

# Worcestershire

Local Medical Committee Ltd

## NEWSLETTER

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8<sup>th</sup> November 2021

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### **INDICATIVE BALLOT OF PRACTICES ON POTENTIAL ACTION**

Further to the resolution passed in the recent [emergency GPC England meeting rejecting the Government and NHSE/I 'support plan'](#), GPC have now launched an [indicative ballot](#) of all practices in England asking what actions practices might be prepared to take.

As these questions relate to the practice contract this ballot requires a practice level decision. They therefore request that each practice provides ONE response to the ballot on behalf of the practice

While the liability of any decision rests with the partnership, they strongly encourage practices to discuss the indicative ballot options with salaried and locum GP colleagues, practice managers and others working within the practice, since any future industrial action would affect all the workforce within the practice.

It is important that as many practices as possible submit their views in order to provide GPC England with the insight they need to make decisions on next

steps. Each practice with a BMA member has a vote. The deadline to vote is **14 November**. You can cast your vote [here](#).

The ballot asks whether practices are prepared to take action in five key areas which are to:

- participate in a coordinated and continuous withdrawal from the PCN DES at the next opt-out period
- disengage, on a continuous basis, from the PCN DES before the next opt-out period
- not comply, on a continuous basis, with the contractual requirement to ensure GPs earning over the earnings threshold declare their income
- not comply, on a continuous basis, with the contractual requirement to provide COVID vaccination exemption certificates
- participate in a coordinated and continuous change to your appointment book, so as to impact the quality of the nationally reported appointment dataset.

Read more and access the ballot [here](#).

Read the BMA [analysis](#) of what the Government and NHSE/I package means for practices. Locally, we have had assurance from our CCG that any reporting of data to NHSE will be anonymised and we understand that there is local discretion around the percentage of practices that need to be reported. We are working with the CCG to find a solution whereby practices can access funding for initiatives which at a local level would be genuinely supportive but we remain firm that practices must not be named and shamed. This is non negotiable.

### **GP EARNINGS THRESHOLD**

Due to the imposition of contract regulations in October 2021, it is now a contractual requirement to ensure [GPs earning over the earnings threshold \(£150k\) to declare their income](#).

Declarations apply to GP partners, GP subcontractors or locum GPs operating under the core contract and earning above the income threshold, and if they fail to declare their earnings, then the practice will be in breach of its core contract. If the practice refuses to deliver a service that is required within the contract/regulations, the practice will be in breach of its core contract.

Individuals employed by the contractor or employed by a sub-contractor (including where a locum GP is engaged by a third party to provide services)

are not within scope and so do not need to declare their earnings. Therefore, salaried GPs and those who are employed by a contractor or sub-contractor, which is a company, and the individual is not named on the contract or sub-contract, will not need to declare their earnings if above the threshold. Company directors are also not included unless they fall under the definition above.

If the practice breaches its contract, the Commissioner can take action against the practice and the BMA cannot prevent them from doing this due to the inadequacy of trade union laws in protecting GP Partners.

Through the act of self-declaration, the individual will be consenting to publication. Individuals should therefore carefully consider the implications before self-declaration. We believe this policy provides no benefit to patients, but will potentially increase acts of aggression and abuse toward GPs and practices. It will be damaging to morale among the profession and wholly counterproductive in terms of the ability to recruit and retain GPs. We have already received reports of GPs reducing their hours to remain under the threshold which will therefore impact patient access to services at a critical time for the NHS. We believe the position the government and NHSEI have taken on this matter, singling out GPs alone rather than applying this requirement to all other healthcare professionals, is completely unacceptable. We will continue to do all we can to address this.

Read more about the consequences of taking this action or not in the BMA's [Indicative action supporting information](#).

## **RESPONSE FROM THE SECRETARY OF STATE ON THE GOVERNMENT 'ACCESS PACKAGE'**

Following the emergency GPC England meeting on 21 October [we wrote to the Secretary of State for Health & Social Care](#) to highlight the BMA's concerns about the government's GP access package. GPC outlined why the existing package had been rejected and was insufficient to meet the needs of patients or adequately support GPs and practice staff. They made it clear that the recent imposition of contract changes meant we consider that we are in dispute. GPC also stated that GPC England's resolutions in relation to the access package meant the BMA would now be carrying out an indicative ballot of GP members.

This week GPC received a response from the Secretary of State who praised the work of general practice and outlined measures to address abuse of NHS workers. However he did not address key concerns regarding the lack of

measures to reduce bureaucracy, resourcing premises and providing more support in an accessible way. GPC and the LMC will continue to lobby the Secretary of State and Government to what is really needed for GPs and practices, as GPC progress with the indicative ballot.

### **GPC ENGLAND CHAIR STEPPING DOWN STATEMENT FROM RICHARD VAUTREY:**

"After being a member of the GPC negotiating/executive team for over 17 years, and chair for GPC England and GPC UK for 4 ½ years, I have decided it is time to step down when the committee meets for the first meeting of its delayed annual session on 18 November. With the need to begin planning for a new contract as we approach the fourth year of our current five-year agreement, it is now time for a new chair to take on this role and be given the opportunity to do this.

Being chair of the BMA's GP committee has been the greatest privilege and honour. To be able to work on behalf of this great profession for so long has given me the opportunity to work with many extremely gifted and dedicated people and I want to thank them all for their help, support, and encouragement. Together we have achieved a lot including significantly increasing the investment for general practice after a time of austerity, including £2.8bn as part of the five year contract package, turning around the decline in GP pay, removing the burden of indemnity, improving the quality of care for patients with long-term conditions, enabling the recruitment of a growing multidisciplinary team to work with and support GPs - including pharmacists in practices - funding to help young partners and most recently supporting GPs and practices through and COVID-19 pandemic and enabling GPs to play a leading role in the hugely successful delivery of the COVID-19 vaccination programme. I'm proud of all we have accomplished.

I have been overwhelmed and humbled with the many messages I have received this week and I want to thank everyone for their kindness and thoughtfulness.

There is so much more to do, at such a critical time for the profession, and I wish my successor all the best in delivering that. Read my full statement [here](#)."

### **SUPPORTING GENERAL PRACTICE AGAINST ABUSE**

The BMA and LMC continue to campaign against abuse of GPs and their staff with a number of resources available on [Support Your Surgery campaign](#) page, in order to get the changes that are so urgently needed to support general practice teams.

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 our 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.

### **BMA VIRTUAL GP PARLIAMENTARY DROP IN EVENT**

As part of our GP campaign, GPC held a virtual parliamentary drop in event this week to address the scapegoating of general practice in the media and to provide MPs with the facts about how general practice is meeting the needs of its patients, and what more government must do to support GPs to meet the growing demands placed upon them.

The event which was attended by over 20 MPs and their staff from across the political parties included helpful discussions on overall access to general practice; what MPs could do to support practices in their local areas - including tackling abuse; what was missing from the access package; and how recent statistics showed that GPs are doing more than ever, despite receiving insufficient resource and support to meet this growing demand.

GPC will be following up with attending MPs in the coming days to ask them to further support our campaign both within parliament and within their local constituencies.

### **NEW GP WORKFORCE DATA**

The latest [GP workforce data](#) in England for September shows the continuing contraction of the General Practice workforce, which the Government clearly failed to acknowledge in its 'rescue package'.

September's data shows only a total increase of 42 FTE GPs compared to the previous month – which is an increase of 99 fully qualified GPs set against a loss of 57 trainees. This increase is clearly insufficient to cope with the current workload, with the enormous jump in [GP appointments](#) in the last month alone (up by 4.7 million, from 23.9 million to 28.6 million).

General practice is now the equivalent of 1,704 fewer fully qualified FTE GPs than 2015 levels. Over the last year (September 2020 to September 2021) general practice has lost 154 fully qualified GPs (a gain of 759 salaried and

locum, set against a loss of 913 partners), and 282 fully qualified FTE GPs (430 FTE Partners set against a gain of 148 FTE Salaried).

Meanwhile, the number of patients continues to rise, which means the number of fully qualified GPs per 1,000 patients in England is likely to further fall soon (currently 0.45, compared to 0.52 in 2015). Full analysis can be found on the BMA's [Pressures in General Practice](#) webpage. Read the [press statement](#).

### **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](mailto: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](http://www.worcslmc.co.uk) this week:

[Cameron Fund Christmas Appeal 2021 Letter](#)

[Top Tips for Welling](#)

[Multi Profession Mentoring Flyer](#)

### **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](mailto:d.herold@nhs.net)
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- EXECUTIVE OFFICER:** Lisa Siembab  
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## **Representatives:**

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|---------------------|--|-------------------|--|
| <b>BROMSGROVE:</b>  | Dr D Pryke<br>Dr K Hollier               | <b>REDDITCH:</b>  | Dr I Haines<br>Dr M Shah                 |
| <b>WYRE FOREST:</b> | Dr M Davis<br>Dr S Morton<br>Dr J Rayner | <b>WYCHAVON:</b>  | Dr D Herold<br>Dr J Rankin<br>Dr K Gines |
| <b>MALVERN:</b>     | Dr P Bunyan<br>Dr R Khehar               | <b>WORCESTER:</b> | Dr F Martin<br>Dr C Whyte<br>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 – 11<sup>th</sup> November 2021

