

19<sup>th</sup> July 2021

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## **UPDATE ON GPC ENGLAND RESOLUTION**

At the last GPC England meeting in May, the committee passed a vote of no confidence in the senior leadership of NHS England and Improvement. Among other things, the motion also instructed the GPC England executive team to cease all formal meetings with NHSEI until such time a motion could be brought back to the committee recommending that NHSEI had taken sufficient steps to restore the confidence in its leadership. GPC England met again to discuss progress and the direction we may wish to go next.

In the eight weeks since the last meeting we have seen some positive signs and change in tone from both the Department of Health and Social Care and NHSEI, including from senior NHSEI executive directors, with [public thanks](#) and [recognition](#) of the pressures currently facing general practice, while communications have taken on a more factual tone.

But while we acknowledge and welcome these positive signs, and in particular the recognition of the important role that general practice has played throughout the pandemic as well as the pressures GPs and the whole of general practice is currently experiencing, kind words have not yet always been followed by the actions we would like to see. In recent weeks we've seen [flawed and overly bureaucratic enhanced services](#) announced and [activity targets](#) introduced when the profession is struggling with demand. Most recently, the specifications for the [Covid booster programme ignored calls from frontline GPs](#) to be given more clinically appropriate flexibility and support in enabling practices to deliver the programme in a way that best benefited their communities.

So, despite some signs of progress, after discussion at yesterday's meeting, a recommendation was not brought to return to formal meetings with NHSEI at this point.

This is not a situation that we want to continue and GPC recognise that getting to a place where they are able to negotiate effectively on behalf of the profession with an NHSEI that clearly demonstrates that it understands and acts on the needs of general practice is in the best interests for everyone, not least our patients.

England has a new Health Secretary and in the coming weeks NHSEI will have a new chief executive, and these appointments provide an important opportunity for both the Government and NHSEI to demonstrate their clear commitment to general practice, that we hope could potentially pave the way for beginning to engage on fresh terms.

GPC England continues to discuss how we may proceed and we will keep you informed of developments in due course.

### **SHOCKING WORKFORCE CRISIS EXPOSED BY BMA REPORT**

The BMA published [Medical staffing in England: a defining moment for doctors and patients](#) early this week. The figures indicate that there are 1,307 (4.4%) fewer fully qualified FTE GPs than in September 2015, whilst the number of patients per GP practice is 22% higher than it was in 2015, so the GP workforce has not expanded with this rise in patient need. As a result of this, there are now just 0.46 fully qualified GPs per 1,000 patients in England - down from 0.52 in 2015.

There is an urgent retention issue with GP partners with numbers continuing to fall. It is clear that workload pressures are having a material impact as,

based on the data trends, fully qualified GPs generally want to better control their workload and work-life balance. There is also a clear trend towards salaried and sessional GP roles and more portfolio and LTFT (less than full-time) working, which is the case for GP trainees as well.

The Government is clearly failing to get anywhere near its 2020 commitment of an additional 6000 doctors in general practice by 2024, as we only anticipate getting around 3,380 additional fully qualified FTE GPs (not factoring in any existing GPs reducing their hours or leaving the profession in that time). This also still falls short of the [Centre for Workforce Intelligence's 2014 prediction model](#) of the worst-case scenario for the GP workforce in 2024.

To tackle the workforce crisis GPC are calling for urgent and sustained action, including:

- Legislation mandating regular healthcare workforce assessments in the Health and Care Bill
- Action to address workforce pressures
- Reduction in bureaucracy, targets and premises pressures that particularly impact GP partners
- We are also calling for an increased Treasury investment in the medical workforce, including:
- Sufficient medical school, foundation programme and specialty training places
- A relaxation of punitive pension taxation rules, so doctors are not forced to consider early retirement
- Introduction of flexible working options for all staff
- Doctor retention initiatives, as set out in our [Rest, Restore, Recover](#) (2021) report.

Read more [here](#).

## **SUPPORTING GENERAL PRACTICE AND LATEST APPOINTMENT DATA**

We all know that GPs and their teams across the country are under enormous pressures. [NHS Digital has published the latest statistics for GP appointments](#) which show that over 8.5 million vaccines appointments were delivered via general practice in England in May, on top of 23.5 million 'regular' appointments, again demonstrating the level of demand that practices continue to meet. These figures, taken together with the results of the national [GP patient survey](#) released last week, shows the reality of our

experience, that practices are delivering hundreds of millions of appointments and as a result of our hard work the vast majority of patients are pleased with the care delivered by their general practice team.

In a [letter](#) to the former health secretary Matt Hancock, GPC made clear that the Government needs to do more to support general practice, not talk it down. The message to the new Secretary of State for Health and Social Care, Sajid Javid, is the same – GPs and their staff are angry, frustrated and disappointed by this treatment. In their [letter](#) to him, they raise concerns about the way the Government's emergency regulations have led to a command and control way of working which at times has restricted practices rather than empowered them, and asked for him to bring an end to this micromanagement of general practice from both government and NHSE/I when the restrictions are lifted on 19 July. They have also called for urgent action to reduce workload pressures through recruiting and retaining more GPs and practice nurses, and to address the premises issues that seriously limit our work.

As well as the lobbying efforts, GPC want to do as much as they can to support practices in England with the tools they need to explain to their patients the pressures that general practice is facing. More information will be released in the coming weeks on the BMA website and in communication directly to practices.

### **EASING OF COVID RESTRICTIONS AND FACE COVERINGS**

[A BMA survey](#) released ahead of the [Government's announcement](#) confirming the easing of the restrictions on 19 July, found that a vast majority of doctors who were asked said they were in favour of keeping rules around face coverings and social distancing.

91% of doctors surveyed believe masks should continue to be worn in healthcare settings - where practical – and 86% say the same for social care settings. 90% of those surveyed wanted to see masks remaining mandatory on public transport, and a majority thinks face coverings should continue to be worn in shops, in hospitality and workplaces, like offices.

BMA council chair Dr Chaand Nagpaul said: "Doctors are clear in their desire to protect the public's health and our NHS by proven measures to control spread of this deadly virus. They want to see the legal requirement for wearing of face coverings retained not just in enclosed public spaces but also for patients and visitors and staff in hospitals and GP surgeries as well as social care settings."

The BMA has also co-signed a [letter](#) with the Royal Pharmaceutical Society and other stakeholders, to the Prime Minister, calling for the continued use of face masks in healthcare settings.

NHSEI have now made a [statement](#) that the government's [infection control guidance for healthcare settings](#) has not changed, and so will continue to apply following the lifting of restrictions next week, and healthcare settings should therefore maintain face coverings among other IPC measures.

**There is a poster that practices can display about the continued use of face coverings for healthcare settings – download it [here](#).**

See more information and guidance on PPE for practices in the BMA [COVID-19 GP toolkit](#), and general guidance on PPE for doctors [here](#).

### **FACE COVERINGS IN HEALTHCARE SETTINGS IN ENGLAND**

While NHS England clarified that IPC guidance in GP practices would remain in place, Richard Vautrey commented: "It is essential that this is communicated clearly and widely so that everyone understands what to expect when entering surgeries, hospitals and other health and care premises, and why these measures are necessary to protect us all and to effectively get on top of this pandemic".

PHE made clear on Tuesday that its infection prevention control (IPC) guidance is to remain in place after 19 July, meaning the current situation on mask-wearing in health and care settings will continue. This is following pressure from the BMA and other health organisations on the government for clarity on the status of face coverings in hospitals and GP surgeries when legal requirements on mask-wearing will be lifted.

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

NHSE/I published the [Enhanced Service Specification](#) for phase 3 of the COVID-19 vaccination programme and other assorted documents yesterday.

It is very disappointing that NHSE/I are not listening sufficiently to practices and have not done more to enable local groups to safely transfer vaccines delivered to PCN sites on to member practice sites should they choose to do so. Yet at the same time we have seen vaccine safely delivered in care homes, through buses, pop-up sites and smaller pharmacies. Moreover, earlier in the pandemic vaccine has been provided to practices to deliver to

their patients elsewhere in the UK. GPC will continue to challenge this unnecessary restriction which could lead to poorer uptake.

Local community delivery of both COVID-19 and flu vaccination is essential to the success of this programme and it's vital that local systems support practices to do this. Read GPC's [statement in response](#) to the publication of the ES documents.

## **HEALTH AND CARE BILL BRIEFING FOR GENERAL PRACTICE**

Following the introduction of the Government's [Health and Care Bill](#) to the House of Commons last week, GPC and the BMA have produced a [briefing](#) outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes including the transfer of powers from CCGs to ICSs, GP voice within ICSs, and changes to funding flows.

Ahead of the Bill's Second Reading this Wednesday, [BMA Council also voted to express the BMA's opposition to the Bill as presented to Parliament](#), arguing that it is the wrong time to be reorganising the NHS, fails to address chronic workforce shortages or to protect the NHS from further outsourcing and encroachment of large corporate companies in healthcare, and significantly dilutes public accountability. The BMA is also concerned about the wide-ranging excessive powers the Bill would confer on the Health Secretary.

## **MEDICAL EXAMINERS ROLL OUT**

On Tuesday, 8 June, the UK Government [formally announced](#) the roll out of the [medical examiner system](#) into primary care in England and Wales, although medical examiners have already been in place in Scotland and in acute settings in England and Wales. Many have expressed deep concern about the impact this could have on an already overstretched, underfunded, primary care system. Complicating matters was that at the time of the announcement, there were no statutory instruments in place for the roll out.

The recently published [Health and Care Bill](#) will, if enacted, see dramatic changes for the NHS in England, and the BMA has issued a [press response](#) to the publication of the Bill, highlighting concerns. The BMA's Professional Fees Committee are making representations on behalf of the BMA to both the National Medical Examiner's (NME) and the UK Government to express concerns over the medical examiner system roll out into primary care. The LMC is involved in discussions regarding the proposed plans for Worcestershire.

Finally, we would like to thank Dr Simon Parkinson who stands down as our regional GPC representative this month. We are very grateful for his contribution and support to our region over the years.

## **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  
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP  
Tel: 01386 444400 Email: [d.herold@nhs.net](mailto:d.herold@nhs.net)
- VICE-CHAIRMAN:** Dr Matthew Davis  
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- EXECUTIVE OFFICER:** Lisa Siembab  
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Email: [lsiembab@worcslmc.co.uk](mailto:lsiembab@worcslmc.co.uk)

## **Representatives:**

- |                     |  |                   |  |
|---------------------|--|-------------------|--|
| <b>BROMSGROVE:</b>  | Dr D Pryke<br>Dr K Hollier               | <b>REDDITCH:</b>  | Dr I Haines<br>Dr M Shah                 |
| <b>WYRE FOREST:</b> | Dr M Davis<br>Dr S Morton<br>Dr J Rayner | <b>WYCHAVON:</b>  | Dr D Herold<br>Dr J Rankin<br>Dr K Gines |
| <b>MALVERN:</b>     | Dr P Bunyan<br>Dr R Khehar               | <b>WORCESTER:</b> | Dr F Martin<br>Dr C Whyte<br>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  
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB  
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**MEDICAL DIRECTOR:** Dr Paul Downey  
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**EXECUTIVE OFFICER:** Lisa Siembab  
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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