

## CLMC Bulletin 527 – 20/12/22

### **GP pressures**

General practice continues to face monumental pressures and demand, which are beyond our capacity and compromises our ability to offer safe and high-quality care for our patients. The workload for practices has escalated further with the highest level of [GP appointments](#) on record combined with an ever decreasing [GP workforce](#). There's a limit to what general practice can safely deliver.

At a time like this it also is demoralising to hear about the Labour Party's assertion that five million patients were 'denied' an appointment in October 2022, when in fact, GPs and their teams are working under exceptional circumstances, with limited resource and support. [Read our statement in response](#). We are urgently seeking a meaningful dialogue with the Labour Party.

We have just written to Steve Barclay MP, Secretary of State for Health and Social Care, highlighting the current pressures in general practice, requesting a meeting to discuss how the Government can provide urgent support to general practice and to prioritise contract negotiations.

We have also drafted a [template letter](#) to ICBs (Integrated Care Boards) asking for QOF and IIF be protected for the remainder of 22/23 within the local ICB area, so that practices can focus on delivering care for those patients who are contacting practices desperate for our care. NHS England have indicated that at this time they will not be issuing a national pause on these areas of work, although ICBs are able to institute additional support for practices to help bolster them during such an unprecedentedly busy time.

We would encourage practices to continue to review their working practices in reference to our [Safe working in general practice guidance](#). Practices must prioritise what care they provide for patients in order to manage the finite workforce and resources available to them.

We have also written to the CQC requesting that all routine and non-urgent CQC inspections of general practices in England be paused with immediate effect, and we await their response.

We are considering what further actions may be necessary in order to protect our patients and GPs this winter and beyond. We also ask that LMCs, practices, and individuals consider what action they would be willing to take in future if support for general practice is not forthcoming in negotiations.

Read more about the pressures in general practice [here](#)

### **Advice to colleagues and practices on strike action being undertaken across the NHS**

Many professional groups are undertaking industrial action this winter as part of contractual negotiations and disputes with government and their employers. Whilst practice staff are not in dispute with their employing practices, some of these actions will impact on GPs and practices. The background to these disputes is very similar to pressures that GPs will recognise as currently impacting on them and their practices. Erosion in real terms pay, lack of effective workforce planning, deteriorated terms and conditions, failure to provide sufficient training places, and a disregard for the wellbeing of an exhausted and demoralised workforce apply to all NHS profession groups.

Government and NHS England have recognised that strikes will inevitably disrupt patient care, whilst unions have committed to preserve emergency care so as not to put patients at risk.

Practices may receive requests to help support secondary care or community services at times of industrial action. Examples of requests made may include:

- GPs or practice staff working in ED/urgent care
- Practice nursing staff undertaking work ordinarily done in hospital
- GPs supporting ambulance services whether with home visiting or at call centres

We would strongly advise practices to carefully consider the implications and impact on the care of their own patients if becoming involved in these plans. By depleting our practice workforce to support these services it will risk harm to our patients in general practice, potentially increase their waiting times, put practices at contractual risk by reducing the service that they are able to offer, and have GPs and practice staff working beyond their competence in roles they would not ordinarily fulfil. This is in addition to potentially undermining the cause of our clinical colleagues in their trade disputes, and the likelihood of their support of any potential future action by members of the BMA

GPs and practice staff are faced with unmanageable demand for our services and skills, and practices are finding it increasingly difficult to provide safe care. The care of the patient is our primary concern, and it is vital that we devote ourselves to doing this within our practices, and not artificially shoring up other parts of the NHS, which are impacted by industrial action.

More information can be found [here](#)

#### **Junior doctors' guide to strike action - guidance for GP trainees**

New guidance for GP trainees has been added to the [junior doctors' guide to strike action](#). Legally, a GP trainee must picket at or near their place of work. They are not able to picket at a place that is not considered their place of work. However, a GP trainee is not barred from taking part in a protest that takes place near to a hospital or other NHS building. If they are not part of a picket line, they are fine to join any organised protest.

We are in the process of preparing more GP specific advice for trainees and practices which we will share in due course.

#### **Streptococcus A**

With parents and colleagues across the country understandably worried about the Strep A situation, the reported shortages of the supply of antibiotics will likely be even further cause for concern. As well as the anxiety caused, medicine shortages, particularly at a time when demand for them is higher, can cause increased workload and disruption for GPs and their teams as they have to find alternative treatment options.

While the Government have insisted there are sufficient supplies of antibiotics nationally, this will be little comfort to pharmacists, GPs and patients who are experiencing shortages locally, and therefore those responsible for supply chains must double down on efforts to ensure there are enough medicines to meet demand. We have raised the issue of supply with the Department of Health and Social Care, who has assured us that there is sufficient supplies but that the increased demand means some pharmacies have difficulties in obtaining certain antibiotics.

The Chief Medical Officer for England has [written to the profession](#) and in his letter he emphasised the importance of *prescribers and local pharmacy teams working together to understand availability of antibiotics locally and ordering antibiotic stocks sensibly, in line with patient demand, ensuring that excessive quantities are not ordered and avoiding more pressure on the supply chain*. The DHSC Medicine Supply Notification (MSN) also provides advice on the management of the current supply issues, including direction to use alternatives.

We have been calling for clear and effective public health messaging on Strep A to ensure that it is clear where to go for help and to reassure the vast majority of people that they will not go on to become seriously unwell, and NHS England, the UK Health Security Agency, and others have now published [joint interim guidance for clinicians](#).

### **Mandatory Training on Learning Disability and Autism - update**

In our last update to LMCs we reported that a recent [NHS England Bulletin](#) referenced 'The Oliver McGowan [Mandatory Training on Learning Disability and Autism](#)', as being the preferred training for NHS England and Health Education England, and that the CQC had suggested that this training was mandatory.

The [Health and Care Act 2022](#) states that 'Service providers ensure that each person working for the purpose of the regulated activities carried out by them receives training on learning disability and autism, which is *appropriate to the person's role*'. The Code of Practice mentioned in the Act, which sets out the details of the training, has not yet been published and is not expected until April 2023.

We have contacted the Secretary of State to ask to input into this to ensure the requirements are appropriate and proportionate to our roles. We also raised our concerns with NHS England who has agreed that the McGowan training is NOT mandatory and that practices should use their judgement as to what training is appropriate to their role.

The CQC has now amended its [guidance](#), which now clarifies that there is no specific training that is mandatory. CQC states that training 'provided to staff is appropriate and provides staff with knowledge about how to interact and support people with a learning disability'.

There may be GPs who have already had Autism and Learning Disability training or who may decide that it is appropriate that one person from a practice or PCN is best placed to do the Oliver McGowan or other similar training. This could then be disseminated to the wider team.

### **LMC England Conference 2022**

The resolutions and election results from the Annual Conference of England LMCs 2022, which was held 24-25 November, have now been [published](#)

Watch a recording of the event: <https://bma.streameventlive.com/archive/286>

Read more about the event here: [Local medical committees \(bma.org.uk\)](https://bma.org.uk)

### **Cameron Fund Christmas Appeal 2022**

The [Cameron Fund](#) is the GPs' own charity and it is the only medical benevolent fund that solely supports general practitioners and their dependents. The fund relies on donations from members and Local Medical Committees. Please read more about how to donate in the Cameron Fund Christmas Appeal [letter](#)

### **Long covid survey**

Many doctors have suffered from chronic health complications after COVID, including long COVID. To improve support, we need to understand the impact on doctors' work, financial security and quality of life. If you've experienced any type of post-acute COVID ill health, please take our survey, in partnership with [Long COVID Doctors for Action](#). Take the [survey](#) (closing at 5pm, 6 January)

### **Autumn statement 2022**

The BMA has created a [briefing](#) analysing the impact of the Government's autumn fiscal statement on doctors. The statement details the UK government's plans for tax and public spending over the next five years. Read more about budget and fiscal events [here](#) (updated link from last week).

### **Pooled code practices warned to check for significant reimbursement shortfalls**

Practices in England and Wales with a pooled list are being advised to check for significant shortfalls in reimbursement since the transition from Open Exeter to PCSE. An explanatory letter is available to download [here](#) (updated link from last week).

### **Wellbeing**

As we continue to face overwhelming pressures in general practice, we encourage practices to focus on their own team's wellbeing. A range of wellbeing and support services are available to doctors, from the BMA's confidential [counselling and peer support services](#) to networking, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#). The organisation [Doctors in Distress](#) also provides mental health support for health workers in the UK, providing confidential peer support group sessions.

See our [poster with 10 tips to help maintain and support the wellbeing](#) of you and your colleagues.

Please visit the BMA's dedicated [wellbeing support services page](#) for further information.

### **GPC England committee pages and guidance for practices**

Read more about the work of the [Committee](#)

Read practical guidance for [GP practices](#)

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