

# Worcestershire Local Medical Committee Ltd

## NEWSLETTER

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1<sup>st</sup> August 2022

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### **Tribute to Dr.Carl Ellson.**

The LMC were deeply saddened to hear of the tragic death of Dr Carl Ellson recently.

His family have released a statement regarding his passing and we would encourage you to read this and note its contents. Support is available in many forms, and we would encourage you to seek help or talk to us if you are struggling.

Carl, usually with Anthony Kelly, was a regular attendee at LMC meetings representing the CCG, defending policies and plans. Although we debated many issues this was always in a cordial and respectful way. Carl was clear in his vision for General Practice and is one of the main reasons why Worcestershire CCG is now in the positive state that it is in transitioning to an ICS. He has been an integral part of the progression of the CCG in its various forms over the past 20 years or so. His passing is a significant loss to Worcestershire's health care economy at a time when he should have been winding down and preparing for retirement.

At the last LMC meeting members remembered Carl beyond his professional interactions with the LMC for the good times they had spent with him. We will miss him. We would like to extend our deepest sympathy to his family, friends, and colleagues at this tragic time.

David Herold.

## **The Cameron Fund**

We have produced a short video explaining why membership of the Cameron Fund makes a difference and how people can join and would be very grateful if you could share it with your committee members, colleagues and contacts:

### **CF Video 9: Membership**

<https://youtu.be/5sOYMg1qmLA>

## **DDRB announcement**

The recommendation from the [Review Body on Doctors' and Dentists' Remuneration](#) (DDRB), and [subsequent decision from Government](#) published last week, was a 4.5% increase. This falls far below current levels of inflation, which are expected to reach 11% this year. In real terms, this amounts to the wages of overworked staff being cut by more than 6%.

Astonishingly, the increase excludes GP partners in England who are locked into a five-year contract deal agreed pre-pandemic in 2019. Consequently, there will be no funding increase to meet recommended pay awards for other staff. This decision occurred despite the DDRB clearly urging the Government to consider the impact of omitting those on multi-year deals from this year's announcement and stressing the "harm that may be caused to recruitment, retention and motivation by not acting".

At a meeting of the GPCE (GP committee England) last week, members passed a resolution rejecting the pay award and committing BMA representatives to further discussions around next steps, including potential action short of industrial action itself.

For GPs who have spent the last two years pulling out all the stops to continue caring for their communities - often to the detriment of their own health and wellbeing - only to be left repeatedly unsupported and publicly admonished by Government and policymakers, this announcement only served to demoralise and devalue GPs ever further at a time when they are already feeling down and on the brink.

Without greater understanding and urgent support from Government, significant numbers of practices will fold and many patients will have no access at all to the care that they need. With spiralling costs, record demand and GP and staff workforce shortages across the board, we know practices across the country are already struggling to provide safe care. In what is fast becoming a consistently callous way, the Government has ploughed on regardless, actively choosing a path that compromises patient safety ever further. Doctors across the profession, and colleagues across the NHS, find it unfathomable just how completely out of touch this cabinet is. Given the experiences of those fighting an uphill battle on the ground, the message is being heard loud and clear - enough is enough.

Read the full statement from Faraj Jameel [here](#)

Read all BMA statements about the announcement [here](#)

## Workforce

### Health Foundation report on GP workforce projections

The [Health Foundation report on GP workforce projections](#) was published last week, which shows that there is a GP shortage of at least 4,200 short as things stand, and set to rise steeply over the next decade.

### Pressures in general practice data analysis

Data has been released today to highlight the workforce and working patterns and appointment numbers to help build a picture of the level of strain GP practices in England are under.

These are the headlines:

#### GP Workforce - June 2022

- The NHS has lost the equivalent of 69 full-time fully qualified GPs compared to the previous month (May 2022).
- In the last year alone there has been a decrease of 442 full-time equivalent fully qualified GPs. 367 of this is in the GP Partner group, which means GP Partner loss accounts for over 80% of the FTE fully qualified decrease.
- We now have the equivalent of 1,806 fewer fully qualified full time GPs than we did in September 2015 when this dataset began - despite the average number of

patients each GP is responsible for having increased by around 300 – or 16% - since 2015.

- On a headcount basis, over the last year we have seen 358 GP Partners and 512 salaried, locum and retainer GPs lost, creating a net loss of 870 individual GPs from the NHS since June 2021.
- Meanwhile, there is a record-high total of 61.8 million patients registered with practices across the country, with a record high average of 9,538 patients registered per practice.

### GP Appointments Booked – June 2022

- The no. of standard (non-covid) appointments booked has seen a decrease of 1.7 million appointments from 27.6 million in May 2022 to 25.9 million in June 2022. One explanation for there being a decline in the number of appointments could be the Jubilee bank holidays at the beginning of June, which meant that the number of working weekdays were fewer in June compared to May (there was only one bank holiday in May).
- The no. of vaccination appointments has fallen by close to two thirds, from 736 thousand in May 2022 to 278 thousand in June 2022– this is likely due to uptake of the Spring Booster for those over 75 or with compromised immune systems having received their vaccines, and rollout not yet extended to other groups.
- Combined, the total number of appointments booked in June 2022 (26.2 million) has decreased by 2.1 million in comparison to the previous month.
- In terms of access, over 44% of appointments in June were booked to take place on the same day which is consistent with the previous month.
- The ratio of F2F / remote appointments remains similar, with around two thirds (65%) of appointments booked to take place F2F.

[Read further information related to GP Analysis >](#)

[Read the response from Dr Samira Anane, education, training and workforce policy lead](#)

## **GP patient survey**

The [GP Patient Survey \(GPPS\) report](#) has now been published, which found that the proportion of patients having an overall 'good' experience of their GP practice has decreased by over 10 percentage points, dropping from 83% in 2021 to 72% in 2022. This further highlights the strain that general practice is under and the need for urgent action by the government to relieve the pressure on general practice.

Dr Farah Jameel, GP committee chair, said: "It's only right that patients expect and deserve high-quality, timely care whenever they interact with their GP practice, and we share their frustration when this doesn't happen. We too feel dissatisfied after years of under-investment, ever increasing workload, and a Government who has not been listening to us.

The fall in patient satisfaction with making an appointment is a stark reflection of the capacity shortfall that general practice is facing. General practice appointment bookings reached record highs over the winter of 2021, but we still lack enough doctors to safely meet demand. There has been a failure of successive Governments to recruit enough GPs, and crucially retain those we've already got, leading to those staff that remain being forced to plug the gaps in the service."

Read the full BMA statement in response [here](#)

**On a more positive note, Herefordshire and Worcestershire H&W are the fourth best in the country for patient satisfaction and we should celebrate that fantastic achievement!**

## **Unagreed 2022/23 PCN DES requirements**

At a recent GPC England (GPCE) and NHSE/I Operational Group meeting, NHSEI representatives confirmed that where PCNs and ICSs (integrated care systems) cannot agree on safe enhanced access arrangements for [the new 2022/23 PCN DES requirements](#) due to insufficient resourcing, GPCE can escalate this to NHSE/I to resolve with local commissioners.

They confirmed that they are committed to working with local and regional commissioners to do everything possible to help find an alternative safe solution. Subcontracting was one of the potential options pinpointed, although GPCE representatives highlighted at the time that that isn't always a viable option for every locality/region. This was acknowledged as a problem for at least some areas.

NHSE/I representatives also confirmed there is no intention to penalise any PCN, or its constituent practices, that has not been / is not able to agree a safe solution with the ICS.

Subsequently, GPCE is seeking intelligence and examples from LMCs where PCNs and ICSs have not been able to agree so that they can be compiled as a body of evidence emphasising that, as originally outlined by GPCE earlier this year, the imposed additional PCN DES requirements are unworkable. This will then be escalated nationally for appropriate resolution.

## Flu vaccines

The Department of Health has announced an [extension of the cohorts for the 2022/23 flu programme to include 50–64-year-olds](#). Unlike in previous years, there will not be a central supply to cater for these extra patients, and instead NHSE/I will be looking at ‘local procurement’ routes.

There will be a phased introduction for the additional cohort, with 50–64-year-olds being eligible from October, when there is anticipated to be greater availability of vaccines for this group. Due to manufacturing processes and commissioning arrangements, some vaccines may only be available in limited quantities. Therefore, NHS England has recommended that orders are placed with more than one manufacturer to ensure providers receive sufficient stock.

GPCE are continuing to discuss the practicalities of this with NHSE/I in order to minimise the disruption and additional workload that it may bring for practices

Read the NHSE/I [flu vaccine reimbursement letter](#)

## WORCESTERSHIRE LMC LIMITED

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.

### Worcestershire Committee Members

**Chairperson:** Dr David Herold Riverside Surgery, Waterside, Evesham, Worcs. WR11 1JP  
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### Representatives:

**Bromsgrove:** Dr David Pryke, Dr Kevin Hollier

**Malvern:** Dr Paul Bunyan, Dr Ravi Khehar

**Redditch:** Dr Meeraj Shah, Dr Ian Haines

**Worcester:** Dr Fiona Martin, Dr Rebekah Twomey, Dr Raveena Benney (EDI Rep)

**Wychavon:** Dr David Herold Dr James Rankin (Dispensing Rep) Dr Katy Gines

**Wyre Forest:** Dr Matthew Davis, Dr Sebastian Morton, Dr James Rayner

**Co-opted Representatives:** Dr Emma Penny (Out of Hours Rep)

Dr Roy Williams (CDs & IT)

Dr Leah Jones (First Five Rep)

**Non-Principal Representative:** Dr Stephanie Manton

**Practice Manager Representatives:** Meryl Foster, Helen Garfield  
**Registrar Representatives:** Dr Esien Ukorebi