

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

27th September 2021

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TACKLING ABUSE AND MEETING WITH THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE

In recent weeks, GPs and their practice teams have been subjected to a systematic and cruel smear campaign by sections of the media, this has directly resulted in rising incidences of abuse and aggression being experienced by general practice. This has left many in the profession feeling totally demoralised and under siege.

As we know, general practice has continued to see patients throughout the pandemic, in July alone 27 million appointments were delivered by general practice, the majority of which were face-to-face. This is testament to the true integrity, grit and determination of GPs and their practice teams. We will not let false narratives go unchallenged.

Following [a horrific act of aggression against a practice](#) last Friday, Richard Vautrey [wrote to Sajid Javid](#) last week demanding an urgent meeting and summit to discuss the unacceptable level of abuse being levelled against GPs and their staff. He has called for a comprehensive national violence reduction strategy and met with him face to face yesterday.

We are told it was a robust and frank meeting in which he highlighted the serious damage to morale the current anti-GP rhetoric was having on the whole profession, the fear that many on the GP frontline had and that this must stop. He raised the need for urgent action to challenge abuse against GPs and their staff, and support for the whole general practice workforce and called for legislative change to better protect colleagues. He stressed the need for Government to explain to the public why healthcare workers are still working within the constraints of infection, protection and control measures, that large numbers of face-to-face consultations were taking place every day and that clinicians would always see their patients when it was necessary to do so. They also discussed the value of telephone consultations as part of a mix of access offers - something that is increasingly appreciated by many patients who now receive more timely appointments as a result but whose voices are not being heard in the toxicity of media reporting.

He also raised the essential need for longer-term premises development so we have the space to offer access to the increasing multidisciplinary team that is developing in many practices, in addition to being a safer place for patients with the on-going pandemic. He focused on the need to address the unsustainable workload pressures, the impact of the care backlog and secondary care work transfer to general practice and urged him to trust practices to deliver services to patients with long-term conditions without the rigidity, bureaucracy and burden of QOF or unnecessary CQC inspections. He also called for far more action to enable practices to expand their workforce and for government to deliver on their own commitment of 6000 more GPs. But most importantly he focussed on the need to acknowledge, thank and value the GP workforce who have gone above and beyond over the course of the pandemic from being pivotal in delivering the COVID vaccination program to continuing to keep seeing patients throughout the course of the pandemic.

We now demand that the Government take immediate action to tackle the abuse against GPs and their practice staff, which is having a serious impact on the wellbeing and morale of the profession and provides both immediate and long term support to practices at this critical time.

Read the [statement](#) following the meeting.

Read the [message to the profession](#), including resources for [practices how to remove violent patients from your practice list](#).

Dealing with abuse of practice staff on social media from patients

The BMA have developed guidance on [how to protect yourself from online abuse](#) and the steps GP practices can take against patients who leave abusive comments on social media or websites. It outlines what to do first, how to report content to the provider and what criminal and civil actions are possible.

On top of what the BMA has been doing, [other GPs](#) are making it clear the pressures they're under.

NHS Confederation is also showing their support in their statement '[Standing with primary care](#)' where they 'stand unwaveringly in support of the vital contribution of our primary care members'.

Media intrusion

We are aware that with the intense national media vilification of General Practice some journalists are approaching local practices directly for comment. There is no obligation to respond to the media. If practices would like guidance about a specific situation they can reach the BMA media team at Media Office MediaOffice@bma.org.uk. We are also concerned that some publications will send photographers to practices looking for photos designed to support their narrative of primary care being hard to access. The Editor's Code of Conduct which guides the practice of press organisations in the UK says that journalists should identify themselves when asked to do so and *that no journalists should operate on healthcare property without permission*, this applies to photographers as well. So if practice staff see a possible photographer who is not welcome then the best advice is to ask them to identify themselves and then ask them to leave.

SUPPORT YOUR SURGERY CAMPAIGN

The BMA has been campaigning consistently and vociferously in defence of GPs and their staff over the summer with the [Support Your Surgery campaign](#) to get the backing of patients to make the changes to primary care that are so urgently needed and to help them [understand why we still need to work in the way we have been doing](#), primarily to protect them from infection.

Please continue to show your support by signing the [Support Your Surgery petition](#) and sharing it with colleagues, friends, and families. The petition is

just one element of the campaign but is a way of putting pressure on the Government to properly support general practice.

They have produced a **GP Campaign Factsheet** that can be used to rebut the misinformation being published in the media and to proactively include in social media posts, letters to the local press or MPs. Please do all you can to help us defend and support general practice at this critical time.

You can also get involved in the [#SupportYourSurgery social media discussion](#). Many GPs and patients are sharing their support for each other and practices across social media. This will help us reach as many people with the campaign as possible.

SUPPORT FOR GPs

We were pleased to hear some recognition from the [Deputy Prime Minister, Dominic Raab, who thanked GPs](#) in answer to a question by Robert Langan MP to get GPs to see patients face-to-face. Mr Langan said GPs have done a brilliant job and are working long hours in challenging circumstance, but many constituents have raised concerns about seeing their GP face-to-face.

Mr Raab paid tribute to GPs by saying "I join him in thanking GPs for the heroic job they have done in seeing us through the pandemic" and also said appointments have returned to pre pandemic levels.

COVID VACCINATIONS

Phase 3 and booster vaccinations

The [roll out of the COVID booster vaccination](#) programme has started this week, for the eligible cohorts (aged 50 and over, health and social care workers, and those [clinically extremely vulnerable](#) aged 16 and over).

Those who have had their second vaccine at least six months ago are eligible, and in line with JCVI advice, people should receive either one dose of the Pfizer vaccine or half a dose of the Moderna vaccine, which means for some people their booster dose may be different from the vaccines they had for their first and second dose. People could also be offered a booster dose of the Oxford/AstraZeneca vaccine if they cannot have the Pfizer/BioNTech or Moderna vaccine.

Updated [Patient Group Directions and national protocols](#) for use in England for Pfizer BioNTech Covid-19 Vaccine BNT162b2 and Comirnaty have been published.

OVERPRESCRIBING REPORT

The [national overprescribing report](#) was published yesterday by the Department of Health and Social Care. The key recommendations from the review are:

- the introduction of a new National Clinical Director for Prescribing.
- system-wide changes to improve patient records, improve handovers between primary and secondary care, develop a national toolkit and deliver training to help general practices improve the consistency of repeat prescribing processes.
- improving the evidence base for safely withdrawing inappropriate medication
- cultural changes to reduce a reliance on medicines and support shared decision-making between clinicians and patients, including increasing the use of social prescribing
- providing clear information on the NHS website for patients about their medication
- the development of interventions to reduce waste and help deliver NHS's net zero carbon emissions.

Although we agree with the overall aim and recommendations, and are pleased to see the growing number of practices that now have pharmacists working in them and increasingly making a difference both in terms of quality care and workload reduction this report omits to understand that the cost of achieving change is enormous, with a service so overstretched with targets demands and a dwindling tired workforce in all health service sectors.

It also fails to highlight how difficult it can be to access alternative services, with long waiting times and limited interventions, leaving GPs with lack of support for their patients with acute and often complex needs. It is also regrettable that international comparators and any lessons learned from overseas haven't been incorporated into the report.

The good work that general practice does do in managing multiple co-morbidities and complexity, having to make complex decisions in partnership with patients within a very resource poor environment, should be acknowledged.

END OF THE SHIELDING PROGRAMME AND CLOSURE OF THE SHIELDED PATIENT LIST (SPL)

The BMA have updated their [webpage on shielding](#) following the [Government announcement](#) that the shielding programme has now ended and patients will no longer be advised to shield.

PENSION DEDUCTIONS BY PCSE

We are aware that around 2,000 practices did not have pension deductions taken for one or more GPs from June through August. PCSE inform us that the majority will have the deductions in total taken from payments to practices during this month's payment runs. The deductions will be taken from the first payment processed by PCSE during the month, be that global sum or any other payment. Where the deduction total is greater than this payment the balance will be taken from the next payment during this month.

PCSE tell us that they have communicated this to affected practices but we are keen that this is understood. They have advised us that practices will also receive a separate statement with details of the pensions deductions being taken and that it will be important that practices compare both statements to ensure they have the full view of payments in vs the deductions.

SECONDARY CARE COMMUNICATION TO GENERAL PRACTICE IN WORCESTERSHIRE

Practices are advised to ignore or return any communications received directly from individual departments or Trusts that have not also been communicated to them via the Member Practice Update. Communications received directly by practices that involve changes in pathways or service provision need to be agreed with general practice prior to dissemination. All official communications that have passed through the correct process will be logged on teamnet.

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.

MEMBERS OF THE WORCESTERSHIRE COMMITTEE

- CHAIRMAN:** Dr David Herold
Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP
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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 E Ukorebi (South)
First5 Rep: Dr M Venables
IT Rep: Dr R Williams
Non Principals: Dr S Manton
Clinical Directors: Dr R Williams
EDI: Dr R Benney

Practice Manager Representatives:

Helen Garfield, Representative WF PM
Michelle Hallahan, Representative R&B PM
Meryl Foster, Representative SW PM

Worcestershire GPC Representative: Dr S Matthews

The next LMC meetings will be:

Worcestershire – 14th October 2021

