

6th September 2021

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GPC ENGLAND MEETING

GPC England held an additional meeting last week to discuss events since they last met in July, relating to the motion of no confidence in NHSE/I's executive directors passed by GPCE in May and which led to a cessation of formal meetings with NHSE/I.

Richard Vautrey reported to the committee that since July he has had a constructive meeting with the newly appointed chief executive of NHSE/I, Amanda Pritchard, and following that they received a letter from Ian Dodge, National Director for Primary Care, Community Service and Strategy at NHSE/I, emphasising the value they placed on the relationship with the committee and making a commitment to work with GPCE to address workload and workforce issues impacting general practice. They subsequently made changes to the planned October contract implementation, which GPC had been calling for, including reducing and delaying further PCN specifications and Investment and Impact Fund expectations, modified how IIF money would be invested, as well

as producing an additional £43m for GPs and practice staff involved in PCN management. They have also issued flu vaccination specifications which continue to be practice-based. In addition, the Standard Operating Procedure for General Practice has been withdrawn, again as GPC called for. Last week GPC launched the *Support Your Surgery* campaign and a major GP survey, and vigorously responded to unacceptable media articles. GPC had also received representation from a number of LMCs encouraging them to restore dialogue with NHSE/I.

Whilst many members expressed the view that the committee should hold formal meetings with NHSE/I in order to both make clear our serious concerns face-to-face, and also to resolve the many issues facing the profession at this time, others were strongly of the opinion that we had not yet seen sufficient steps taken by NHSE/I to do this. Richard Vautrey recognises the strength of feeling expressed during the debate by committee members and gives his assurance that these views are very much being taken on board. There was an overwhelming concern and consensus that neither government nor NHSE/I were doing anything like enough to counter the unacceptable media attacks on GPs in recent weeks, or to truly recognise and resolve the workload pressures GPs and practices were currently experiencing.

The committee has now voted on the resolution that '*GPC England agrees to resume formal meetings with NHS England and NHS Improvement*' with 59% supporting this and 39% opposing it.

As a result, GPC will now meet with NHSE/I, but to be clear, and reflecting the views of the committee, this cannot be "business as usual". We must see far more evidence of action by the new NHSE/I leadership to address the serious situation we now see in practices and other services that GPs work in, and GPC will do all that we can to hold them and government to account. Not least, we expect both government and NHSE/I to promote and defend those working in primary care, most urgently in the face of the sustained attacks on our members within certain sections of the media.

Please follow the link below to the various press releases that have been issued today:

<https://www.bma.org.uk/bma-media-centre>

#SUPPORT YOUR SURGERY – GPC ENGLAND CAMPAIGN

Following the launch of the [Support Your Surgery](#) campaign last week, more than 5,600 people have now signed the [petition](#) asking GPs and the public to

support our call on Government to provide the resourcing needed so that we can increase the number of GPs in England.

Some more resource materials have been added to the [Support Your Surgery campaign page](#), including a [downloadable version of the petition](#) for use in practices. Once completed, these can be emailed back to info.gpc@bma.org.uk.

We have produced a [poster](#) and [twitter versions](#) explaining why practices are having to work differently during the pandemic.

You can also show your support for the campaign by adding a '[Support Your Surgery](#)' [Twibbon](#), [Twitter banner](#), [linked in banner](#), or [Facebook banner](#) to your social media profiles.

At a time when so many are criticising general practice we would encourage you to use this campaign to gain the support of our patients to make the changes we urgently need to see. I would ask that you continue to support the campaign in the coming weeks.

[General Practice \(@BMA GP\) / Twitter](#) - [#supportyoursurgery](#)

GP SURVEY - HELP US TO HELP YOU

We know how tough it is for many GPs at the moment, and the BMA we want to hear directly about your experiences working as a GP. Please complete the survey 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. They will be running a survey for GP trainees separately later in the year.

This is an important survey and will support GPC negotiations and lobbying. It is a crucial important part of the GP campaign and the results will help to support this. Your responses will also help GPC to better understand the issues affecting GPs and ensure they are representing the profession effectively.

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

BLOOD BOTTLE SHORTAGES

The shortages of Becton Dickinson blood test tubes across GP surgeries and hospitals are now severe, and the [BMA has raised concerns](#) that if the NHS

does not reduce the amount being used in the coming days, even the most clinically important blood tests may be at risk.

The BMA has now [written to the Health and Social Care Secretary Sajid Javid](#) calling for urgent action from ministers to address the shortages outlining the key areas that require urgent attention:

- Public-facing communications from government, responding to patients' concerns and outlining how long the current situation is expected to last
- A clear plan for what happens if the tubes run out before an alternative supply can be put in place
- Assurances that once supplies return to normal doctors will be supported to deal with the resulting backlog in tests.

We urgently need the government to do much more to provide patients with detailed, easily accessible information about the situation so that practices are not blamed for something they have no control over.

The NHSE/I published [guidance](#) last week about the impact of the national shortage, after LMCs and GPC raised concerns about the impact this is already having on the ability of practices to complete QOF and other national and local contracts. The guidance advises practices not to do any routine blood tests, until the situation has been resolved, and until then, urgent blood investigations can still be done as supplies allow (we are told that the national indemnity scheme, CNSGP, will cover this situation).

DELAYS IN INFLUENZA VACCINES

[Seqirus](#) has informed practices that due to road freight challenges, there will be a delay to scheduled delivery of influenza vaccine by one to two weeks. Practices have been asked not to book any flu clinics until they have received a Delivery Note email from Seqirus.

In response to this Richard Vautrey commented: *"This issue is likely to affect a significant proportion of practices, and have a serious impact on both practice workloads and patients. Many practices will have spent the last few days and weeks meticulously planning for their flu vaccination programme, inviting and booking patients in for their jabs, only now to have to contact them all again to cancel or reschedule appointments. This causes a huge increase in staff's already unsustainable workloads, and inconvenience and unneeded anxiety for patients who will be keen to be protected ahead of winter. This is on top of the chaos already being caused by the shortage of blood test bottles, which is*

leaving hardworking doctors and practice teams bearing the brunt of understandable frustrations from patients when the problem is well outside of their control.

That this appears to be stemming from similar issues around freight capacity and transportation is incredibly concerning, and we must ask the Government exactly what it is doing to address this. It is not acceptable for government to be leaving these issues to NHS management when NHS management have no levers to resolve them, ministers must act."

COVID VACCINATIONS

Updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on vaccination of children aged 12 to 15.

JCVI have now issued further guidance relating to vaccinating children [JCVI statement on COVID-19 vaccination of children aged 12 to 15 years: 3 September 2021](#). The committee is of the opinion that the benefits from vaccination are marginally greater than the potential known harms but acknowledges that there is considerable uncertainty regarding the magnitude of the potential harms. The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12 to 15-year-old children at this time. It has suggested the government may wish to seek further views on the wider societal and educational impacts from the chief medical officers of the 4 nations, with representation from JCVI in these subsequent discussions.

JCVI advice on third dose vaccination for severely immunosuppressed

The [JCVI has advised](#) that a third vaccine dose of the COVID-19 vaccination should be offered to people over 12 who were severely immunosuppressed at the time of their first or second dose, including those with leukaemia, advanced HIV and recent organ transplants, as they may not mount a full response to vaccination and therefore may be less protected than the wider population. This is in addition to any booster they may need in the future.

We are still waiting for JCVI to make a decision on whether, when and to whom booster doses should be given. Practices need this information as soon as possible as they prepare to start their annual flu campaign.

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](#).

INTEGRATED CARE BOARDS GUIDANCE

NHSE/I has published some [additional resources](#) in supporting system leaders to establish integrated care boards (ICBs) which are broadly centred around effective partnership working within ICSs. The documents are:

[Guidance on the development of place-based partnerships as part of statutory ICSs](#)

[ICS implementation guidance on effective clinical and care professional leadership](#)

[ICS implementation guidance on partnerships with the voluntary, community and social enterprise sector](#)

[ICS implementation guidance on working with people and communities](#)

NHS X has also published: [ICS 'What Good Looks Like' Framework \(Digital & Data\)](#)

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

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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 [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.

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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 – 8th September 2021
Herefordshire – 9th September 2021