

CLMC Bulletin 484 – 19/10/21

Government's 'rescue package' out of touch with GP crisis

After weeks of promising an 'emergency package' to rescue general practice, we are hugely dismayed that whilst additional funding of £250m has been promised, the Government's so called 'rescue [package](#)' as a whole offers very little and shows a Government completely out of touch with the scale of the crisis on the ground.

GPs and their teams will now be facing the worst winter for decades, and as a result, patients' care will suffer. Appointments will be harder to book, waiting times will get longer, more of the profession could leave and GPs will struggle to cope.

It is also disappointing to see that there is no end in sight to the preoccupation with face-to-face appointments. While in-person consultations are a key feature of general practice and absolutely necessary for some patients, the pandemic has proven that in many other cases, phone or video appointments are entirely appropriate and appreciated by patients, and a crude focus on percentages or targets is completely unhelpful.

Hot of the press: GPC message

The BMA mailed member GPs across the country with a snap-poll. They received almost 3500 responses within 48 hours and 93% told that the government/NHSEI plan was an unacceptable response to the current crisis.

A press statement has been issued. <https://www.bma.org.uk/bma-media-centre/england-s-gps-overwhelmingly-reject-health-secretary-s-plan-to-support-general-practice> Please share this widely.

GPC England will be meeting on Thursday to discuss our next actions and CLMC is joining an emergency national meeting on Thursday evening. A further update and guidance for GPs and practices will follow this.

At this time, GPC advise GPs and practices not to engage in this punitive and damaging plan.

CLMC response

We hope you have had the time to read the email that we sent on Friday demonstrating our support to practices, our disgust at the public demonising of general practice, our rejection of the distraction of politicising of patient services and our drive to support practices in doing what they do best, putting the focus back on patients with quality patient care at the heart of what we do.

Over the coming weeks we will be developing practical solutions and advice/actions, sharing information on how we will actively support you (not just words!) and we will be looking at how we ensure that patient care and experience is central to all our communications (relating everything back to the quality patient care you provide and sharing this positively in public). We could say a great deal about nothing concrete but we would rather wait until we have clarity, meaningful messages and practical next steps so please do not take the lack of messaging as lack of action but rather us doing the ground work and leaving you free to focus on what you do best, patient care.

In our email we mentioned a Tees wide, profession wide meeting. CLMC is prioritising this and has replaced the scheduled CLMC Committee meeting with an open meeting. Full details will be forwarded soon but please do hold space in your diary for a Teams meeting, 7 – 9pm on Tuesday 2 November.

GPC response:

Throughout the lobbying of ministers and NHS England in recent weeks, the BMA has been clear that without a concerted effort to reduce bureaucracy, admin and red tape in practices, patient access and care was at risk.

GPC had four simple asks – and only increased sentencing for assaulting healthcare workers has been fully answered, but is meaningless if the Government refuses to address the crisis fuelling such abuse. The Secretary of State has started to address a second, by talking more positively about general practice at times but he needs to do much more by way of action to publicly support the profession. Sadly the tone of arrogance and dissonance within the document sends quite the opposite message, not one of thanks to the profession. Richard Vautrey, GPC Chair, made clear the serious concerns about this when they met.

These proposals will only confirm the profession's belief that ministers and NHS England fail to understand the dire state of general practice – or that they, not hardworking GPs, are to blame. It is truly frightening that we have a government so ignorant to the needs of such a core part of the NHS. GPs want to improve the care we offer to our patients, but this package will not enable us to do that as we had hoped. There can be no doubt that this lack of action at such a critical time will force many GPs to hang up their stethoscopes and leave the profession for the last time.

Read Richard Vautrey's full [statement](#)

GPC analysis of NHSE/I package

Following the initial response to the NHSEI/government package – GPC have done some rapid analysis of each element of the package that shows just how many sticks there are. Their [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). We hope this will help explain just how damaging the package is and dispel any suggestion that this provides the necessary support for general practice. GPC have also updated the [General Practice factsheet](#) showing the facts and figures of the crisis. These are also available on the [BMA website](#)

Your wellbeing

When we are working so hard to do our best for our patients, the daily torrent of abuse and vitriol directed at GPs and their teams, both in the national media and from patients and the public, is having a major impact on the morale and mental well-being of many of us. With the long awaited emergency support package failing to offer the hope needed that there will be meaningful support for the winter ahead, rather than more targets and performance management, it's important that we our best to care for one another.

CLMC is here for you and offers support, a shoulder to lean on and a safe haven to share concerns/vent stresses. Please contact Janice or any one of the Clinical Executive for support. We also continue to offer [wellbeing services via Validium for ALL working in general practice within Tees](#) (including administration teams and locums). We understand that a number of staff have accessed this confidential service and it has been well received. If you need any further information, have any trouble accessing this service or need something additional, please get in touch with janice.foster@nhs.net or Jackie.jameson@nhs.net . All feedback and discussions will be entirely confidential as always!

The BMA is also there for you and offers supportive [wellbeing services](#) which include face-to-face counselling. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call 0330 123 1245 today or [visit the website](#) for more information.

Workload Control in General Practice

As it is clear neither the government nor NHSEI show they understand the scale of the crisis impacting general practice, or have come forward with the necessary measures to support the profession at this critical time, we would encourage practices to look again at the GPC [Workload Control in General Practice paper](#). 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, but instead adopt arrangements that allow for longer but fewer consultations, and which delivers a higher quality of care and a safer service to patients.

Infection control recommendations for primary care

The UK Health Security Agency has published recommendations for changes to [Infection Prevention and Control Guidance \(IPC\) in primary care](#) following previous recommendations which focussed on changes in elective care. The main amendment is the reduction of the 2 metre social distancing rule to 1 metre, highlighting the need for appropriate mitigation.

The BMA has already made the point that even 1 metre social distancing will be difficult for some smaller surgeries and as such there will still have to be a reduced capacity in some practices and buildings. The guidance strongly emphasises that local decisions and local risk assessments will ultimately govern judgements such whether a face-to-face consultation is appropriate and where physical distancing can be safely reduced, which we welcome.

CLMC also highlight the inherent risk in operating the guidance as written, given that it may encourage inappropriate discrimination and segregation of your patients dependent upon their vaccination and covid status and may require the operating of 2 access systems. If you have any questions about our concerns, please email janice.foster@nhs.net. We encourage practices to carefully consider the arrangements they have in surgery, carefully consider the guidance and balance the view as to whether moving from 2m distancing is safe, appropriate and practical. It is for practices to determine what arrangements are safe and appropriate for all their patients and staff. Read more about the [UKHSA review into IPC guidance](#) .

We also share this [latest Bulletin](#) from the Community Infection Prevention and Control Team for General Practice which focuses on International Infection Prevention Week.

Also below are links to a selection of posters developed by the infection control team that are available to download free of charge to support with the above campaign:

www.infectionpreventioncontrol.co.uk/resources/your-5-moments-for-hand-hygiene-for-general-practice-poster/

www.infectionpreventioncontrol.co.uk/resources/respiratory-and-cough-hygiene-poster/

www.infectionpreventioncontrol.co.uk/resources/wearing-a-mask-dos-and-donts-poster/

New GP workforce data

The latest [GP workforce data](#) for August show the continuing contraction of the General Practice workforce, something that the Government's failed to acknowledge in its 'rescue package', although many media reports, including BBC reports, have started to helpfully focus on this important issue.

While an increase of around 1,700 GP trainees since the previous month is a positive addition, General Practice is now 1,803 fully qualified full-time equivalent (FTE) GPs short of 2015 levels. Over the past year alone General Practice has lost 380 fully qualified FTE GPs, which equates to a net loss of 307 fully qualified individual GPs (a gain of 611 salaried and locum GPs, with a loss of 918 partners).

The number of primary care nurses and direct patient care staff has also dropped over the past year, and marginal increases in the number of admin and non-clinical staff are not enough to cope with increasing administrative and bureaucratic burden.

Meanwhile, the number of patients continues to grow equating to more pressure on remaining GPs as the number of fully qualified GPs per 1,000 patients in England have fallen). This, combined with the latest [GP appointment data](#), which showed that the total number of appointments delivered by general practice remains higher than pre-pandemic levels and the fact that appointments delivered face-to-face has risen to 57.7%, clearly illustrates that the profession is working harder than ever.

Full analysis can be found on the BMA's [Pressures in General Practice](#) webpage.

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

The GPC [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. Please share with us replies you may receive from your MP.

Joint statement condemning abuse of healthcare staff

BMA has co-signed a [joint statement condemning abuse of health and care staff](#), together with the Academy of Medical Royal Colleges, NHS Employers, NHS Confederation, Royal College of Midwives, Royal College of Nursing and UNISON.

They ask the Government and media to 'be honest and transparent with the public about the pressures facing health and care services and that this is going to have direct implications for patients and their carers. This means making clear that the problems are systemic and that blaming and abusing individual staff members is never acceptable behaviour.'

This statement was reported in the [Guardian](#), [BusinessFast](#), [BusinessMayor](#), [Yahoo!](#) and [MSN](#). It was also covered in a [Pulse](#) article about a branch surgery of a Staffordshire GP practice that was forced to close down for two days, related to staff receiving verbal patient abuse.

Following the [Guardian article](#) BMA council chair Dr Chaand Nagpaul was interviewed on [LBC](#).

COVID-19 Vaccinations

Local Vaccination Services SOP update

An update to the [Local Vaccination Services SOP](#) has been published, including updates relating to Phase 3, and the vaccination of eligible children and young people. It is relevant to PCN-led vaccination sites and community pharmacy-led vaccination sites participating in phases 1, 2 and / or 3 of the vaccination programme.

Light touch assurance process on third doses of Moderna for immunosuppressed patients

NHSE/I has also published a light touch assurance process on the identification and invitation by GP practices of severely immunosuppressed patients eligible for a third dose as part of their primary course of vaccination. Practices are encouraged to identify and invite these vulnerable patients. Read more [here](#).

COVID-19 Vaccination PGD and national protocol

A revised Spikevax (formerly COVID-19 vaccine Moderna) PGD and national protocol for England have now been published [here](#).

Flu vaccination guidance on accessing centrally supplied flu stock

DHSC have published [guidance](#) for general practice and community pharmacy, outlining the process for accessing centrally supplied flu vaccines for this season.

In order to achieve higher vaccine uptake rates compared to last year, DHSC has secured an additional supply of influenza vaccines, which will be available from early November, for practices and community pharmacies to top up local supplies and where it is most needed.

Practices should determine if there is a need for further flu vaccines by assessing current uptake rates in eligible cohorts, and will be able to place orders for this stock from 18 October.

Tees Valley CCG provided an email to practices on 14 October outlining the process. If you have missed this in the mass of emails we all experienced last week, contact Jackie.jameson@nhs.net and we will forward it on to you but we have included the basis of the process in the email that accompanied this bulletin.

Health inequalities toolkit

The presidential project of last year's BMA president Sir Harry Burns culminated in a health inequalities conference this week to launch the BMA's [health inequalities toolkit](#). The toolkit brings together ideas of projects for colleagues across the UK and across medical specialties to try, should they wish to do something to tackle the growing health inequalities felt in this country.

The toolkit is intended to support clinicians and medical students, and that the Government should take responsibility for reducing health inequalities, rather than put that responsibility on clinicians.

If you are involved in a project that seeks to address health inequalities that you would like to share with colleagues, please email info.phh@bma.org.uk to request a submission form.

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.