

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

25th October 2021

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OVERWHELMING REJECTION OF GOVERNMENT'S 'RESCUE PACKAGE'

GPC England has unanimously rejected the Government's 'rescue plan' which fundamentally failed to address the ongoing crisis in general practice. The committee called for GPs and LMCs to disengage in its implementation in line with the overwhelming view that GPs voiced to them in [a snap poll last weekend](#). GPs have made it clear to GPs and LMCs that we should not comply with the 'rescue plan' – which would mean spending more time on bureaucratic processes, and complying with target driven leagues tables to 'name and shame' GPs. GPC are also taking steps towards industrial action over the Government's decision to impose plans on GP earnings declarations and forcing GPs to be involved in the Covid vaccination exemption process.

GPC believe that Sajid Javid, the Secretary of State for Health and Social Care, ignored GPs expertise and experience when he laid out his bully's charter and that patient care will suffer as a result. They are now calling on the Government to withdraw their plan and work with them to introduce a new

contract which ensures general practice is properly funded, with a safer workload and reduced bureaucracy, which would ultimately provides better care and services for patients and vastly improved working conditions for doctors and their teams.

Read more about the response of GPCE and the actions that they are [taking](#).

Read the statement [here](#).

Read our [letter](#) to practices.

WORKLOAD CONTROL IN GENERAL PRACTICE

As neither the government nor NHSE/I have shown that they understand the scale of the crisis impacting general practice, we would encourage practices to look again at the [Workload Control in General Practice paper](#).

In addition to the actions highlighted above, GPC England also resolved that practices should be encouraged to take actions to prioritise higher quality of care that delivers a safer service to our patients and protects the wellbeing of our workforce. 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. Instead, they should:

- Offer patients consultations that are 15 minutes or more
- Apply to close the practice list in order to focus on the needs of existing patients
- Stop all non-GMS work to give priority to GMS care
- Reject all shifted work from secondary care that has not been properly commissioned
- Don't accept additional NHS 111 referrals above the contractual 1 per 3000 patients
- Stop unnecessary cost based prescribing audits in order to focus on quality care
- Decline to do additional extended access sessions in order to focus on the core work of the practice

GPC will provide more guidance in the coming days on what practices could do if NHSE/I and government fail to take the action needed to properly support general practice.

ANALYSIS OF NHSE/I 'RESCUE PACKAGE'

Following the [initial response](#) to the NHSEI/government's 'rescue package' – GPC have carried out some rapid analysis of each element of the package that shows just how many sticks there are. The [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 they 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.

All health systems have been told they must develop and submit a plan, by Thursday 28 October, assured by the ICS board. We believe CCGs and ICS managers should resist this punitive and damaging approach, and we know that many want instead to work to support not punish practices.

The BMA have also updated the [General Practice factsheet](#) showing the facts and figures of the crisis.

These are also available on the [Support your Surgery campaign page](#).

GP DECLARATION OF EARNINGS GUIDANCE

Ahead of the Government's [GP pay transparency](#) deadline of 12 November, which was introduced on 1 October, when the [GMS and PMS Regulations](#) were amended to require some GPs to self-declare their earnings, the BMA have now published [guidance on what this means for GPs](#).

We have already made clear our significant concerns about the compelling GPs to publicly declare their NHS earnings over a certain threshold, especially in the current climate of threat, aggression and violence towards GPs. This will be damaging to morale among the profession, could lead to an increase in abuse targeted at individual GPs and will be wholly counterproductive in terms of the ability to recruit and retain GPs. We have received reports of GPs already reducing their hours to remain under the threshold. GPs need to consider carefully the implications before making a self declaration.

As GPC England did not agree to this amendment to the regulations, we consider these to have been imposed on the profession and in breach of the original agreement. In addition, GPCE has resolved that it will seek support from BMA council to formally ballot members for industrial action over the Government's decision to impose this solely on GPs.

SUPPORTING GENERAL PRACTICE AGAINST ABUSE

The BMA continues to campaign against abuse of GPs and their staff with the [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 and use the resources to explain to patients why practices need to work in the way they are doing in order to protect patients from a rising incidence of COVID-19 and to make the best use of the available but limited workforce.

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.

COVID VACCINATIONS

Next steps for vaccinations of 12 to 15 year olds

NHSE/I has published a [letter](#) setting out the next steps in the deployment of COVID vaccinations for 12-15 year olds, with vaccinations now being offered via the National Booking Service and mass vaccination sites (rather than PCNs) to support the school based programme.

In a few areas where there isn't good geographic coverage, there may be a small number of PCNs who are asked to take part. This would utilise the [Enhanced Service](#) amendment which has already been agreed and would *only be on the agreement of both the commissioner and the PCN*. The majority of PCNs will not be expected to be vaccinating this group but to continue to focus on boosters, the at-risk 12-15s and third doses for the severely immunosuppressed.

GOVERNMENT COVID ANTIVIRAL STRATEGY

On Wednesday the [Government announced](#) plans to roll out new anti-viral drugs via clinical trials over the coming winter months, with a view to deploying more widely in summer 2022. Trials have found the twice-daily tablet molnupiravir (Merck) cuts the risk of hospital admission or death by about half-480,000 courses have been secured.

A further 250,000 courses of PF-07321332/ritonavir (Pfizer) have also been secured, which is currently undergoing clinical trials with three Phase Two and Phase Three trials looking at the clinical effectiveness of the treatment currently underway.

The drugs reduce the severity of symptoms and speed up recovery time for those who test positive. The two new drugs are yet to be approved by the Medicines and Healthcare products Regulatory Agency.

COVID-19 MEDICAL EXEMPTIONS

A systematic medical exemptions process was introduced on 30 September, to ensure that those who, for medical reasons, should not be vaccinated (and/or be tested) for COVID-19 are not disadvantaged across certification use cases.

Given the need for clinical judgement and access to patient records, the Department of Health and Social Care have set up a system using 119 to initially assess patients and may then ask GPs, secondary care clinicians or midwives, depending on who is involved in the person's care, to assess applications. Steps have been taken to limit the number of applications reaching clinicians (e.g. no appointment required, pre-screening process).

Read the [guidance](#) detailing the process and clinical criteria and payment mechanisms (for GPs).

PCN SURVEY

Please complete our PCN survey to tell us about the issues you are facing and how the pandemic has affected your work. Your responses will provide us with insights to share among PCNs. It is open to all clinical directors of PCNs across England and closes on 27 October. [Take the survey >](#).

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.worcsimc.co.uk this week:

[Letter to all Worcestershire Practices](#)

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 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

