

GP pressures and GP appointment data

On the 13th December, the Prime Minister put out a call to arms, making the booster campaign the national priority in the fight against Omicron. General practice responded to the call and delivered 3.9 million vaccination appointments that month. We now know that this booster wall of defence kept our sickest and most vulnerable safe and out of harm's way. Yet again, GPs and their teams vaccinated this country out of crisis.

As a result, [GP appointment figures](#) for December were a staggering 20% (4.9 million) higher than two years ago, pre COVID. As well as vaccination rollout, we continued to care for patients with COVID and deliver the day-to-day care our communities need. In fact, 2021 saw GP practices in England book more appointments than ever before, with an unprecedented 367m appointments.

The growing burden on general practice is particularly stark given the [ongoing failure to deliver](#) on GP recruitment and declining GP numbers (with the equivalent of 1,756 fewer fully qualified full-time GPs compared to 2015), while at the same time the average number of patients each GP is responsible for has increased by around 16% - to more than 2000 - since 2015.

GPs and their teams continue to work harder than ever, and this is simply unsustainable. Patients' and colleagues' health is ultimately at risk without a solution. As well as creating and delivering solutions to bolster the workforce, Government must urgently scrap unnecessary administrative tasks and other unachievable targets if we're to stand a fighting chance of getting on top of current demand. Without urgent action from Government, the care GPs provide for their patients will inevitably deteriorate as they prioritise only the sickest, ultimately leading to a two-tier system.

Thank you to all our colleagues in general practice for this immense contribution.

Read the [full BMA statement](#) by Dr Farah Jameel, GPC England chair.

These pressures are also illustrated in a recent [Guardian article](#), which follows Warrington GP Dr Laura Mount from October to the beginning of January. The GPC England chair Dr Farah Jameel was also interviewed saying: "We are already at the point where patient safety is being compromised... It has been for a long time." The article points out that the issues predate COVID with primary care underfunded for years. It says: "In 2005, general practice received [9.6% of the NHS budget](#). In 2019-20 this figure was about 8.7%. The BMA has called for a minimum of 11% of the NHS budget to go to GPs."

Read more about [pressures in the NHS](#) in newly published GPC hub, which includes data on GP workforce and workload, and an analysis on pressures in general practice.

Mandatory COVID-19 vaccinations – guidance for GPs and practices

It is impossible not to notice the headlines and loud shouts for a pause in this national policy and if anything changes we will update you as soon as we are officially aware (rather than media rumour!). Until then, GPC have published [specific guidance for GPs and practices](#) in response to the new regulations that require all healthcare staff in England to be fully vaccinated against COVID-19 by April. We continue to get a significant number of questions on this subject, and we are very aware of the anxiety that VCOD is causing practices. It is not possible to give solutions for every single scenario, but GPC have tried to address the most common questions.

This [guidance](#) will help answer your most common queries in regards to:

- who does it apply to and what the exemptions are
- defining patient-facing roles
- dealing with vaccine hesitant employees
- redeployment and dismissal
- contracts and agreements.

This sits alongside wider [BMA guidance](#) previously published. Both sets of guidance should be read in conjunction with each other.

GPC will also be publishing a flowchart for practices dealing with unvaccinated staff, in the next few days.

GPC will add to the guidance as more questions are asked and more information becomes available.

Fit testing of FFP2 and FFP3 respirators

Current [IPC \(Infection Prevention and Control\) guidance](#) advises that clinicians seeing patients with any known or suspected respiratory infections should wear FFP3 respirators to prevent nosocomial transfer. It is also a requirement of the [Health and Safety Executive \(HSE\)](#) that FFP2 masks are fit tested in the same way as FFP3 masks. HSE advises against the use of FFP2 unless we are in contingency measures as these provide a lesser filtration rate than FFP3.

GPC England (GPCE) has persistently made the case that COVID-19 is transmitted by airborne means and that effective respiratory protective equipment (RPE) is of vital importance to protect healthcare staff and our patients. GPC have worked hard with NHSE/I in order to protect colleagues and patients. This latest guidance acknowledges these facts and provides a framework by which practices can access appropriate RPE.

Practices can access FFP respirators, including FFP3s, via the [PPE portal](#) if they have risk assessed their environments and require these. In addition, practices can access fit-testing for their FFP respirators through their local commissioners, and CCGs have been informed that where risk assessments have shown it to be necessary, fit-testing should be provided by the CCG.

NHSE/I have asked CCG/Integrated Care Systems (ICSs) to identify fit testing capacity that may be available in their system, to consider the need across the whole system and ensure demand is prioritized according to clinical need and the type of procedures that local providers are carrying out in line with IPC guidance.

A list of fit testing training providers is available [here](#) and there is also additional support via two dedicated Fit Test Helplines for NHS / healthcare providers, which can be contacted on: 07376 304545 or 07376 304546. The legal duty is to take all reasonably practicable actions. If there is no availability of fit testing or there will be delay, risk is still reduced by moving from surgical masks to either FFP2 or FFP3 respirators.

Read the GPC [guideline for practices](#) to use, about making risk assessments and on infection control protocols.

Face coverings in practice premises

As of 27 January, [face masks will no longer be a legal requirement](#), but people are still advised to wear coverings in enclosed or crowded spaces, and the [IPC guidance for health settings](#) states that face masks should continue to be worn by staff and patients in health care settings.

Practices should carry out [risk assessments](#) and assess what level of respiratory protective equipment should be worn by different groups in various settings. Health and Safety law makes it your responsibility to protect staff and other patients based upon these risk assessments, thus making mask wearing a legal requirement if your risk assessment suggests masks should be worn. If challenged by patients not wanting to wear a mask you can refer to the IPC guidance and your risk assessments and inform the patient that "the law imposes on me the duty to expect you to wear a mask, and on you the duty to wear one in these premises."

Download the GPC [poster](#) about using face coverings in practices.

Healthwatch Dentistry Mythbuster

Healthwatch teams across the north east have collaborated to pull together this [mythbuster leaflet](#) designed to dispel the most common rumours relating to NHS dentistry. Please share this leaflet with your patients.

Health and Social Care Bill - #WrongBillWrongTime

The BMA, as a core member of a [coalition of almost 90 healthcare organisations, called on peers debating workforce elements of the Health and Social Care Bill](#) to support [Amendment 170](#), which would place a duty on the Secretary of State to publish regular, independently verified assessments of the workforce numbers needed, now and in the future, to meet the growing needs of the population.

The BMA's wider briefing warns that the NHS is still under huge pressure from the pandemic and it is [not the right time](#) to be reorganising the NHS. Read more about GPC concerns with the Bill [here](#).

PCN DES - Examples of good practice

99% of practices in England are signed up to the PCN DES and are working in collaboration with neighbouring practices. In some areas there have been huge problems recruiting ARRS staff, and PCNs have failed to give practices the benefits that were promised, and the LMC England conference has very clearly articulated those problems.

GPCE would like to not only understand more about the problems being encountered, but also see examples of where PCNs are working.

We request colleagues share examples of effective local collaboration and transformation that have come about due to the PCN DES via email to janice.foster@nhs.net. With your permission, we will share these innovative and useful ways of working with national colleagues to share wider across the country and inform discussions with NHSE/I on PCNs. We also want to be able to highlight the difficulties and challenges of PCNs, so please do send the flip side of PCN work. It is important that we can present a fully informed and honest picture of PCN work in Tees, demonstrating where GPs and PCNs have made the system work well for them and their patients as well as demonstrating if PCN working has been frustrated or success inhibited by constraints and difficulties. Please email any examples to janice.foster@nhs.net If you are happy for us to share your examples with GPC please also indicate this in your email, without your permission we will ensure your information is confidential to eth CLMC office and only shared on a 'key themes' basis.

How can GPs effectively care for patients with long-term conditions in the current climate?

Dr Matt Kearney (GP and UCLPartners Programme Director for CVD Prevention and Proactive Care) and Helen Williams (Consultant Pharmacist UCLPartners Clinical Adviser and National Specialty adviser for CVD Prevention, NHSE/I) highlight the importance of search and stratification tools to help primary care safely prioritise patients with long term-conditions, in this [blog](#).

This approach helps manage GP workflow at a time when there is so much pressure on staff and they have such limited capacity due to covid cases and the vaccination programme. By starting with the patients at highest risk but still supporting proactive care for all patients, this method provides benefits for patients and practices. Read the [blog](#)

Cameron Fund Video

This [short video](#) is the 5th in a series and explains who the Cameron Fund are and why their members are so important. Please feel free to retweet the following messages about membership of the Fund and the video:
<https://twitter.com/TheCameronFund/status/1485953789668569091>
<https://twitter.com/TheCameronFund/status/1486309187332321281>

If you are aware of a GP who is struggling financially, please do advise them they can contact the Cameron Fund at info@cameronfund.org.uk.

GPC GP Bulletin, Sessional GP bulletin & Informal Messaging

Read the latest GP bulletin (England) [here](#)

Read GPC Chair twitter page: [Dr Farah Jameel \(@DrFJameel\) / Twitter](#)

Read BMA twitter page: [General Practice \(@BMA_GP\) / Twitter](#)

Read more about the work of the [GPC England](#)

Read practical guidance for [GP practices](#)

BMA COVID-19 guidance

Read the BMA [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#). 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](#)

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

Primary care coaching - communications toolkit

In these pressured times it is absolutely critical you look after yourself and your teams. NHSE/I have launched their new communications toolkit, supporting promotion of the NHS England and NHS Improvement Looking After You national coaching service: <https://drive.google.com/drive/folders/1aS8-sTH1W9qv49d9Tq3hhwg9jJZZ5MFs>

Within the toolkit you will find social media images, banners, bulletin copy, website copy and quotes from those who have used the free services. There has been some excellent feedback from those who have accessed coaching, but we are aware there are still many colleagues who are not aware of this available support. It remains a difficult time for the workforce, so we would appreciate any help you are able to give to share these offers.

A member of their team would also be happy to come to meetings or events within regions and systems to talk about the offers: england.lookingafteryou@nhs.net

A coaching landing page hosts all three offers: www.england.nhs.uk/lookingafteryou. Recognising that frontline primary care colleagues involved in the delivery of primary care services, both clinical and non-clinical, continue to face many challenges, NHSE have developed three coaching offers for the workforce:

- 1) Looking After You Too – coaching about you and your wellbeing
- 2) Looking After Your Team – coaching about you and your team
- 3) Looking After Your Career - coaching about you and your career

The coaches are highly skilled and experienced, and all coaching is free and confidential. The sessions are delivered virtually, preferably via a video platform, but telephone appointments are also available. Thousands of people have booked sessions – and given positive feedback on their experience.

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'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 is here 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.

For all other support, speak to a BMA adviser on [0300 123 1233](tel:03001231233) or email support@bma.org.uk

[Read more about doctors' wellbeing during the pandemic](#) and on Twitter [@TheBMA](https://twitter.com/TheBMA)

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.