

CLMC Bulletin 518 - 13092022

Wellbeing resources

A range of wellbeing and support services are available to doctors, and we encourage anybody who is feeling under strain to seek support. Please take a moment to check in on your colleagues' wellbeing and look out for each other.

Support comes in various forms, from our 24/7 confidential [counselling and peer support services](#) to networking groups and wellbeing hubs with peers, as well as the [NHS practitioner health service](#) and non-medical support services such as [Samaritans](#).

The [Louise Tebboth Foundation](#) is a charity that campaigns for the prevention of suicide and the mental wellbeing of doctors in England and Wales

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 and resources.

NHSE/I Autumn Care Home COVID-19 Vaccination Programme

[NHSE/I has announced its proposal](#) for additional support for practices vaccinating care home residents in Autumn.

NHSE/I brought an initial proposal and after concerted discussions, we were unable to secure concessions sufficient for us to endorse this programme. Whilst additional support to deliver services is always welcome, we know that general practice does not have the capacity to absorb additional workload pressures in the lead up to winter. As it stands, we found the proposal unduly prescriptive, overly bureaucratic, and underfunded. We made a number of our own suggestions to try to remove these barriers, which NHSE/I declined to adopt, nor was there an appetite to increase the funds available from c£3.5m (assuming 100% uptake and success).

We fully appreciate the importance of vaccinating the most vulnerable as soon as possible, in line with [JCVI guidance](#). However, practices and PCN groupings need to be appropriately resourced to do this workforce-intensive work. They also need sufficient time to plan, make workforce arrangements, and order vaccines.

Some practices/PCNs may feel that they can take up NHSE/I's offer, either because they have the capacity to spare or because this is broadly in line with how they have planned to administer care home vaccines anyway. We fully support these practices/PCNs and their efforts. Other practices will decide not to take part, and we would like to reassure you that it would be entirely reasonable to forgo this offer. We recommend that practices and PCNs carefully consider the workload required to undertake this activity, and if the resources on offer are sufficient for that purpose.

Digital firearms marker

Members will be aware of issues with the implementation of the new digital firearms marker for practices using the EMIS system. GPC raised these issues with the Home Office and NHS Digital has agreed to a temporary suspension of the EMIS system marker to ensure that the system is addressing the issues raised and enable testing to ensure the accuracy and completeness of the flags that are currently popping up.

We are continuing to work with the Home Office, Police Chiefs and NHS Digital to implement a firearms marker that will improve the current system for GPs and provide a safer and more efficient system to benefit the public. However, we are still looking for clarification/guidance on what doctors should do immediately when the flag comes up. GPC is conscious that any revised system remains easy to use for GPs and importantly, does not distract or amount to an administrative burden and workload for practices.

GP premises update

Two key policy developments – the Premises Cost Directions and the NHS England Ownership Review – have been due ‘any week now’ for some months. Either could have seismic implications for how the primary care estate is managed and funded, immediately and in the future. We will of course monitor developments closely and communicate them widely.

While we await the arrival of these strategic-level publications, we have been busy resolving operational issues as they emerge. We receive multiple queries every week from practices struggling with NHS Property Services (NHSPS) or – less frequently – Community Health Partnerships (CHP) and have been providing advice about how to resolve these issues and move forward. We continue to meet with the chief executives from both organisations, using this as an opportunity to escalate problems that have become intractable on the ground, with consistent success.

We have also continued to engage with NHSE officials, most recently on the *Housing Building Note 11-01 Facilities for primary and community care services*, to be published shortly, giving best practice guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities. We have also conveyed our concerns (evidenced by issues raised by our membership) about the 3 Facet Survey, emphasising the need to ensure a ‘light touch’ approach to gathering information about the primary care estate, and that practices should not have to submit information that has already been collected (e.g., at a CCG/ICS level).

As many of you will have seen from our prior update, the NHS PS case (*Valley View v NHS Property Services Ltd* [2022] EWHC 1393) is ongoing. We have produced [FAQs](#) outlining the key issues, and their relevance to practices, which will also be available on the [BMA website](#) shortly.

Inflation and your practice

GPs across England are grappling with increasing levels of inflation, sky high fuel costs and the impact it is having on practice costs. We are interested in learning more about how individual practices are experiencing inflationary cost pressures (i.e. gas and other utilities, staffing costs), and would value an opportunity to speak to you about this. Your contributions will better enable us, on behalf of the profession, to advocate to and pressure NHSE/I, DHSC and the government to seek solutions.

To share your experiences and help bolster the BMA’s evidence-based lobbying and influencing case for urgent General Practice support, please get in touch with Rachel McGuire, BMA Senior Research Advisor in the Independent Contractor Doctors Team (icdqueries@bma.org.uk).

Accelerating citizen access to records

NHS England will be enabling clinical record access to patients via the NHS App on 1st November. We are expecting a toolkit to be circulated to practices ahead of this and have remained in discussions to ensure rollout is neither burdensome nor disruptive to practices. NHSE will be in touch with practices directly to explain the changes taking place and how GPs can support rollout.

Health and Social Care Select Committee's Workforce report briefing

The BMA has published a [member briefing](#) summarising and analysing the Health and Social Care Select Committee's Workforce report. One of the recommendations in the report is that International Medical Graduates (IMG) GP trainees should be offered Leave to Remain on successful completion of speciality training, which the BMA supports. We are calling on the UK Government to go further by introducing a permanent solution to allow newly qualified GPs to transition into full time employment without the anxiety of having to find a GP practice with a sponsorship licence. Read the full briefing [here](#)

Understanding more about the experience of International Medical Graduate GPs

NHSE/I is working with Ipsos UK to explore the experience of GP IMGs who are in training or have completed training in England, to provide insight into the support needed for IMGs through their training and employment journey. The BMA supports this research by reaching out to our networks.

If you know an IMG who did GP training in England but is not working in general practice please encourage them to talk to Ipsos UK, who are keen to understand their experiences. They want to speak to doctors who trained, but are not working as GPs, for example, working in a hospital or elsewhere in England, or those working outside of England.

Please help if you can. Participants will be offered a £120 incentive to thank them for their time and should email UK-NHS-IMG-research@ipsos.com

DHSC Medicine Supply Tool

DHSC and NHSE/I have launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. The Tool also details any changes to resupply dates and updates to the entries.

Best Practice Show, 12-13 October 2022, NEC Birmingham

The BMA and GPC England will have a dedicated theatre at the at [Best Practice Show](#) at the NEC Birmingham on 12-13 October 2022. The programme focusses on the future of general practice, working within ICSs, workload and workforce management and primary care estates. **Free** for healthcare professionals and provides up to 12 hours of CPD certified training. Register [here](#).

GPC England committee pages and guidance for practices

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

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@TheBMA / Twitter](#), [@BMA_GP / Twitter](#) [@DrFJameel / Twitter](#)

Read about BMA in the media: [BMA media centre](#) | [British Medical Association](#)