

## CLMC Bulletin 507 – 10/05/22

### **Message from GPC re Clarification on PCN DES**

For clarity, GPC thought it would be useful to add some greater context to the position of GPCE exec around the [Network Contract DES \(PCN DES\)](#). They entered negotiations with NHSE in January 2022 with the intention of securing extra support and resource for practices to recognise the increasing workload and expenses. These requests were ignored by NHSE, and they subsequently published [their changes to the contract](#) without GPC agreement in late March 2022.

When NHSE published details of the contract changes and PCN DES, there were ambiguities that LMCs asked GPC to clarify after the contract webinars, and GPC wrote to NHSE outlining the GPC position on these areas. Subsequently, NHSE gave verbal and written advice that LMCs will now be familiar with, removing local flexibilities, and clarifying the indivisibility of all parts of the PCN DES. GPCE communicated these points to practices and LMCs, through the newsletter and further webinars, and [have produced several documents for practices to review](#), outlining the benefits and disadvantages of staying in the PCN DES, and those of leaving the DES.

The opt out window has now closed but our lobbying of NHSEI for greater flexibility and support continues unabated. GPC also plan for and ask that LMCs to lobby local and regional commissioners for local flexibility to ensure safe patient care within the workforce compliment practices have available to them. GPC will develop further guidance for practices on how to work within the constraints of the PCN DES in a way that is effective for practices and safe for patients, as further details emerge. PCNs have until July to agree plans for extended access with their CCG, and GPCE have requested from NHSE/I that another opt-out window be opened so that practices who cannot agree a delivery model with their local commissioner, which is safe for both patients and the limited number of primary care staff we have, can withdraw from the DES.

Practices should take into account safe working levels from both a workload/staffing and patient perspective, bearing in mind the [BMA's safe working guidance](#).

### **GP workforce and appointment data**

The latest [GP data](#) releases on workforce and appointment bookings (both for March 2022) show that while appointments in England were up by 4 million, GP numbers continued to spiral downwards. Compared with this time a year ago, England has the equivalent of 369 fewer full-time, fully qualified GPs – having lost 30 in the most recent month alone. This means each day there is one less doctor for patients to see. On top of that, we have lost almost 1,600, fully-qualified, full-time equivalent GPs since 2015 (when the current collection method began).

Read the GPC analysis about pressures in general practice on their analysis [webpage here](#) and the [full BMA statement here](#).

This trend, of demand rocketing while we haemorrhage doctors, is pushing the remaining staff to breaking point as they take on more and more each day, to a point which is not safe for them and certainly not safe for patients.

In addition, the March release of the appointments dataset includes for the first time statistics on: the duration of appointments, SDS role and the recorded national category, service setting and context type of the appointment. Further information can be found [here](#).

As the appointment length metric refers to 'work planned' rather than 'work done', it will likely under-record the length of an appointment as the way in which appointment length is logged will vary by software system and from practice-to-practice, which means those appointments logged as only a few minutes may not accurately reflect the time taken to see a patient – let alone any follow up done by the GP. NHSD is aware of this issue and we are working with them to improve this metric.

### **Becoming a UK visa sponsoring practice – webinar**

Many practices employing new GPs completing their training this year will be required to be a UK visa sponsoring practice as almost half of GPs completing their training this year are international medical graduates. They have been trained by Health Education England and have spent at least three years working in the NHS. They have excellent English language skills and knowledge of the NHS ways of working, but most of them will need visa sponsorship if they are to continue working in England's practices after they qualify. The visa sponsorship process is straightforward and can be completed online. To support practices considering visa sponsorship, NHSE are running an hour-long [webinar about the process at 6pm on Monday 23 May](#) which includes first-hand experience of the process from a practice manager.

### **What is your diagnosis for general practice? #RebuildGP**

The [Rebuild general practice campaign](#) continues to tackle the crisis facing general practice. Last week, GPs from across Great Britain called for government support to recruit and retain doctors in general practice. [Watch the film here.](#)

The film was released alongside new data highlighting how workforce and workload pressures are impacting the mental health of GPs. This includes 84% of GPs have felt symptoms of anxiety, stress or depression because of their job in the last year.

There has been considerable interest from both national and regional media outlets, but we need your help to amplify the message and make the campaign a success. Show your support by sharing the video on [social media](#) and using the #RebuildGP. You can also follow and share content, news, and updates on the campaign [Twitter page](#)

### **GP abuse**

A [UK-wide survey](#) by the Medical and Dental Defence Union of Scotland found that three out of four GPs reported facing increased patient abuse during the COVID-19 pandemic.

Although the pandemic has placed almost incomprehensible stress on the NHS, its staff and the general public and has caused pain and distress beyond anything we could have imagine - for doctors to be the brunt of violence and abuse in this way is wholly unacceptable. It is no surprise that GPs feel as undervalued as they do and are considering leaving the profession, as this report and multiple BMA surveys have shown.

This deeply disturbing trend must be addressed. The Government must not only be honest with the public about what general practice can achieve right now - given the chronic workforce shortages, backlog, and lack of resource - but also actually support the profession so that we can provide the kind of care we want to. [Read the full BMA statement](#)

### **General Practice Pay Transparency**

GPC have continued to raise concerns about earnings declarations for GPs with the Department of Health and Social Care (DHSC), and following confirmation that the implementation of general practice pay transparency would be delayed, amendments to the GP Contract Regulations have now come in to force to remove the requirement to make a self-declaration of 2020/21 NHS earnings by 30 April 2022. Individuals within scope of the pay transparency provisions therefore do not need to take any action, and commissioners should not seek to enforce this contractual requirement.

With GPs continuing to face such intense pressures, GPC have been clear that this policy was likely to be counter-productive. Although pleased that these plans are being delayed, GPC are disappointed that these amendments were '*made with the expectation that this policy will resume at a later date*', and will lobby for this requirement to declare earnings to continue to remain suspended for 2022/23 as well. [Read the GPC guidance on GP earnings.](#)

## **Health and Care Bill becoming an Act**

[The Health and Care Bill for England](#) has now received [Royal Assent](#), meaning it is now an Act of Parliament. The BMA has said consistently that this is the [wrong bill at the wrong time](#), which completely fails to address the main problems the NHS and our members are facing: too few resources, a crisis in social care and crucially, a huge shortfall of staff.

While we have seen some concessions from the Government – responding to GPC calls for greater protection from private providers influencing commissioning decisions via membership of NHS decision-making bodies, and safeguards to help prevent undue political interference in the running of local health and care services - GPC are [dismayed](#) that ministers have ultimately failed to listen to frontline workers and demonstrate its commitment to safely staff the NHS and care services.

As the Bill now becomes an Act the BMA will continue to campaign for a publicly funded, publicly provided and publicly accountable NHS that gets the investment it needs, is properly staffed and protects the health and wellbeing of its workers so they are able to provide the high quality and timely care that patients deserve.

You can find out more about the changes, what they mean for you and the GPC work on the Bill [here](#).

## **Validium and supportive documents May 2022**

The fifth month of resources for employees (and potentially useful for patients) has been released by Validium, the NENC Regional LMC commissioned provider of mental health and wellbeing services. Too often, everyday life consumes us. May is traditionally a month of springtime celebration – put time aside to rediscover what brings you joy.

### Infographics

- [5 things to do if you're stuck in a fog of anxiety - Mindfulness techniques proven to reduce anxiety.](#)
- [15 financial terms you need to know - Learn these terms to take control of your finances.](#)

### Guides

- [How to live life as you mean it - Are you living life on autopilot? Here's how to stop letting life pass you by and start living in the present.](#)
- [How to survive the cost-of-living crisis - Regain control with these tips that don't cost a penny.](#)
- [The best and worst foods for happiness - Did you know that what you eat directly impacts your mood?](#)

## **GPFR pilot**

A new pilot is starting in May to trial a replacement to the existing [GPFR](#) (General Practice Factual Reports – also known as DS1500 or the PIP form), which GPs are asked to complete to support patients' claims for Personal Independence Payment. The new form is designed to be quicker and easier for GPs to complete, whilst still capturing the information needed. The trial will run for six months and DWP hope that GPs will engage with it and provide any helpful feedback and comments they may have on the new form. During the pilot GPs may sometimes receive the existing GPFR and may sometimes receive the version being trialed.

## **Latest Cameron Fund Video**

The latest video in the series about the Cameron Fund is [here](#). This short video explains a bit more about the importance of donations to their work and how to make a contribution.

## **Medico Legal Conference - Thursday 7 July, BMA House, London**

This one-day conference, for all levels of experience, will cover the essentials of working competently as an expert witness and address medico legal issues relevant to the whole profession such as covid 19 and the GMC – litigation, complaints and regulatory matters, no fault compensation, writing a good coroner's report, medical law for doctors, etc.

It is open to members and non-members of the BMA to attend. Attendees will be able to network with lawyers, QCs and there will be some interesting exhibition stands. For further info, to register and check the programme, please click [here](#)

## **GPC GP Bulletin & Informal Messaging**

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

Read the latest sessional GPs Newsletter [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-sTH1W9gv49d9Tq3hhwg9jJZZ5MFs>

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](mailto:england.lookingafteryou@nhs.net)

A coaching landing page hosts all three offers: [www.england.nhs.uk/lookingafteryou](http://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](mailto: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](#) or email [support@bma.org.uk](mailto:support@bma.org.uk)

[Read more about doctors' wellbeing during the pandemic](#) and on Twitter [@TheBMA](#)

There is also a wealth of [ICS provided support through their North East Support Hub](#) Telephone: 0191 223 2030 or Email: [Hubstheword@cntw.nhs.uk](mailto:Hubstheword@cntw.nhs.uk) or via online form on the website

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.