

CLMC Bulletin 480 – 21/09/21

Protecting GPs from abuse and assault

It is both sickening and saddening that we need to bring this message from your Chair of GPC. CLMC is absolutely appalled by the level of abuse currently experienced by our wonderful practice teams who are stoically coming into workday after day knowing that they will face a barrage of unwarranted and, quite frankly, repulsive comments. Whatever happened to the 'be kind' ethos that was so readily backed on social media throughout the pandemic. How quite people can forget and become focussed on their own worlds again. We thank you and your teams, but we know that is not enough.

The escalation of abuse in Manchester is shocking and we stand in solidarity with our colleagues in saying enough is enough. We are not prepared to wait for escalation to continue or someone to be killed to change the headlines from GP bashing to 'how could this happen'. CLMC is joining with our colleagues to do all we can to turn this tide, but it is difficult against the media and government mantra that are feeding the populist, paper selling, vote winning population rather than the dealing in facts, honesty and support. We have circulated a brief questionnaire to practices and ask that you help us by giving some facts and personal experiences. We will be repeating this with a greater deadline and will continue to focus on how we can support in redressing some of the misconceptions and inappropriate messaging.

Who would have thought that we would see the day when we need to put a public health warning on a bulletin in the way that there are messages on TV programmes and movies but this is a sad indication of where we are. If you or any of your team have been affected by the media coverage, recounts of atrocities of abuse or subject to abuse and need to talk, please do contact CLMC or any of the confidential support lines at the end of this email. We are open for suggestions, support or as an avenue to offload. We appreciate that our words may feel hollow in light of what is happening on a day to day basis but we sincerely thank you and your teams. We know that you are doing the best possible job and please do not think that the abuse and opinions of some reflect the views of many. You are valued. You are appreciated. You are admired. We sincerely hope things will improve.

Message from Richard Vautrey, GPC Chair:

Dear all

In recent days GPs and their practice teams have come under sustained attack from the media, from the secretary of state Sajid Javid who is severely out of touch with the reality we face and, most devastatingly, from individuals culminating in a horrific attack on practice staff in Manchester on Friday that has left many in the profession feeling totally demoralised and under siege.

The BMA is taking immediate action to ensure the Government understands the seriousness of the abuse facing GPs and the impact this is having on them and their practice staff.

[We have written to Sajid Javid](#) demanding an urgent meeting and summit to discuss the unacceptable level of abuse being levelled against GPs and their staff, and to discuss what steps must be taken to keep healthcare workers safe. (See attached file: *BMA to Secretary of State for Health 210921.pdf*)

We are also calling for changes to the law, for the maximum sentence for assault against emergency workers to be increased from 12 months to 2 years' imprisonment and for verbal abuse against emergency workers to carry a heavier punishment

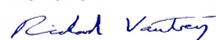
Alongside this, we are calling for a comprehensive national violence reduction strategy, building on the existing national violence prevention and reduction standard, to support staff across both primary and secondary care.

Read my message to the profession, including resources for practices how to remove violent patients from your practice list, and how to protect yourself from online abuse:

[Protecting GPs from abuse and assault \(bma-mail.org.uk\)](mailto:bma-mail.org.uk)

Best wishes

Richard



Richard Vautrey
Chair, BMA GPs committee

#Support Your Surgery campaign

At a time when so many are criticising general practice, we would encourage you to continue to use the resources and tools available on the [Support Your Surgery campaign page](#) to get the support of our patients to make the changes we urgently need to see.

The need for the campaign was clearly demonstrated this week as Sajid Javid, Secretary of State for Health and Social Care, showed how out of touch he is with the state of general practice through the [comments he made in parliament](#). We would therefore encourage patients and the profession to sign our petition calling on Government to provide the resourcing need so we can increase the number of GPs and other support staff in England.

This is one of the ways to address the concerns we share with our patients and to reduce the workload pressures we currently experience – and more [than 10,000 people have now signed our petition](#) - please show your support and sign it [here](#)

A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to info.gpc@bma.org.uk.

You can also show your support for the campaign by adding a [‘Support Your Surgery’ Twibbon](#) or [Twitter banner](#), or [Facebook banner](#), to your social media profiles.

Letter to Secretary of State

Following the GPC joint letter with RCGP, NHS Confederation and the Institute of General Practice Management (IGPM) sent last week, GPC have again [written](#) to the Secretary of State, Sajid Javid, to address the inflammatory [comments](#) he made in Parliament regarding increasing face-to-face GP appointments and that they were working with the BMA about this.

GPC pointed out that although GPs would like to be able to do this, the simple truth is that we need far more than just words to do so, and we need to remember “a return to how things were before the pandemic” would mean a return to a profession at breaking point, too few GPs, practice nurses, support staff, inadequate premises and longer waiting times to obtain an appointment for patients.

GPC have again called for urgent action from government to tackle these fundamental issues including an immediate suspension of QOF, not least following the impact of the blood bottle shortage and the ongoing workload pressures and restrictions practices are experiencing. Read the GPC [statement in response to Sajid Javid’s comments](#)

GP survey - deadline extended

Please complete this survey to tell GPC about the issues affecting you most, including your workload, recruitment and your future career plans.

This is an important survey and will support GPC negotiations and lobbying, and is a crucial important part of the GP campaign. Your responses will also help GPC better understand the issues affecting GPs and ensure they are representing the profession effectively.

The [survey](#) is now open until 22 *September* and will only take around 10-15 minutes to complete.

COVID vaccinations for 12-15 year olds

The [UK CMOs have now advised](#) that the additional likely benefits of reducing educational disruption provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the [JCVI](#), and therefore recommend on public health grounds to extend the offer of vaccination with a first dose of Pfizer-BioNTech vaccine to *all* children aged 12 to 15.

The [Enhanced Service Specifications](#) have been updated to include the expanded “at risk” group for 12-15 year olds, which means that practices will be covered by indemnity and can start vaccinating this group. The [Collaboration Agreement](#) which has been approved by MHRA for phase 3 of the vaccination programme has been updated. Practice vaccination groups are required to have a Collaboration Agreement, although not required to use the template.

[Healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school](#), and practices will only be involved in the vaccination this group where the commissioner requests, *with the agreement of the practice*, and in collaboration with the school-aged immunisation service. GP vaccination sites should not therefore proactively vaccinate this group unless they been requested to do so. Read the guidance from NHSE/I [here](#)

Booster vaccines

GPC welcome that the [JCVI has now confirmed that booster vaccines](#) should be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9). The booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1. GPC would anticipate that many GP practices will want to co-administer these boosters with flu vaccination and expect local teams to facilitate this. There is also a need for government and NHSE/I to do far more to support practices, not only in the delivery of this important programme for our patients, but also to address the wider workload pressures practices are experiencing, something which is only likely to increase as the winter progresses.

[NHSE/I have announced](#) a further increase to the funding for PCN clinical directors from October to March 2022 although this will be from 0.25WTE to 0.75WTE rather than the higher 1WTE payment made previously. Whilst it is necessary to recognise the significant work clinical directors and those working with them are currently doing, it is disappointing that this has been reduced rather than increased further as is really needed. The [updated Phase 3 specification](#) has now been published.

GPC have also written to the MHRA asking for clarification with regards to the continued recommendation for a 15-minute observation period following provision of the Pfizer-BioNTech ‘Comirnaty’ vaccine for COVID-19. GPC highlighted that this causes a particular problem for GP practices participating in the vaccination programme as many practice premises lack the facilities or space to safely undertake the required 15-minute observation period following provision. GPC would encourage LMCs and practices to also write to MHRA (info@mhra.gov.uk) to address this issue.

Recording overseas vaccinations

GPC continue to raise the issue of recording overseas vaccinations on practices’ IT systems, a technical solution for recording on the NHS immunisation management service (NIMS) is still being worked up but not yet ready to roll out.

In the meantime, NHS Digital has advised that vaccination sites should follow the [guidance from Public Health England](#) (see pages 13 and the table on page 34-35), relating to vaccines given abroad, in terms of which vaccine should be given in England depending on which was given abroad.

If someone has had their first dose outside of the UK, they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, or a GP practice (especially if they have had a brand of vaccine not available in the UK) to arrange their second dose. Patients should be told that at this time, only vaccines delivered in the UK will count towards UK COVID-19 certification and that the NHS is working on a solution.

If a patient registered with a GP in England informs you that they have had a vaccination overseas, you may choose to record the details in the usual clinical notes section of the patient’s GP record. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

Blood bottle supply update

NHSE/I has sent a [letter](#) to practices updating on the supply disruption of BD blood bottles. The availability of alternative products and improvement in BD's production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with the [best practice guidance](#), can resume, stocks permitting from 17 September. Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, in order to spread out demand for tubes. All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week's worth of tubes based on demand from June and July 2021.

Blood tests in hospital will still be more limited and we have asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.

COVID-19 Response: Autumn and Winter Plan 2021

The BMA has produced a short [briefing](#) regarding the Government's [Winter Plan](#), outlining the main points expressed in the Secretary of State's speech and the Prime Minister's press conference.

- Although the worst case scenarios of the models look to be quite unlikely, there is still considerable risk of hospitalisations reaching unsustainable levels in the Winter.
- That the expected peak of infections in August may be delayed until October – coinciding with winter pressures.
- There is a significant degree of uncertainty and predicting the trajectory of infection is difficult
- There is a great deal of consensus that acting earlier and introducing certain measures to limit contacts such as working from home could have a significant potential to mitigate the scale and speed of the infection trajectory; these would preferably be done when hospitalisations are already at a manageable level.

Read the BMA [press statement](#) which reflects their position on how we believe the Government should approach this period of time

End of the shielding programme and closure of the Shielded Patient List (SPL)

The [Government has announced](#) that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support still available. Practice do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

Health inequalities and climate change

This week GPC [wrote](#) to the President of the UN COP26 Climate Conference, Rt Hon. Alok Sharma MP, to highlight GPC concerns about health inequalities and climate change. GPC made a number of recommendations to the Minister including the action government could take to support general practice to become carbon neutral, implementing a practice of return and recycling for medicines such as inhalers and for resources to meet the needs of practices in areas suffering from high levels of deprivation.

ARM update

The BMA's [Annual Representative Meeting](#) was held earlier this week, where the Council chair Chaand Nagpaul's [speech](#) highlighted the pressures GPs are under, and that GPs and primary care teams have worked incessantly 7 days a week in vaccination centres while practices at the same time continued to provide essential services to their patients. He pointed out that it's therefore soul destroying for GPs to be publicly vilified for not being able to operate normally and that it was a failure of leadership by the NHS not to defend GPs. He said "what we needed was for ministers and NHS leaders to visibly congratulate and thank GPs and primary care teams for their heroic efforts in saving tens-of-thousands of lives." Read the resolutions [here](#) and [listen to my report to the ARM](#)

A motion was passed at the ARM, which stated that 'primary care did not shut during the pandemic, but appropriately changed working practices to protect both patients and staff, continuing to see patients face to face where this was necessary' and called on 'the BMA to demand NHS England cease and desist from negative briefings suggesting otherwise'.

This was reported on by [Pulse](#)

Changes to the COVID-19 test kit distribution service

From 4 October, an amended COVID-19 test kit distribution service will begin from and as part of the changes, people will be asked to register on www.gov.uk or via 119 for a collect code to pick up test kits. More information is available from the Service Specification on the [NHS BSA website](#).

NHS-Galleri cancer test trial

The [NHS has launched a trial of a new blood test](#) that can detect more than 50 types of cancer before symptoms appear. The participants, are aged 50-77 and asymptomatic of cancer, are identified and invited through NHS DigiTrials to register their interest in being part of the study. Those who consent will be invited up to a mobile screening unit to give a blood sample.

The [NHS Galleri test trial](#) checks for the earliest signs of cancer in the blood and only those who have a positive Galleri test will be referred by the study team to a 2WW clinic based on the predicted cancer signal origin. Hence, any GP involvement in this study is only if participants choose to contact them at any point in the trial process. A few GP practices have, in addition, volunteered to undertake trial recruitment from their lists and are liaising with the study team.

Supportive call from WHO for investment in primary care post COVID

Attached is a statement by the WHO Regional Committee for Europe, about reinventing primary health care in the post-COVID-19 era, which calls for more investment in primary care.

Survey of practices' experiences of using PCSE payments and pensions portal in August

GPC are extending the closing date of the joint [survey](#) (with the Institute of General Practice Management), for practices to learn of their experiences of using the PCSE payments and pensions portal, until *Tuesday 21 September*. Take the [survey](#)

BMA Members Only: Sessional GPs webinar – contracts

A webinar will be held on 21 September, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Questions can be submitted in advance and there will also be an opportunity to ask questions during the event. Register your place [here](#)

Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual [Social Prescribing Link Worker Day Conference](#) on 8 October 2021, with the theme of *The Creative Disruptors Reducing Inequalities & Powering Up Integrated Care*, to celebrate and showcase Social Prescribing Link Workers' impact and role in creatively disrupting inequalities and powering up integrated care. This event is open to GPs, social prescribing link workers, community health and social care industry leaders, PCNs and clinical directors. There are 20 free tickets available for BMA members – first come first served - via this [link](#)

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.