern over the timing of the bill given the huge pressures facing the health and care system as a result of the pandemic, as well as highlighting critical areas where they believe the bill needs to be amended and strengthened to protect the NHS from unnecessary private sector involvement and establish a healthcare system that is collaborative and fit for the future.

The BMA will continue to lobby to ensure the Bill addresses our concerns and that reform is in the best interests of patients and doctors, and supports the NHS to be a publicly-funded provider to care for the health needs of our population. GPC have been working to shape the guidance that will underpin the Bill the in practice, including through their <u>response</u> to NHSE's consultation on the new provider selection regime and feeding into the newly published ICS Design Framework. They have also been clear on the critical role LMCs should

play in the new arrangements. They have produced <u>a member briefing on that framework</u>, including their immediate reaction to it.

You can find out more about GPC's work around the Bill and key calls <u>here</u>, and read a detailed analysis of the bill <u>here</u>.

### **COVID-19 BOOSTER VACCINE AND FLU VACCINE PROGRAMMES**

Following the <u>guidance</u> published by JCVI last week about the COVID-19 booster programme, and the subsequent guidance from <u>NHSE/I guidance on COVID-19 vaccinations</u>, we remain seriously concerned that this may be interpreted as a cap on general practice involvement in the flu vaccination campaign this winter or that practices will be limited in their ability to provide this to their patients as they would normally do because of overly restrictive arrangements set by NHSEI.

GP practices are already preparing for this winter's flu campaign, as they do every year, and will be keen to continue to play a pivotal role in protecting their patients against COVID-19 with booster jabs alongside this. GP practices have shown, for many years through the annual flu programme and recently through the COVID vaccination programme, that general practice through its place in the community is best placed to provide effective and efficient vaccination programmes to the population of England. Many patients and members of the public expect such a service to be widely available from their local GP practice. We believe delivering the flu vaccination and COVID-19 booster vaccination programme concomitantly through general practice is the best way forward and that most practices will want and expect to deliver them.

As Phase 3 begins, practices must be able to administer COVID booster jabs during the same appointment as flu vaccines within their own practice buildings if they wish — which has not always been possible for COVID vaccines, with many practices who wanted to continue to provide COVID-19 vaccination to their patients being prevented by NHSE/I from doing so. We believe patients want to be vaccinated at their local practice as they are used to for their flu jabs each year. In addition, working at practice level can reduce the bureaucracy for staff, limiting the impact on other GP services that are also important. It is also vital that existing resources are retained for additional staff who support the programme.

If we are to 'learn to live with' COVID-19 in the long-term and vaccinations are to become routine, practices need to be trusted and empowered to build on their expertise, proven track record and knowledge of their communities to lead the way in ensuring the public is protected.

GPC are therefore calling on the Government and NHSE/I to support practices and PCNs in delivering Phase 3, not just through appropriate funding, but also through the ongoing workforce support provided during phase 1 and 2, through managing workload (including the continued suspension of PCN service specifications), and improvements to IT systems.

### PRAISE FOR THE NHS AND GENERAL PRACTICE

Responding to the announcement that <u>Her Majesty the Queen has awarded</u> the <u>George Cross to the NHS</u> to acknowledge its remarkable efforts throughout the pandemic and contribution over the last 73 years of service since the birth of the NHS, BMA council chair Dr Chaand Nagpaul said:

"This is a worthy honour for all NHS staff who have worked tirelessly throughout the pandemic to protect the health of the nation, providing care to hundreds of thousands suffering with illness and have also saved the lives of so many. The fight against Covid has been largely down to their enormous contribution, and with many putting their own health at risk as they cared for patients with a deadly and infectious illness, and with sadly several hundred losing their lives from the virus. It is only right that they should be recognised for their brave and dedicated commitment."

NHSE/I has published a <u>video</u> this week marking the birthday of the NHS, to thank general practice and primary care teams for our phenomenal hard work and dedication. This follows the praise and acknowledgement of the significant activity and related workload pressures in general practice by NHSEI executive directors recently.

#### **EASING OF COVID RESTRICTIONS**

Ahead of the Prime Minister's <u>announcement</u> last week to end the COVID-19 restrictions in England on 19 July, including mandatory wearing of face coverings and social distancing, the <u>BMA urged Government not to 'throw progress away' and to keep some Covid-safe measures</u>, such as the requirement to wear a mask in enclosed public spaces.

The BMA expressed serious concern that the government has decided to ease all mitigations, despite the Chief Medical Officer speaking about the alarming rise in cases, doubling of hospitalisations and certainty of more deaths. We are also concerned that there is no update on what restrictions should be in place in healthcare settings after this date and the BMA is seeking information for members to use going forward. As a result, the BMA will be producing quidance to support those working in practices, community healthcare and

hospital settings and will issue this as soon as possible. Read the BMA statement on the response <u>here</u>.

## NEW GUIDANCE FOR HEALTH AND SOCIAL CARE PROVIDERS ON CQC'S MONITORING APPROACH

The CQC has published <u>new guidance for health and social care providers on</u> their monitoring approach.

The BMA is seriously concerned about CQC's new approach to monitoring practices and have raised this with them directly. Practices will understandably be anxious about the implications, not least when they are struggling with record demand and significant workload pressures. Whilst CQC has a legal responsibility to inspect health care providers and ensure the safety of services to patients, it has been doing this throughout the pandemic through its Emergency Support Framework. We have called for a continuation of this ESF approach which is much more proportionate and have misgivings about a move towards greater inspection numbers linked to a risk stratification approach that is new and not widely trialled.

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

GPC continue to work hard at challenging the considerable shortcomings of the new portal. We are aware of the many unacceptable issues being faced by practices and GPs but it is of critical importance that users log these with <a href="PCSE">PCSE</a>
to ensure that we can hold them accountable. We know that those interactions are also causing frustration and we are applying pressure for improvements and greater transparency around their customer service work. We would advise practices to keep a record of the issues they are raising with PCSE and the length of time taken to get resolutions.

Regular and ongoing meetings have led to a considerable number of 'fixes' to the system but there are many more outstanding. This will take time, but we are committed to ensuring a much improved service for the profession to use. NHSE/I and PCSE have assured us that the current run of global sum payments is going well but we are keeping a particularly close eye on this.

The BMA's Pensions committee will soon be sending out a survey to GPs, to capture their experiences of using the new system. There will be more details on this next week, but we continue to encourage GPs to log on to the system to check the accuracy of their records. A similar survey will go to practices in the coming month. GPC have yet to receive a response to the <a href="letter to NHSE/I setting out our concerns">letter to NHSE/I setting out our concerns</a>.

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

### Acceleration of second doses for all cohorts

The government has published guidance advising that appointments of a second dose of the COVID-19 vaccine should be brought forward from 12 to eight weeks for the remaining people in all cohorts who have yet to receive their second dose, to ensure everyone has the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible. Read the NHSE/I letter <a href="here">here</a>.

### Vaccine data

Nearly <u>80 million doses of COVID-19 vaccines</u> have now been delivered in the UK, and 34 million people have also received their second dose.

## EDUCATION AND TRAINING TARIFF GUIDANCE AND PRICES FOR 2021 TO 2022 FINANCIAL YEAR

The Department of Health and Social Care and Health Education England (HEE) have published the <u>Education and training tariff guidance and prices</u> for 2021 to 2022 financial year. The guidance provides further information in support of the education and training (ET) tariff payment process for the 2021 to 2022 financial year, with medical placements in GP practices listed as an exclusion (see section 5.12-514). Read more <u>here</u>.

## <u>DELAY IN ROLL-OUT OF PATIENT DATA SHARING PROGRAMME</u> (GPDPR)

Following extensive lobbying by the BMA and RCGP, Government announced a delay to the rollout of GPDPR, with full rollout now expected on 1 September rather than 1 July. BMA is now engaged in discussions with NHS Digital and other stakeholders to ensure no additional burden is placed on GPs to facilitate the implementation of this programme, and that patients are properly informed about it.

In view of the extension to date of the first extraction, we will keep you informed on all next steps that practices will need to take as we approach this deadline. Read the full statement about the announcement to delay here.

## REVIEW OF THE ENGLAND MEDICAL PERFORMERS LIST REGULATIONS

The Department of Health and Social Care has commissioned NHSE/I to review the England Medical Performers List Regulations in the context of the wider regulatory landscape in operation across England. This review has the potential to identify where regulatory requirements can be streamlined and

simplified, while maintaining the high professional standards that ensure patient safety.

This questionnaire aims to gather information from stakeholders about their views of the existing regulatory landscape for GPs in England and thoughts on how this landscape might be transformed. The feedback will contribute to the content of a series of focus group discussions and inform an options appraisal that will be shared with the DHSC during autumn 2021. Take the survey <a href="here">here</a>.

## MENTAL HEALTH AND WELLBEING SUPPPORT 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 <u>website</u>.

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 <a href="https://www.healthyminds.whct.nhs.uk/">https://www.healthyminds.whct.nhs.uk/</a>. 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 <a href="here">here</a>. More information about <a href="wellbeing">wellbeing</a> support can be found on the LMC website.

## **BMA Mental Health and Wellbeing**

The BMA continues to offer <u>wellbeing services</u> 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 <u>BMA's COVID-19 wellbeing pages here</u>.

The BMA has welcomed the NHSE/I <u>announcement</u> 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:

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

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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 <u>Website</u>. 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**

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Dr S Morton Dr J Rankin Dr J Rayner Dr K Gines

**MALVERN:** Dr P Bunyan **WORCESTER:** Dr F Martin

Dr R Khehar Dr C Whyte Dr R Benney

Dr R Benney

Co-opted Representatives: Practice Manager Representatives:

Out of Hours:Dr E PennyHelen Garfield, Representative WF PMDispensing:Dr J RankinMichelle Hallahan, Representative R&B PM

**Registrars Rep:** Dr J Chun (North) Meryl Foster, Representative SW PM

Dr L Jones (South)

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**

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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> September 2021 Herefordshire – 9<sup>th</sup> September 2021