

## **CLMC Bulletin 475 – 17/08/21**

### **BMA survey reveals worrying levels of abuse against doctors and staff**

A [BMA survey](#) of doctors in England, Wales and Northern Ireland, published earlier this week, showed that more than half of GPs responding have faced recent verbal abuse from patients, or those close to them. The survey was widely reported in national and local media, including in [this powerful piece in the Guardian](#), and key findings include:

- 51% of GPs respondents had experienced verbal abuse first-hand in the most recent month and one in five GPs reported being threatened
- 67% of GPs had witnessed violence or abuse against other staff and 96% of these said this was directed at reception staff
- Two-thirds of GPs said their experience of abuse, threatening behaviour or violence had got worse in the last year
- The most common place for abuse experienced by GPs was in their consulting rooms (53%)
- While respondents reported a number of factors they felt were behind the incidents, 75% of GPs said the perpetrator was dissatisfied with the service or access.

The last year and a half has been an incredibly challenging time for doctors, the staff they work with and patients. Many doctors share the frustrations of their patients around unfamiliar ways of working and increasing waiting times. However, abuse, violence and threats are absolutely unacceptable and should never be tolerated.

GPs and their colleagues are doing their absolute best to provide care to their local communities, and these findings show an incredibly worrying trend, with GPs reporting rising levels of abuse against staff in general practice, who are already working under intense pressure. Facing such abuse can leave even the most resilient GP feeling alienated and undervalued, leaving them questioning their career when the NHS can ill afford to lose any more staff in general practice.

There is an urgent need for support for general practice and there must be an honest public conversation, led by the Government and NHS England, about the precarious state the NHS now finds itself in after 18 months of managing a pandemic, so that people have realistic expectations, and to prevent staff bearing the brunt of frustration and anger. Government must also do more to protect and defend frontline healthcare workers at risk of abuse, including not doing anything that makes the situation worse. Read the full GPC statement [here](#)

### **Becton Dickinson blood specimen collection supply disruption**

NHSE/I has issued urgent [guidance on recommended actions](#) following an alert by Becton Dickinson to a global shortage of products from their Blood Specimen Collection Portfolio, which is expected to last a significant period of time. They advise that, other than in exceptional circumstances, vitamin D testing should be stopped, retesting and monitoring intervals should be extended when clinically safe to do so and that routine screening for pre-diabetes and dyslipidaemia, allergy testing and routine infertility testing should be deferred until a resolution to the supply problem. GPC have raised this issue with the NHSEI primary care team as it could have an impact on regular tests for NHS health checks, QOF and drug monitoring. It would be unreasonable for practices to delay tests and then be expected to catch-up later, so adding to the current care backlog.

NHS Supply Chain has issued a [Customer Notice](#) which details the products impacted and the measures they have put in place. Practices that secure these products from Primary Care Support England (PCSE) should continue to order in this way. GP practices that do not usually order from PCSE can also order via [their process](#).

## **National Standards of Healthcare Cleanliness 2021**

There has been an [update to the required infection control standards](#) that applies to GP practices. The new standards come into force April 2022. Be aware that the document applies to the whole of healthcare (eg operating theatres), so some of the information will be too high level for a GP setting and many of the requirements will be those practices are following already and major changes should not be required. Indeed, the document specifically states, with respect to costs:

*"Introduction of the new standards should not generate additional costs providing organisations are fully compliant with the 2007 standards."*

We are aware that practices have been approached by some organisations offering assistance/services to comply with the new standard. In the first instance, CLMC advise reading through the document and reviewing this against your existing cleaning contract and infection control protocols. You can then assess any changes that you deem necessary and whether this will require a change in your existing provision or the support of another party.

## **COVID-19 pandemic recovery workload prioritisation guidance**

As the COVID-19 restrictions are easing across the UK, and despite the success of the vaccination programme, the workload pressures caused by the pandemic remain at record levels.

The UK is currently moving through a third wave of infections, driven by the delta variant, leading to large numbers of COVID-19 cases, albeit often less severe than in previous waves, many of whom are managed by GPs and their teams. General practice not only continues to deliver the vaccination programme, but also provides routine acute and long-term care to patients and supports large numbers of individuals who are awaiting specialist assessment or treatment.

In light of these workload pressures, GPC England and RCGP have updated their [joint COVID-19 Pandemic Recovery Workload Prioritisation Guidance](#) for GP practices.

GPC urge commissioners to understand that there is significant variation in local capacity in general practice - subject to local circumstances, COVID-19 prevalence, and staffing levels – and that *it is for practices to determine how they meet the reasonable needs of their patients.*

Clinicians should continue to review and reprioritise workload, using clinical judgement and reflecting both patient need and local circumstances (e.g. staffing levels, local disease prevalence and patient demographics). Commissioners should also continue to limit or suspend additional expectations of practices, such as local enhanced services. However, with the withdrawal of the national Standard Operating Procedure (SOP) for general practice, following GPC intervention last month, the RCGP and GPC have amended their own national guidance. GPC will though be keeping the situation under close scrutiny and the winter approaches.

Read more in the updated section on service provision in the GPC [COVID-19 toolkit for GP practices](#)

## **Self-isolation removed for close contacts of those who are fully vaccinated**

From Monday 16 August, people who have had two COVID vaccinations or aged under 18 will no longer be legally required to self-isolate if they are identified as a close contact of a positive COVID-19 case. With 75% of people having received both doses of the vaccine, the majority of adults will no longer need to self-isolate if they are contacts. Read more [here](#)

NHSE/I has distributed a system letter on how the government's changes to the requirements to self-isolate following a positive COVID-19 contact will impact staff and students working in the NHS. The letter [can be found here](#).

## **Mandatory requirement for vaccinations to enter care homes**

DHSC [has published guidance](#) on new [regulations which make COVID-19 vaccination a requirement for NHS staff entering care homes](#) in England. This includes all staff in NHS commissioned services going into care homes. The last date for a care home worker to get their first vaccination in time to be fully protected is 16 September as the regulations requiring two vaccinations will come into force on 11 November. Booster doses are not currently covered by the regulations but may be added in the future. There are only a limited number of exemptions, and GPC are currently discussing this with DHSC.

### **BMA Infection control guidance**

The BMA has updated its [guidance on reducing risk in healthcare settings](#) following the easing of restrictions on 19 July, to reflect the fact that COVID-19 is still circulating in the community, and the need to continue to reduce the risk of infection in healthcare settings.

The report sets out a number of measures that need to be taken by employers and government to reduce the risk of infection in all healthcare settings, including, adequate workplace and individual staff risk assessments; providing staff facilities that support infection control; a greater focus on ventilation in healthcare environments; the provision of safe and sufficient PPE; and reporting and investigation of COVID-19 cases suspected to have arisen from work.

The government's [infection control guidance for healthcare settings](#) still applies following the lifting of the restrictions and as confirmed by the [government](#), healthcare settings should maintain face coverings among other IPC measures. Download a poster for practices to display, about the continued use of face coverings for healthcare settings, [here](#).

### **COVID vaccination programme data**

[Three quarters of UK adults](#) have now received both doses of a COVID-19 vaccine and the data shows that two doses provide over 90% protection against hospitalisation from the Delta variant, which is the dominant strain in the UK. Richard Vautrey commented about the amazing achievement of general practice teams and many others vaccinating so many so quickly [here](#).

### **Meeting with Amanda Pritchard, new CEO of NHS England and NHS Improvement**

Richard Vautrey, GPC Chair, had a face to face meeting with the newly appointed NHSE/I chief executive, Amanda Pritchard. They talked about the many issues impacting general practice, not least the significant workload pressures all are experiencing as we deal with the impact of the pandemic and the NHS care backlog. Richard also discussed the importance of NHSE/I clearly supporting general practice in their words and actions, and that by strengthening our service it would not only help patients seeking care from general practice but would also benefit the wider NHS.

Amanda stressed how important she felt it was to meet so soon after taking up this role and her wish to rebuild the relationship between GPC England and NHSE/I. This was a constructive meeting and it is hoped it will provide a strong supportive basis on which GPC and NHSE can move forward.

### **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, Primary Care Networks and clinical directors across the UK. Get the latest updates and best practices to power up your practice and patients through social prescribing – find out more here <https://nalwevents.org/>

There are 20 free tickets available for BMA members – first come first served - via this [link](#)

### **BMA Annual Representative Meeting 2021**

The agenda for the 2021 ARM has been published. The ARM takes place virtually on 13 and 14 September. A dedicated ARM [website](#) had also been launched where you will find information on elections, events and a [blog](#) from Dr Latifa Patel, Acting representative body chair.

### **GPC GP Bulletin**

Read the GP bulletin [here](#).