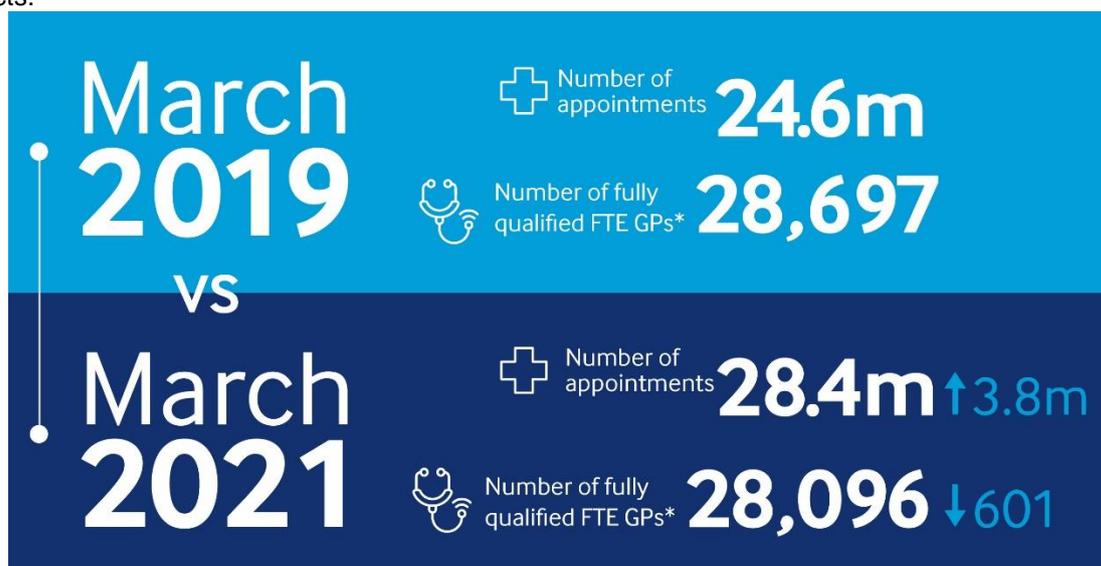


Unsustainable, unsafe, and unfair: General Practice in crisis

Key Facts:



*Full time equivalent (FTE)

Full analysis of the latest GP workforce and activity data can be found on the GPC [GP pressures page](#).

GPs and practices are under unprecedented pressure, delivering a far greater [number of consultations](#) with almost 5 million more appointments in March than they did the month before, and nearly 3 million more than they did in the same month two years ago, long before the onset of the pandemic. This is not just due to the serious impact of the COVID-19 pandemic, but also the major scale of the NHS backlog with millions more waiting for treatment, combined with a falling numbers of GPs relative to the growing population, despite government pledges to address this. On top of this GPs and their teams are working incredibly hard to deliver the hugely impressive COVID vaccination programme quickly and effectively.

It is unsustainable, unsafe and unfair for GPs and their teams, whether in practices, urgent care services or other settings, to be working such excessive hours at an intensity that is increasingly at the expense of their own physical, mental, social and families' health. This is putting patients at risk.

The first duty for GPs, as doctors and professionals, is to do no harm. GPs must, therefore, take all steps possible to deliver care that is safe for patients and protects their staff. With social distancing and infection protection and control measures still necessary, patients should only receive a face-to-face appointment if they need one, not simply because they demand one. Many surgeries have restricted and unventilated reception areas and are not yet safe for patients to walk-in without an assessment.

Practices are already working well beyond their safe limits and the impact of this on patient care has yet to be fully appreciated or recognised. GPs and their practices, as independent practitioners, with the support of GPC England and your LMC, should deliver care to their patients in the way they determine that best protects and cares for their population. They should not be disempowered by national guidance.

Most importantly, it is for practices to determine how best to manage and deliver their services and the best arrangements for appointments, based on their expert knowledge of their local community, and with regard to the need to maintain good infection, protection and control measures in place.

Practices have the contractual freedom to do this in a manner determined by each practice, taking in to account their capacity and workload pressures, and using their best clinical judgement to interpret any guidance, and by doing so delivering a safe service to their patients and a sustainable working environment for their workforce.

As GPC have repeatedly stated throughout the pandemic, GPs must be [trusted to lead](#) and given the autonomy to look after their patients as they think best in their expert judgement. GPC England and BMA, as well as CLMC, are here to support you in doing that.

The simple truth is that within the constraints of limited resources, dwindling workforce numbers and infection control measures it is not possible for practices to continue to deliver all that is expected of them. This is set against the context of rising infection levels and the spread of the B.1.617.2 variant in the UK, [cases of which have risen by more than 160% in the past seven days](#). It is this clinical context that should determine the key priorities for General Practice in the coming days and weeks, not politically-driven or media-fuelled edicts.

GPs have always put the needs of their patients and communities first. It is important that we continue to prioritise our resources to our sickest and most vulnerable patients, and that we do everything within our power to ensure they are kept safe.

Over the next few weeks, GPC will be producing a series of support and guidance resources to help you to:

- define what unacceptable and [dangerous workload](#) looks like
- push back against unacceptable workload demands and workload shift
- work collaboratively at an ICS level to introduce an 'OPEL alert' system for use by practices supported by CLMC
- deal with any abuse from patients.

BBC cover GP pressures

Last week CLMC shone a light on the pressures experienced by reception staff through sharing the 'If I Die Ut Will Be Your Fault' campaign. This week we would like to share [this BBC coverage](#) and draw your attention to [the short video](#). It depicts a very real experience of a day in the life of a GP in general practice and you may wish to share this far and wide to enhance peoples understanding of just what a GP does and how they have kept going throughout all the difficulties presented in the pandemic.

Urgent meeting held with ministers to seek action to address pressures in general practice

Richard Vautrey (GPC chair) together with Chaand Nagpaul (BMA council chair) and Ben Molyneux (Sessional GPs committee chair), met with the Secretary of State for Health, Matt Hancock, and Parliamentary Under-Secretary of State for Primary Care, Jo Churchill where highlighted the huge concern of the profession about the current pressures facing general practice. This followed the motion passed by GPC England, calling for an urgent meeting with the Secretary of State.

Richard et al stressed the urgent need to support surgeries to reduce workload pressures and to deliver care and appointment arrangements in the way they knew their patients would benefit from. They called for an urgent end to national directives and criticism, and more help and understanding for practices trying to care for those patients who are now part of a huge NHS backlog, caused by the pandemic.

Although it is encouraging that senior members of the Government prioritised this urgent meeting following the GPC request, it is only through swift and meaningful action by them, and from NHSEI, that we will be convinced that they are serious about tackling the crisis currently facing general practice. GPC will continue to work as hard as they can to ensure this happens. Read the full statement [here](#)

RCGP statement on NHS pressures

GPC have been working closely with the RCGP on how to both highlight and tackle the workload pressures impacting general practice. As part of this they have published a [statement](#) saying that that NHS pressures are not just about hospitals, as GPs deliver record numbers of consultations. Professor Martin Marshall, RCGP Chair, said: "GPs and our teams are working flat out, delivering record numbers of consultations - almost 13 million in the last four weeks. This is in addition to their remarkable contribution to the COVID-19 vaccination programme, with 75% of vaccines currently being delivered in general practice alone."

COVID-19 vaccination programme

Those aged [30 or over](#) are now eligible for the COVID-19 vaccines and will be receiving texts inviting them to book a vaccination via the national booking service, at an NHS vaccination centre, pharmacy or GP vaccination site.

15-minute observation period (Pfizer)

GPC continue to question the necessity for the 15-minute observation period following a Pfizer vaccine, particularly for second or subsequent doses. MHRA have informed that the evidence related to this is regularly reviewed by their Expert Working Group, but as yet no change has been made.

Vaccine data

Over [62 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and over 18 million have also received their second dose. The latest [data](#) show that over 32 million people in England have received their first dose, and 20 million their second dose.

Locum doctors in the NHS: understanding and improving the quality and safety of care

Manchester University, funded by the Institute for Health Policy and Organisation, is conducting a research project which is examining how temporary or locum doctors work in the NHS, what they do, how their work is organised, and what effects that might have on the quality and safety of healthcare for patients. Their aim is to help find ways to improve the working arrangements for locum doctors and the quality and safety of patient care they provide. For more information, including how to take part, see [here](#)

New PCSE GP Pay and Pensions portal

The new PCSE GP Pay and Pensions portal is due to go live next week, on 1 June. PCSE has advised that via this new portal, practices and GPs working in general practice will be able to access a range of new services to help manage their payments and pensions administration online.

PCSE has written to all practices to ensure they have the correct details on file for the correct contact who will control the access within their practice to the new system. GPC have been assured that this work is complete but if a practice believes that they have not had this correspondence or they are unsure who their assigned contact is they should email pcse.user-registration@nhs.net. Once the service is live, these 'User Admins' will then be able to log in to the portal and assign the roles to their practice staff. A suite of guidance for using the new system can be found on the PCSE website [here](#).

The payments element of the new system should allow practices to submit payment claims, such as for premises or Locum cover, online. Monthly practice statements will also move to the portal from 1 June. These will only be available via this route.

Practices should find it easier to submit pension information such as an Estimate of GP and Non GP Provider NHS Pensionable Profits with the new system. Practices should also be able to provide updates on salary changes in real-time to ensure the correct pensions contributions are being deducted. Approving Locum A forms and other pensions administration work should also be easier.

Any GP who is a member of the NHS Pensions Scheme as a GP partner, salaried GP or locum GP will be able to access an improved service from PCSE to administer their pension account and access their pension records from 2014/15 onwards. Members will be able to do the following via PCSE online with the new service: Type 1 Annual Certificate of Pensionable Profit and Type 2 self-assessment forms; Estimates of Pensionable Profit/Pay form; Retirement, 24 hour retirement and death in service; GP Locum contributions; GP Solo contributions; opting members in or out of the NHS pension scheme; amending member's Additional Voluntary Contribution (AVC). Further information can be found [on the PCSE website](#)

Members of the scheme are encouraged to log onto the new portal from 1 June 2021. To access this functionality you will need to have a verified PCSE Online account. If you don't have an account, or have yet to verify your existing account, please contact the PCSE User Registration team at pcse.user-registration@nhs.net. If you already have an account but have forgotten your log in details you can set up a new password on the [PCSE login page](#)

£120m COVID expansion fund - fair shares allocation per STP

NHSE/I has now published a [fair shares allocation per STP for the £120 COVID expansion fund](#) for 2021/22.

Following significant pressure, GPC England secured [additional £120m for general practices from April](#) 2021 until 30 September 2021. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity. Monthly allocations will be £30m in May, £20m in June and July and reach £10m in August and September.

GP Data for Planning and Research

NHS Digital has published a [Data Provision Notice](#) (DPN) in order to begin extracting data as part of the [GP Data for Planning and Research \(GPDPR\)](#) programme, which is the successor to the GP Extract Service (GPES). Your IT supplier will be in touch separately with instructions on how to comply, as these vary by system. As this is a legal direction, responsibility for communicating these changes to the general public sits with NHS Digital and the Department of Health and Social Care. Should you wish to communicate it to your patients you may do so, but it is not an obligation.

These are the next steps that practices need to take:

- Comply with [DPN](#)
- Update your [Privacy notice](#)
- Consider whether to proactively contact patients to inform them of what is changing
- and register [type 1 opt-outs](#) in a timely fashion

If patients register a Type 1 Opt-out, practices must process this. Codes for opt-out can be found [here](#) and are copied below for ease

Opt-out - Dissent code

9Nu0 (827241000000103 |Dissent from secondary use of general practitioner patient identifiable data (finding)|)

Opt-in - Dissent withdrawal code

9Nu1 (827261000000102 |Dissent withdrawn for secondary use of general practitioner patient identifiable data (finding)|)]

Further information, including a transparency notice and next step for GPs, is available [here](#).

A joint statement from BMA and RCGP can be found [here](#).

Final Seniority Factors for 2017/18

The [Final Seniority Factors for 2017/18](#), for England, have now been published by NHS Digital.

NHSEI review of urgent and emergency care standards

Based on the responses to their consultation, NHSEI announced, on 26th May, their intention to replace the four-hour A&E target by a bundle of new standards and an overall new approach to measuring performance in Urgent and Emergency Care (UEC) services. Any final proposals will, however, require government sign-off, which has not yet been given.

They are proposing to introduce 10 new standards which they say would provide system-wide information rather than focusing on one-part of the system. They argue that the current four-hour target focuses on only one part of a now much more complex range of urgent services for patients, including ambulance care, UTCs and NHS 111. A summary of the proposed new metrics is [here](#).

Health inequalities toolkit – call for examples

The BMA is producing a toolkit for frontline clinicians, including those in general practice, who feel frustrated by the health inequalities they see in their work, and who wish to do something about it.

The initiative is part of a project by BMA president Sir Harry Burns, who is making inequalities the focus of his one-year term in office. The BMA also [published a paper](#) in March recommending actions UK governments could take to mitigate the effect of the pandemic on health inequalities and the social determinants of health.

The BMA would like to hear from those who have seen or participated in schemes to address health inequalities in their local area, and hope the final published toolkit will support clinicians to tackle health inequalities, either through direct action on behalf of their patients, through joint working with other local organisations, or indirectly through lobbying local, regional or national government.

Please send any examples of projects or initiatives you have seen in your local area to reduce health inequalities, by filling in this [webform](#). If you have any general feedback on what you would find useful in a toolkit, as a GP, please email Liv Clark at oclark@bma.org.uk

Cameron Fund – 10 top tips for financial wellbeing

The [Cameron Fund](#) has had a difficult year in common with the rest of the world, but has continued to support our colleagues and families including those who have been affected by Covid. One of the objects of the Cameron Fund is the prevention of hardship and being aware of the financial pitfalls that can cause so much worry and stress to those who ask the Fund for help, they have produced: "[10 Top Tips for Financial Wellbeing](#)".

Mental health and wellbeing – looking after you and your practice team

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to offer [wellbeing services via Validium](#) for **ALL working in general practice within Tees** (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA now offers face-to-face counselling, in addition to their [existing wellbeing services](#). For the next six months, you can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions, provided by the BMA's existing accredited provider Health Assured, through a grant from the [CHSA](#). Call 0330 123 1245 today or [visit the website](#) for more information. Access the [BMA's COVID-19 wellbeing pages](#) and the [BMA wellbeing twitter page](#)

The BMA's [report on the mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. 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. For hard copies of the [Wellbeing poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of [NHSE provided support](#) available to you and your team including a **wellbeing support helpline, a 24/7 text alternative, peer to peer, team and personal resilience support, free mindfulness apps and the #LookingAfterYouToo coaching offer.**

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.

GPC GP Bulletin

Read the GP bulletin [here](#).