

16<sup>th</sup> August 2021

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## **BMA SURVEY REVEALS WORRYING LEVELS OF ABUSE AGAINST DOCTORS AND STAFF**

A [BMA survey](#) of doctors in England, Wales and Northern Ireland, published earlier this week, showed that more than half of GPs responding have faced recent verbal abuse from patients, or those close to them. Key findings include:

- 51% of GPs respondents had experienced verbal abuse first-hand in the most recent month and one in five GPs reported being threatened
- 67% of GPs had witnessed violence or abuse against other staff and 96% of these said this was directed at reception staff
- Two-thirds of GPs said their experience of abuse, threatening behaviour or violence had got worse in the last year
- The most common place for abuse experienced by GPs was in their consulting rooms (53%)

- While respondents reported a number of factors they felt were behind the incidents, 75% of GPs said the perpetrator was dissatisfied with the service or access.

The last year and a half has been an incredibly challenging time for doctors, the staff they work with and patients. Many doctors share the frustrations of their patients around unfamiliar ways of working and increasing waiting times. However, abuse, violence and threats are absolutely unacceptable and should never be tolerated.

GPs and their colleagues are doing their absolute best to provide care to their local communities, and these findings show an incredibly worrying trend, with GPs reporting rising levels of abuse against staff in general practice, who are already working under intense pressure. Facing such abuse can leave even the most resilient GP feeling alienated and undervalued, leaving them questioning their career when the NHS can ill afford to lose any more staff in general practice. Our CCG have responded positively to the LMCs request for a "zero tolerance to abuse" toolkit for practices. We know that practices across both Counties are no exception to this abuse and it must not be tolerated or be accepted as normal behaviour.

There remains an urgent need for support for general practice and there must be an honest public conversation, led by the Government and NHS England, about the precarious state the NHS now finds itself in after 18 months of managing a pandemic, so that people have realistic expectations, and to prevent staff bearing the brunt of frustration and anger. Worcestershire LMC have met with numerous local MPs over recent months to ensure that they appreciate the pressures we are faced with in general practice. We will continue to lobby for an honest conversation with the public as we head towards Winter. Many of those MPs have expressed their appreciation and thanks for all of your hard work throughout the pandemic.

## **MEETING WITH AMANDA PRITCHARD, NEW CEO OF NHS ENGLAND AND NHS IMPROVEMENT**

This week Dr Richard Vautrey had a face to face meeting with the newly appointed NHSE/I chief executive, Amanda Pritchard. They talked about the many issues impacting general practice, not least the significant workload pressures we are all experiencing as we deal with the impact of the pandemic and the NHS care backlog. He also discussed the importance of NHSE/I clearly supporting general practice in their words and actions, and that by

strengthening our service it would not only help patients seeking care from us but would also benefit the wider NHS.

She stressed how important she felt it was to meet so soon after taking up this role and her wish to rebuild the relationship between GPC England and NHSE/I. This was a constructive meeting which we hope will provide a strong supportive basis on which we can move forward.

### **COVID VACCINATION PROGRAMME DATA**

[Three quarters of UK adults](#) have now received both doses of a COVID-19 vaccine and the data shows that two doses provide over 90% protection against hospitalisation from the Delta variant, which is the dominant strain in the UK. Dr Richard Vautrey commented about the amazing achievement of general practice teams and many others vaccinating so many so quickly [here](#).

### **SELF-ISOLATION REMOVED FOR CLOSE CONTACTS OF THOSE WHO ARE FULLY VACCINATED**

From Monday 16 August, people who have had two COVID vaccinations or aged under 18 will no longer be legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case. With 75% of people having received both doses of the vaccine, the majority of adults will no longer need to self-isolate if they are contacts. Read more [here](#).

NHSE/I has distributed a system letter on how the government's changes to the requirements to self-isolate following a positive COVID-19 contact will impact staff and students working in the NHS.

The letter [can be found here](#).

### **MANDATORY REQUIREMENT FOR VACCINATIONS TO ENTER CARE HOMES**

DHSC [has published guidance](#) on new [regulations which make COVID-19 vaccination a requirement for NHS staff entering care homes](#) in England. This includes all staff in NHS commissioned services going into care homes. The last date for a care home worker to get their first vaccination in time to be fully protected is 16 September as the regulations requiring two vaccinations will come into force on 11 November. Booster doses are not currently covered by the regulations but may be added in the future. There are only a limited number of exemptions, and this is currently being discussed this with DHSC.

### **BECTON DICKINSON BLOOD SPECIMEN COLLECTION SUPPLY DISRUPTION**

NHSE/I has issued urgent [guidance on recommended actions](#) following an alert by Becton Dickinson to a global shortage of products from their Blood Specimen Collection Portfolio, which is expected to last a significant period of time. They advise that, other than in exceptional circumstances, vitamin D testing should be stopped, retesting and monitoring intervals should be extended when clinically safe to do so and that routine screening for pre-diabetes and dyslipidaemia, allergy testing and routine infertility testing should be deferred until a resolution to the supply problem. GPC have raised this issue with the NHSEI primary care team as it could have an impact on regular tests for NHS health checks, QOF and drug monitoring. It would be unreasonable for practices to delay tests and then be expected to catch-up later, so adding to the current care backlog.

NHS Supply Chain has issued a [Customer Notice](#) which details the products impacted and the measures they have put in place. Practices that secure these products from Primary Care Support England (PCSE) should continue to order in this way. GP practices that do not usually order from PCSE can also order via [their process](#).

## **COVID-19 PANDEMIC RECOVERY WORKLOAD PRIORITISATION GUIDANCE**

As the COVID-19 restrictions are easing across the UK, and despite the success of the vaccination programme, the workload pressures caused by the pandemic remain at record levels.

The UK is currently moving through a third wave of infections, driven by the delta variant, leading to large numbers of COVID-19 cases, albeit often less severe than in previous waves, many of whom are managed by GPs and their teams. General practice not only continues to deliver the vaccination programme, but also provides routine acute and long-term care to patients and supports large numbers of individuals who are awaiting specialist assessment or treatment.

In light of these workload pressures, GPC England and RCGP have updated their [joint COVID-19 Pandemic Recovery Workload Prioritisation Guidance](#) for GP practices.

There is significant variation in local capacity in general practice - subject to local circumstances, COVID-19 prevalence, and staffing levels – and *it is for practices to determine how they meet the reasonable needs of their patients.*

Clinicians should continue to review and reprioritise workload, using clinical judgement and reflecting both patient need and local circumstances (e.g. staffing levels, local disease prevalence and patient demographics). GPC have advised that Commissioners should also continue to limit or suspend additional expectations of practices, such as local enhanced services where appropriate. However, with the withdrawal of the national Standard Operating Procedure (SOP) for general practice, following their intervention last month, the RCGP and GPC have amended their own national guidance. The situation will be kept under close scrutiny as the winter approaches.

Read more in the updated section on service provision in the [COVID-19 toolkit for GP practices](#).

### **BMA INFECTION CONTROL GUIDANCE**

The BMA has updated its [guidance on reducing risk in healthcare settings](#) following the easing of restrictions on 19 July, to reflect the fact that COVID-19 is still circulating in the community, and the need to continue to reduce the risk of infection in healthcare settings.

The report sets out a number of measures that need to be taken by employers and government to reduce the risk of infection in all healthcare settings, including, adequate workplace and individual staff risk assessments; providing staff facilities that support infection control; a greater focus on ventilation in healthcare environments; the provision of safe and sufficient PPE; and reporting and investigation of COVID-19 cases suspected to have arisen from work.

The government's [infection control guidance for healthcare settings](#) still applies following the lifting of the restrictions and as confirmed by the [government](#), healthcare settings should maintain face coverings among other IPC measures. Download this poster for practices to display, about the continued use of face coverings for healthcare settings, [here](#).

### **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.

### **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).

### **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  
Bewdley Medical Centre, Dog Lane, Bewdley, Worcs  
DY12 2EF  
Tel. 01299 402157 Email: [matthew.davis@nhs.net](mailto:matthew.davis@nhs.net)

**SECRETARY:** Dr Gillian Farmer  
St Stephens Surgery, (address and contact details as above)  
Email: [gfarmer@worcslmc.co.uk](mailto:gfarmer@worcslmc.co.uk)

**EXECUTIVE OFFICER:** Lisa Siembab  
St Stephens Surgery, (address and contact details as above)  
Email: [lsiembab@worcslmc.co.uk](mailto:lsiembab@worcslmc.co.uk)

## **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 Khehar

**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  
Wargrave House Surgery, 23 St Owen Street, Hereford, HR1 2JB  
Tel: (01432) 272285 Email: [nfraser@hereflmc.co.uk](mailto:nfraser@hereflmc.co.uk)

**MEDICAL DIRECTOR:** Dr Paul Downey  
St Stephens Surgery, Adelaide Street, Redditch B97 4AL  
Tel: 01527 65082 Email: [pdowney@hereflmc.co.uk](mailto:pdowney@hereflmc.co.uk)

**EXECUTIVE OFFICER:** Lisa Siembab  
St Stephens Surgery, (address and contact details as above)  
Email: [lsiembab@worcslmc.co.uk](mailto:lsiembab@worcslmc.co.uk)

## **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