

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

18th October 2021

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GOVERNMENT'S 'RESCUE PACKAGE' OUT OF TOUCH WITH GP CRISIS

After weeks of promising an 'emergency package' to rescue general practice, we are hugely dismayed that whilst additional funding of £250m has been promised, the Government's so called 'rescue [package](#)' as a whole offers very little and shows a Government completely out of touch with the scale of the crisis on the ground.

GPs and their teams will now be facing the worst winter for decades, and as a result, patients' care will suffer. Appointments will be harder to book, waiting times will get longer, more of the profession could leave and GPs will struggle to cope. There are likely to be impacts across our wider ICS as a direct result of the package.

It is disappointing to see that there is no end in sight to the preoccupation with face-to-face appointments. While in-person consultations are a key feature of general practice and absolutely necessary for some patients, the pandemic has proven that in many other cases, phone or video appointments are entirely appropriate and appreciated by patients, and a crude focus on percentages or targets is completely unhelpful. Demand on our services has rocketed and we must be trusted to manage that demand in a way that is safe for patients and allows access to general practice for all through a variety of access models.

Throughout our lobbying of ministers and NHS England in recent weeks, the BMA has been clear that without a concerted effort to reduce bureaucracy, admin and red tape in practices, patient access and care was at risk.

There were four simple asks – and only increased sentencing for assaulting healthcare workers has been fully answered, but is meaningless if the Government refuses to address the crisis fuelling such abuse. The Secretary of State has started to address a second, by talking more positively about general practice at times but he needs to do much more by way of action to publicly support the profession. Sadly the tone of arrogance and dissonance within the document sends quite the opposite message, not one of thanks to the profession. Richard Vautrey voiced these serious concerns with him when he met with him last week.

In recent months Worcestershire LMC have been in close contact with many of our local MPs asking for an honest conversation with the public about the demand and pressures facing our services, and the need for patience and understanding from the public. We have requested that government publicly supports us in the face of increasing levels of abuse fuelled in part by a misleading media campaign. We have asked that they trust us to meet the reasonable needs of our patients. Many of our MPs have written back to us or have arranged meetings to talk this through and Healthwatch have also engaged with us. It is, therefore, deeply disappointing that Sajid Javid MP has not responded to either of these letters as our Conservative MP for Bromsgrove. He has not taken up the offer to visit local practices or to meet with us. Sadly, this reinforces the fact that our Secretary of State is not willing to engage with general practice or to understand the reality on the ground for grassroots GPs. Perhaps this explains why we are now facing an access plan that has the potential to erode what is left of good patient care for our population over the Winter months. We have written to him again this week on behalf of our committee asking him to attend our next LMC meeting.

Read GPC's full [statement](#).

Analysis of NHSE/I package

Following our initial response to the NHSEI/government package – GPC have done some rapid analysis of each element of the package that shows just how many sticks there are. Their [analysis](#) shows what the package really means for general practice and highlights that it consists mainly of things NHSE/I and/or government has already stated or things that are already the case, and are clear that the few positives are completely outweighed by the impact of the negatives (often packaged as positives). We hope this will help explain just how damaging the package is and dispel any suggestion that this provides the necessary support for general practice. They have also updated the [General Practice factsheet](#) showing the facts and figures of the crisis. These are also available on the [BMA website](#).

GPC ENGLAND/LMC VIRTUAL LISTENING EVENT 21 OCTOBER 7-8PM

Following recent events and the Government's so called 'rescue package' for general practice published yesterday, the GPC England Executive Team will be holding a **listening event via Microsoft Teams this coming Thursday 21 October from 7-8pm**. They want to hear the views and ideas from LMCs around the country to help shape how GPC England responds. We spoke with our Clinical Directors and our LMC representatives last week and I will be attending this event in order that we can influence our next steps. I am keen to hear your views so do contact me by email with your thoughts if you would like to. There are no easy or obvious solutions but whatever action may be taken must not drive a wedge between patients and their practices and we must ensure that colleagues are supported against abuse and burnout in the longer term.

YOUR WELLBEING

When everyone is working so hard to do our best for our patients, the daily torrent of abuse and vitriol directed at GPs and their teams, both in the national media and from patients and the public, is having a major impact on the morale and mental well-being of many of us. With the long awaited emergency support package failing to offer the hope needed that there will be meaningful support for the winter ahead, rather than more targets and performance management, it's important that we do our best to care for one another.

The BMA offers supportive [wellbeing services](#) which include **face-to-face counselling**. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call **0330 123 1245** today or [visit the website](#) for more information. There is also lots of wellbeing support on our website.

WORKLOAD CONTROL IN GENERAL PRACTICE

As it is clear neither the government nor NHSEI show they understand the scale of the crisis impacting general practice, we would encourage practices to look again at this [Workload Control in General Practice paper](#). Practices should not feel pressured to return to a traditional 10 minute treadmill of face to face consultations, that are neither good for patients nor clinicians, but instead adopt arrangements that allow for longer but fewer consultations, and which delivers a higher quality of care and a safer service to our patients.

INFECTION CONTROL RECOMMENDATIONS FOR PRIMARY CARE

The UK Health Security Agency today has published recommendations for changes to Infection Prevention and Control Guidance (IPC) in primary care following previous recommendations which focussed on changes in elective care.

The main amendment is the reduction of the 2 metre social distancing rule to 1 metre, highlighting the need for appropriate mitigation. The BMA has already made the point that even 1 metre social distancing will be difficult for some smaller surgeries and as such there will still have to be a reduced capacity in some practices and buildings. The guidance strongly emphasises that local decisions and local risk assessments will ultimately govern judgements such as whether a face-to-face consultation is appropriate and where physical distancing can be safely reduced, which we welcome. It is therefore for practices to determine what arrangements they have in the surgery. The full guidance will be published shortly. Read more about the [UKHSA review into IPC guidance](#).

NEW GP WORKFORCE DATA

The latest [GP workforce data](#) for August shows the continuing contraction of the General Practice workforce, something that the Government's failed to acknowledge in its 'rescue package', although many media reports, including BBC reports yesterday, have started to helpfully focus on this important issue.

While an increase of around 1,700 GP trainees since the previous month is a positive addition, General Practice is now 1,803 fully qualified full-time equivalent (FTE) GPs short of 2015 levels. Over the past year alone General Practice has lost 380 fully qualified FTE GPs, which equates to a net loss of 307 fully qualified individual GPs (a gain of 611 salaried and locum GPs, with a loss of 918 partners).

The number of primary care nurses and direct patient care staff has also dropped over the past year, and marginal increases in the number of admin and non-clinical staff are not enough to cope with increasing administrative and bureaucratic burden.

Meanwhile, the number of patients continues to grow equating to more pressure on remaining GPs as the number of fully qualified GPs per 1,000 patients in England have fallen). This, combined with the latest [GP appointment data](#), which showed that the total number of appointments delivered by general practice remains higher than pre-pandemic levels and the fact that appointments delivered face-to-face has risen to 57.7%, clearly illustrates that the profession is working harder than ever.

Full analysis can be found on the BMA's [Pressures in General Practice](#) webpage.

SUPPORTING GENERAL PRACTICE AGAINST ABUSE

The BMA continues to campaign against abuse of GPs and their staff with our [Support Your Surgery campaign](#) to get the changes that are so urgently needed to support general practice teams.

The latest resource added to the campaign page is a [zero-tolerance poster](#) to show that assault on practice staff, threatening or abusive behaviour or damage to property will not be tolerated.

Please continue to show your support by signing the [Support Your Surgery petition](#) to put pressure on the Government to support general practice. You can also get involved in the [#SupportYourSurgery social media discussion by sharing your support across social media](#).

Please do all you can to help us defend and support general practice at this critical time.

Joint statement condemning abuse of healthcare staff

BMA has co-signed a [joint statement condemning abuse of health and care staff](#), together with the Academy of Medical Royal Colleges, NHS Employers, NHS Confederation, Royal College of Midwives, Royal College of Nursing and UNISON.

We ask the Government and media to 'be honest and transparent with the public about the pressures facing health and care services and that this is going to have direct implications for patients and their carers. This means making

clear that the problems are systemic and that blaming and abusing individual staff members is never acceptable behaviour.'

COVID-19 VACCINATIONS

Local Vaccination Services SOP update

An update to the [Local Vaccination Services SOP](#) has been published, including updates relating to Phase 3, and the vaccination of eligible children and young people. It is relevant to PCN-led vaccination sites and community pharmacy-led vaccination sites participating in phases 1, 2 and / or 3 of the vaccination programme.

Light touch assurance process on third doses of Moderna for immunosuppressed patients

NHSE/I has also published a light touch assurance process on the identification and invitation by GP practices of severely immunosuppressed patients eligible for a third dose as part of their primary course of vaccination. We would encourage practices to identify and invite these vulnerable patients, by noon Friday 15 Oct. Read more [here](#).

COVID-19 Vaccination PGD and national protocol

A revised Spikevax (formerly COVID-19 vaccine Moderna) PGD and national protocol for England have now been published [here](#).

FLU VACCINATION GUIDANCE ON ACCESSING CENTRALLY SUPPLIED FLU STOCK

DHSC have published [guidance](#) for general practice and community pharmacy, outlining the process for accessing centrally supplied flu vaccines for this season.

In order to achieve higher vaccine uptake rates compared to last year, DHSC has secured an additional supply of influenza vaccines, which will be available from early November, for practices and community pharmacies to top up local supplies and where it is most needed.

Practices should determine if there is a need for further flu vaccines by assessing current uptake rates in eligible cohorts, and will be able to place orders for this stock from 18 October.

HEALTH INEQUALITIES TOOLKIT

The presidential project of last year's BMA president Sir Harry Burns culminated in a health inequalities conference this week to launch the BMA's [health inequalities toolkit](#). The toolkit brings together ideas of projects for colleagues

across the UK and across medical specialties to try, should they wish to do something to tackle the growing health inequalities felt in this country.

The toolkit is intended to support clinicians and medical students, and that the Government should take responsibility for reducing health inequalities, rather than put that responsibility on clinicians.

PCN CLINICAL DIRECTOR SURVEY

Please complete the [PCN survey](#) to tell us how things are going and how the pandemic has affected your work. Your responses will provide us with insights to share among PCNs and help us negotiate with NHSE/I. It is open to all clinical directors of PCNs across England and closes on 27 October.

RESILIENCE FUNDING

This year as our ICS becomes embedded, it is proposed that an alternative approach to the allocation of some of the Primary Care Resilience funding is adopted. Our Clinical Directors, CCG and LMC would like to seek your views as to how this limited pot of money might be spent in 2021/22. We are in agreement that we would like all practices to benefit from the fund and the focus should be primarily on supporting practices/PCNs and increasing general practice capacity. The total amount available is £52,650 across Worcestershire. Resource for mentoring schemes, practices in crisis and our GP support team is not included within this budget.

The criteria against which funding can be utilised, which includes some examples from other areas to get you thinking, can be found [here](#).

Is there something your practice or PCN does that you are particularly proud of? Would you like to see it rolled out to all practices? Does it save you time/create efficiencies/support your staff? We need now, more than ever to support each other and share those ideas.

Do you have an innovative idea to reduce GP workload that you have struggled to get off the ground? Is there something obvious to you that no one is addressing that could make a difference? Now is the time to put forward those ideas!

Please email Lisa in the LMC Office with your ideas, lsiembab@worcslmc.co.uk by the deadline of Monday 18th October 2021.

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.

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

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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 – 11th November 2021

