

31st August 2021

In this week's Newsletter...

[#Support Your Surgery – GPC England Campaign](#)

[Challenging Media Critics](#)

[Blood Bottle Shortages](#)

[Primary Care Networks – Plans for 2021/22 and 2022/23 \(England\)](#)

[GP Survey - Help us to Help you](#)

[Backlog of Fitness to Drive Assessments](#)

[Vaccinations for NHS Staff Entering Care Homes](#)

[Sessional GPs Webinar – Contracts](#)

[New Community Pharmacy Contract and Hypertension Case Finding](#)

[Survey of GP Practices' Experiences of using the PCSE Payments and](#)

[Pensions Portal in August](#)

[Mentor Support](#)

[Mental Health and Wellbeing](#)

[LMC Website](#)

[Covid Resources](#)

Click on any title to go directly to an item

#SUPPORT YOUR SURGERY – GPC ENGLAND CAMPAIGN

The BMA campaign [Support Your Surgery](#) has been launched this week. We are all acutely aware and feeling the pressure of the unfair criticism being levelled at general practice in the news and across social media due to the necessary restrictions that COVID-19 has brought about, and the subsequent abuse that GPs have received, which the BMA has been highlighting through features in [The Doctor](#) magazine and evidenced in their latest [survey results](#).

To counter these perceptions and to force the Government to act to do more to support general practice, this new campaign provides GP practices with the [tools](#), such as poster and social media graphics, to manage expectations and to provide patients with the reality of issues facing general practice.

Alongside this, they have also launched a [new petition](#) asking GPs and the public to support the call on Government to provide the resource needed so that we can increase the number of GPs in England. 3501 people have added their name in just the three days since we launched but we need as many as we can from both members of the profession and from the public.

It is important that we are upfront with patients, so they understand the reality that we are all facing and the underlying reasons for this, and that, despite the easing of lockdown, the pressures experienced by general practice and the rest of the NHS are unlikely to ease soon.

GPC have [written to the profession](#) to outline the details of the campaign and have produced various resources that GPs can use in their surgeries including [posters](#), and social media graphics, available on our [Support Your Surgery campaign page](#). Physical posters have now also been dispatched to more than 5,800 practices in England.

For those who would prefer it, there is now a downloadable version of the petition for use in practices. Signing this would also clearly demonstrate that many patients are being seen in surgeries and show how wrong those who criticise us are. Once completed, these can be emailed back to info.gpc@bma.org.uk.

I would ask that you do all you can to support this important campaign.

Read the press release [here](#) and the [Twitter page](#). Join the conversation on social media using the hashtag [#supportyoursurgery](#).

CHALLENGING MEDIA CRITICS

A [letter](#) Richard Vautrey sent to the Daily Telegraph was published last week in response to [an unacceptable and demoralising column by Allison Pearson](#). This was just the latest in a series of damaging articles which seriously misrepresent the reality of what hardworking GPs and their teams are doing to care for and protect their patients. He said: "It was with despair and anger that I read the column in yesterday's Telegraph. To suggest that family doctors have seen their work-life balance improve during the pandemic and attempt to justify the abuse directed at them and their colleagues serves no good purpose. Since March 2020, there have been [nearly 370 million patient appointments in England](#) – 200 million of which were in-person – at the same time as GPs and their teams moving heaven and earth to lead the Covid vaccination campaign. Meanwhile, [the number of patients per practice is 22% higher than it was six years ago](#), [leading GPs to report](#) working an

average of 11-hour days. These are not figures that show a better work-life balance for the family doctor.”

BLOOD BOTTLE SHORTAGES

NHSE/I have issued further [guidance](#) about the impact of the national shortage of BD test tubes. This follows the serious concerns GPC have been raising with them, not least the impact this is already having on the ability of practices to complete QOF and other national and local contractually related blood tests and the concern that practices will be held liable for any clinical untoward incidents that occur as a result of delayed tests and investigation. We also called on them to step up public information to ensure patients are informed of this shortage and practices are not blamed by patients for this situation.

Their new guidance now tells practices that this situation could continue until 17 September and until then they should not do any routine blood tests. Urgent blood investigations can still be done as supplies allow. The national indemnity scheme, CNSGP, will cover this situation. National communications to patients will also be delivered.

This is clearly a serious situation that will have major implications for practices and patients. We are continuing to demand that practices are provided with more support, that the impact on QOF and the practice workforce, is not just recognised but fully mitigated as it's not acceptable to add to our already heavy workload burden by creating an even bigger backlog to deal with.

PRIMARY CARE NETWORKS – PLANS FOR 2021/22 AND 2022/23 (ENGLAND)

Following the [letter](#) from NHSE/I which acknowledged the pressures facing the profession, NHSE/I has [published guidance](#) outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

- £43m new funding for PCN leadership and management in 2021/22
- PCNs to decide how their IIF achieved money is spent – not CCGs
- While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period
- The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April

- 2022 - allowing practices and PCNs to focus on managing pressures over the winter period
- Significantly reduced requirements for all four service specifications from April 2022
 - PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022
 - [Full details of the IIF indicators for 2021/22 and 2022/23](#), providing advanced information for PCNs and practices to be able to prepare

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE/I has chosen to implement.

These changes are further evidence that NHSE/I has begun to listen to the BMA by pushing back these service specifications, as we called for, and delivered an additional £43m to support those GPs and practice managers who are working hard with their local practices in PCN leadership and management roles. However we still have concerns about some of the IIF indicators and the approach of micromanaging practices and PCNs in this way.

Following [recent pronouncements](#) about its gratitude to general practice and its recognition of just how hard GPs and their colleagues are working, it is now a positive sign that this change in tone is beginning to be backed up with more tangible action. Of course, even with these specifications deferred, this winter will still be incredibly difficult for all working in general practice, and we need assurances that individual practices, as well as PCNs, will be given all of the support, flexibility and resources needed to care for their communities in the coming months.

GP SURVEY - HELP US TO HELP YOU

GPC have launched a major survey as they want to hear about your experiences working as a GP in England, Northern Ireland or Wales. Please complete the [survey](#) as soon as you can to tell us about the issues affecting you most, including your workload, recruitment and your future career plans. The survey is primarily aimed at fully qualified GPs who are currently working.

This is an important survey and will support negotiations and lobbying. The findings will form a key part of the [#Support Your Surgery](#) campaign. Your responses will also help us better understand the issues affecting GPs and will ensure GPC are representing the profession effectively.

The [survey](#) is open until 20 September and will take around 10-15 minutes to complete.

BACKLOG OF FITNESS TO DRIVE ASSESSMENTS

When combined with the backlog of, primarily car, driving licence holders who need 'fitness to drive' assessments for their applications, the BMA estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 - rising by thousands each month.

At present standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioner. However, they will not have access to the full lifelong medical history of a patient.

Because of these concerns, BMA has written to the Department of Transport calling for the Government to guarantee a 'safety-first' approach for plans to manage backlog and expressing "concerns that this style of self-reporting is neither sensible nor safe".

BMA Professional Fees Committee chair, Dr Peter Holden, commented that GPs and their teams are "gravely concerned" about the potential impact on road safety that this process of bypassing individual's own GP practices may have. Read the full statement [here](#).#

VACCINATIONS FOR NHS STAFF ENTERING CARE HOMES

New government [regulations](#) come into force on 11 November 2021, requiring all CQC regulated care home staff to refuse entry to anybody who cannot prove that they have had two doses of COVID-19 vaccine, or that they are exempt.

NHSE/I has issued a [letter](#) and [FAQs](#) on how this will be delivered operationally. All providers delivering NHS-funded services into a care home will need to have actively supported staff to have their first COVID-19 vaccine by 16 September 2021 and to carry out proactive workforce planning to ensure that only staff who are vaccinated, or exempt, are deployed to enter a care home from 11 November. The FAQs, which will be updated on a regular basis, should be read alongside [DHSC operational guidance](#).

SESSIONAL GPS WEBINAR – CONTRACTS

A webinar will be held on 21 September, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Questions can be submitted in advance and there will also be an opportunity to ask questions during the event. Register your place [here](#).

NEW COMMUNITY PHARMACY CONTRACT AND HYPERTENSION CASE FINDING

The contract changes for Community Pharmacy for 2021/22 were announced last week. Starting in October 2021, or as soon as possible thereafter, it is expected that Hypertension Case-Finding Service as an advanced service will be introduced to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. This service will have two stages. The first is identifying people at risk of hypertension and offering them blood pressure monitoring (clinic check). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient's GP to then inform a potential diagnosis of hypertension. This scheme therefore links to the PCN service specifications, highlighted above. The details of the contract are available [here](#).

SURVEY OF GP PRACTICES' EXPERIENCES OF USING THE PCSE PAYMENTS AND PENSIONS PORTAL IN AUGUST

We are very much aware of the unacceptable level of problems that practices have faced when using the new online portal since 1 June. We have challenged PCSE throughout on these and continue to work towards a system that does what is required.

GPC will be launching a survey on 2 September, aimed at capturing the experiences of practice staff's use of the portal through August. The purpose will be to measure the progress of solutions to the big issues that those staff have been facing. There will also be a section on resolution times for issues practices have raised with PCSE since the launch of the portal in June.

We will include a link to the survey next week and we would encourage you to share this with your practice managers for them to respond to.

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.

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:

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

VICE-CHAIRMAN: Dr Matthew Davis
Bewdley Medical Centre, Dog Lane, Bewdley, Worcs
DY12 2EF
Tel. 01299 402157 Email: matthew.davis@nhs.net

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

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: 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

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

EXECUTIVE OFFICER: Lisa Siembab
St Stephens Surgery, (address and contact details as above)
Email: 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 – 8th September 2021
Herefordshire – 9th September 2021