

Overwhelming rejection of government's 'rescue package'

National position

As you will now be aware, 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 the GPC in [a snap poll](#). By this GPC mean GPs and LMCs should not comply with the 'rescue plan' – which would mean spending more time on bureaucratic process, 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, and are now calling on the Government to withdraw their plan and work with GPC to introduce a new contract which ensures general practice is properly funded, with safer workload and reduced bureaucracy, and 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 GPC are [taking](#).

Read the GPC statement [here](#).

CLMC position

CLMC wholly support the GPC in clearly stating that enough is enough. General practice is beyond struggling and rather than listening to the cries for help, it feels that more and more is being asked of practices. For some time now we have been looking at the positive changes that can be made to support practices and ensure that patients can receive safe quality care. Constantly responding to the political and bureaucratic drives is not supporting safe patient care. Addressing the growing demand, capacity, resources (including estates), workload and workforce will support safe patient care. Our patients deserve more than the distractions that politicians are offering. CLMC is fully supporting all practices and individual GPs in putting patient needs ahead of political whims. CLMC is fully supporting all practices and individual GPs in refocussing on getting back to the heart of what makes general practices great, caring for patients ahead of satisfying about box ticking.

You will shortly be receiving an invitation to attend (via Teams) a profession wide meeting in Tees on 2 November at which we can explore next steps and the positive changes we can make in our area for the benefit of our patients and our teams. CLMC hope that you will be able to join us for this important meeting to ensure we capture and enhance the good services and opportunities whilst leaving behind the unnecessary pressure and bureaucratic demand that takes us away from the very thing that we all want to deliver, safe quality patient care. Enough is enough. We will get back to the heart of general practice for the good of all who work within it and all who enjoy the services and benefits it brings. Join us to empower and regain control.

Introducing CLMC Practice Quality and CQC Facilitator to support you

As part of the refocus on quality and support to all GPs and practices, Michelle Martin has joined CLMC on a 6 month basis (until the end of March 2022) as Practice Quality and CQC Facilitator. This is a post that has been funded by Tees Valley CCG. The purpose of the role is quality focused and will support practices in meeting the requirements of CQC. As always, this work will have focus on the patient at its heart and will also aim to relieve some of the stress and pressure that practices are currently feeling.

Michelle previously worked for CQC as an inspector and will bring great insight and support. As part of this work, Michelle is going to provide 'Top Tips' on various topics in the CQC five key questions, safe, effective, caring, responsive and well led. Michelle will also build up a library of resources that will be available for practices to support you with CQC monitoring processes and inspections. This is the start of the long-awaited work on this, and CLMC are excited by the potential support it will bring to practices.

Over the next few weeks, CLMC will be sending information about an event for practice managers. There will be an additional 'event' for GPs/registered managers as the quality and CQC work must be clinically led and embedded within practice cultures; something that can only come from all clinicians and cannot be left to managers alone.

CLMC look forward to continuing to work together with you over the coming months as our shared knowledge and expertise will be key in providing the support and resources that will assist practices in providing safe, quality care to their patients.

Michelle will also be available to answer any queries relating to CQC issues with which you would like some assistance and she is looking forward to working with you all over the next few months.

Workload control in general practice

As it is clear neither the government nor NHSE/I show they understand the scale of the crisis impacting general practice, or have provided the necessary measures to support the profession at this critical time, GPC 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 patients and protects the wellbeing of the 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 consider:

- Offering patients consultations that are 15 minutes or more
- Applying to close the practice list in order to focus on the needs of existing patients
- Stopping all non-GMS work to give priority to GMS care
- Rejecting all shifted work from secondary care that has not been properly commissioned
- No longer accept additional NHS 111 referrals above the contractual 1 per 2000 patients
- Stopping unnecessary cost based prescribing audits in order to focus on quality care
- Declining 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 GPC response](#) to the NHSEI/government's '[rescue package](#)' – GPC have done some rapid analysis of each element of the package that shows just how many sticks there are. The GPC [analysis](#) shows what the package really means for general practice and highlight 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). GPC 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. GPC believe CCGs and ICS managers should resist this punitive and damaging approach, and know that many managers want instead work to support not punish practices.

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

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

GP declaration of earnings guidance

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

GPC have already made clear 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. GPC 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, they 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.

Use the BMA [template letter](#) to write to your local MP to outline the current pressures being faced by GPs across the country.

The [GP campaign factsheet](#) can be used to rebut the misinformation in the media and to proactively include in social media posts, letters to the local press or MPs.

Next steps for COVID 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) cut 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).

Primary Care Fellowship Offers

This [document](#) that outlines the Fellowships offers that are currently available in the North East and North Cumbria. This includes both the national fellowships for GP's and GPN's and also the HEE Post CCT Fellowship offer.

For further information on the national fellowship offer please visit the fellowships page on the Primary Care Training Hub Website [Made In HEE Webpage](#) or contact workforcetransformation.ne@hee.nhs.uk (Guidance document [here](#))

For further information on the HEE Post CCT Fellowships please visit [Health Education England Post-CCT-Fellowship](#) or contact victoria.champion@hee.nhs.uk

Management of IBS in primary care - survey

King's College London are currently carrying out research that aims to capture how Irritable Bowel Syndrome (IBS) is diagnosed in clinical practice by GPs and the dietary advice provided to patients with IBS. If you would like to participate in this short survey (no longer than 5-8 minutes) click [here](#)

GPC GP Bulletin

Read the GP bulletin [here](#).

BMA COVID-19 guidance

Read the GPC [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#)

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.