

13th September 2021

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SUPPORTING GENERAL PRACTICE AND CHALLENGING ABUSE – LETTER TO THE SECRETARY OF STATE

GPC have written a [joint letter](#) to the Secretary of State for Health and Social Care, Sajid Javid, to express concern regarding the lack of central support, or clear public challenge by government, of increasing instances of abuse being directed towards those working in general practice and the misinformation about how they are delivering their services for patients.

We share patients' frustrations when they face long delays for an appointment or long waiting times to get through to their surgery, but we are all on the same side and all want to ensure high-quality care is delivered when needed. However, practices are facing an increasing amount of abuse, as highlighted in a recent [BMA survey](#), whilst working tirelessly throughout the pandemic.

The importance of tackling the increased abuse directed against GP practices was also highlighted in a statement in the latest [NHSE/I primary bulletin](#), which followed a meeting in which GPC stressed the importance of this. They said: *"Everyone has the right to be safe at work, and we want to reiterate in the strongest possible terms that violence and aggression towards NHS staff is totally unacceptable. Staff facing abuse will always have our support and that of their local system. We are also working with partner organisations to develop practical support for primary care employers and employees."* We now expect them to act on this.

This situation is not acceptable and we have therefore called for the Government to publicly support and defend dedicated GPs and primary care staff against this onslaught of misinformation and abuse promoted by the media. It is essential that patient care is protected by looking after the hardworking primary care teams who provide care.

We believe that there must be accurate, timely and regular communications from the government to the public, which reflect the realities of the situation and what is being done to address the challenges facing the NHS, and particularly relating to general practice.

SUPPORT YOUR SURGERY CAMPAIGN

The [Support Your Surgery](#) campaign provides GP practices with the tools to both manage expectations and to provide patients with the reality of issues facing general practice.

We now have a suite of resource materials available on the [Support Your Surgery campaign page](#) including [Support Your Surgery poster](#), as well as a [poster](#) and twitter versions explaining why practices are having to work differently during the pandemic.

We would strongly encourage patients and colleagues to sign the petition calling on Government to provide the resourcing needed so that we can increase the number of GPs in England – please show your support and sign it [here](#). A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to info.gpc@bma.org.uk.

You can also show your support for the campaign by adding a [‘Support Your Surgery’ Twibbon](#) or [Twitter banner](#), and [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. We would ask that you continue to support the campaign in the coming weeks. ([@BMA GP](#)) / [Twitter](#)

GOVERNMENT IMPOSES PAY TRANSPARENCY REGULATIONS

The Department of Health and Social Care have this week published [regulations](#) which will require GPs and their staff with NHS earnings of £150,000 and over in 2019/20 to declare these through national arrangements. This information will then be published by NHS Digital as part of the government's pay transparency agenda. In the 2019 contract negotiations, government and NHSE/I insisted on the inclusion of new pay transparency arrangements for higher earners as part of the overall package but it was also agreed that this should not solely relate to general practice but would be progressed for all those working in the NHS.

While the Government has now published [regulations](#) for general practice, to ensure GPs and their staff will have to declare their earnings over certain limits, there are at present no similar proposals for pharmacists, optometrists, dentists, consultants or other doctors in the NHS, anywhere else in the UK. As such the Government and NHSE/I have chosen to single out general practice in England and have breached the 2019/20 agreement. GPC have not agreed to the change. However, health ministers have instead decided to impose this on the profession.

The 2019 agreement that was reached in principle did not take into the account the significant changes that have happened since, including the effect of the pandemic that has seen many GPs being willing to work longer hours and do more sessions to cope with the demand, and more recently the increased levels of abuse suffered by GPs and their teams. We strongly believe that these imposed changes risk dedicated hardworking doctors being subjected to abuse and that they will worsen the current workforce crisis if GPs seek to reduce their working commitments. It could also make it harder to recruit doctors to fill out-of-hours sessions and thereby have an impact on A&E pressures. Ultimately patients will be impacted by these unacceptable changes. GPC have made it clear that the government will be responsible for the consequences of this.

GPC ENGLAND MEETING WITH NHSE/I

Last week, GPC held their first formal meeting with NHSE/I since May. It was an opportunity to convey the significant strength of feeling and anger of the

committee and profession about the current low morale of the profession, the workload and demand pressures, and the impact of abuse from patients and media. They described specific examples of the impact this was having on GPs and others and how it was leading to some thinking about leaving the profession. They also clearly articulated that NHSE/I, DHSC and government were not sufficiently supportive of the profession, whether through funding, through policy/contract initiatives or through explicit public statements of support and this must urgently change. Locally, we have raised the same concerns through our regional NHSE teams who recognise the significant strain that practices are under and assure us that they are feeding back our concerns to the national team. We have insisted that more must be done to support Worcestershire general practice teams in the current climate.

The profession needs a public and repeated show of support for GPs and practices from NHS England, DHSC and wider Government, including defending the profession when criticised and a more proactive and reactive approach to counter the negative media coverage, as well as strong public statements about the unacceptability of any aggression toward GPs or practice staff.

GPC have pressed for rapid and significant actions to address the current situation, including an immediate suspension of QOF with income protection, not least with the ongoing blood bottle shortage but also in expectation of significant pressures with rising covid-19 cases in the coming winter, support for practices against complaints, renewed efforts to recruit and retain GPs, and an emphasis on funding for practices in recognition of the profession's strength of feeling that PCNs are not the panacea for all primary care ills and cannot be the only avenue for services and funding for general practice. NHSE/I made it clear that PCNs were established to build on and support their member practices as a response to rising workload, so we must develop, support and fund practices as the foundations for not only their networks but the rest of the NHS. They have also called for more ongoing support for managing the impact of the pandemic and the backlog of patients both in general practice and secondary care.

GPC have reiterated their significant concerns with the decision to impose the declarations of earnings provisions into the GP contract, despite our protestations to NHSE/I and DHSC and without the involvement of other healthcare professionals as was agreed in 2019, and they called out the unacceptable way it was enacted. They also called for a delay to the implementation of the PCN access arrangements, so that they can be appropriately negotiated and considered by the Committee, and so that practices and PCNs are able to prepare for the implementation. The immediate

priority must be resolving the current pressures for GPs and practices before spending time looking ahead to next year, not least as we face what many predict to be the worst winter for a generation.

GPC have also insisted that the government must fund the additional employers National Insurance contributions planned for next April so that this did not fall as an added burden on to practices. NHSE/I highlighted the wording included in the Government statement that it intends to compensate departments and other public sector employers in England, including practices, at the Spending Review for the increased cost of the Levy. We have asked for NHSE/Is assurance that this will be implemented ASAP.

NHS DIGITAL GP WORKFORCE DATA RELEASES SWITCH TO MONTHLY FROM QUARTERLY

The latest quarterly [GP workforce data for England was released by NHS Digital](#) yesterday. As reported last month, the methodology NHSD now used no longer includes estimated data to accommodate for the small proportion of practices that have historically uploaded no or partial workforce data.

For July 2021, the new way of collecting data suggests that the fully-qualified full-time equivalent GP workforce has shrunk by 253 since June 2021 and 616 since September 2015 respectively. In reality, when reinstating previous historical estimates, fully-qualified [FTE GP numbers have actually shrunk by 1,904](#) and GP partner numbers have also [decreased by 18% since 2015](#).

GPC strongly raised their objection to the methodology change during our last meeting together in August. Changing the baseline now is only going to exacerbate the GP workforce crisis because we need to know where we started from in order to make positive improvements. NHSD counterparts committed to consider reinstating the estimates and to working with GPCE to find a workable solution going forward.

DELAYS IN INFLUENZA VACCINES

Last week, [Seqirus](#) has informed practices that due to road freight challenges, there would be a delay to scheduled delivery of influenza vaccine by one to two weeks. Concerns about the impact of this on practices and patients were widely covered in the media last week. However, whilst supplies are belatedly arriving in surgeries, they still have the workload of rebooking clinics previously cancelled. Read the press release [here](#).

LMC ROLE IN INTEGRATED CARE SYSTEMS

The BMA continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice, and the role of LMCs. As part of this we GPC have co-signed a [letter](#) with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs)
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making
- That existing statutory Local Representative Committees, such as LMCs, have the right put forward nominations for those roles
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

A [briefing](#) outlining what collectively we want government to do has also been sent to Ministers. Last week BMA council chair, Dr Chaand Nagpaul, [provided oral evidence](#) to the [Public Bill Committee on the Health & Care Bill](#), alongside Sara Gorton (Unison, Head of Health).

ADVICE AND GUIDANCE – STATEMENT FROM GPC ENGLAND

GPC England has drafted the following statement relating to [Advice and Guidance \(A&G\)](#).

[Advice and Guidance \(A&G\)](#) is defined as non-face-to-face activity delivered by consultant-led service, which provides primary care with continued access to specialist clinical advice, enabling a patient's care to be managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.

Advice and Guidance as a service needs to be clearly defined in its role and what it is trying to achieve. When used to support and enhance professional interaction between GP and specialist it can be a helpful tool and a good adjunct to the normal referral arrangements, reducing waiting time, preventing delays to care. It should provide GPs with quick and relevant advice and guidance from a consultant.

Whilst A&G can be helpful as an option when it is clinically appropriate, we would be concerned about any scheme that compelled its use prior to onward referral for further specialist assessment. This could result in unnecessary and avoidable delays to care, it will result in additional unresourced transferred workload in primary care, and thereby impact the care of others, but could also theoretically result in greater medicolegal risk if GPs became responsible for patients and treatments they did not have the competence to deal with appropriately.

If A&G is being used as part of referral management or waiting list initiative by acute trusts or commissioners, it must be adequately resourced and appropriately commissioned with the wider implications for general practice clearly assessed. Local medical committees must be involved in these discussions. Unfunded transfer of workload into general practice is unacceptable as this does not only add further burden to an already overstretched service, but also has the potential to worsen access to general practice services for all patients.

It should always be voluntary for practices to take part in schemes such as this and the principle should be similar to shared care agreements, in that the clinician must feel able and competent to carry out any recommended investigations and ongoing management as advised, they should be aware that they will carry clinical responsibility for the patient until seen by secondary care.

Practices should never be put in the position of having a financial incentive not to refer a patient, which goes against [GMC responsibilities](#) (*78. You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients*) and the [GMS contract regulations](#):

17.5 (b) making available such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care.

WORCESTERSHIRE ISSUES

WYCHAVON VACANCY

Worcestershire LMC has a vacancy for a Wychavon Representative for a maternity cover for an initial period of 6 months although this may be extended on a month by month basis. If you work in this constituency area and would

be interested to find out more about the LMC and the commitment involved please contact Lisa Siembab in the LMC Office: lsiembab@worcslmc.co.uk.

LMC SURVEY

The latest LMC Survey is now live. Please could we ask for one completed per practice, although the survey itself is anonymous. The survey is not intended to be onerous and should only take a few minutes to complete.

This is a chance to inform and guide the work of the LMC on behalf of your practice. The survey will be open until close of play on **30th September 2021**.

Link to survey: <https://www.surveymonkey.co.uk/r/LLLR53H>

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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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

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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 – 14th October 2021
Herefordshire – 20th October 2021