



18<sup>th</sup> October 2021

Dear Colleague

Please see below our latest updates for your information:

**A Medway Hospital Medical Director Grand Round in collaboration with Kent Local Medical Committee: A day in the life of GP Practice: Presented by Dr Julian Spinks, Chair of Medway Practice Alliance - October 26<sup>th</sup> 2021 – 1pm – 2pm**

We are pleased to be joined by the Kent Local Medical Committee for this Grand Round

- What is the normal day for a GP
- How do we find ways of working in a busy and challenging interface between primary and secondary care
- How can we work together to make things flow better

This session is open to all Hospital Staff and General Practice across Medway and Swale. Please feel free to share the link with your medical, admin, management, therapists and nursing colleagues.

Microsoft Teams meeting [CLICK TO JOIN - A Day in the life of a GP in Medway](#)

**Workforce Resilience - tell us what you need!**

The CCG, LMC and Training hubs are working together to understand what resilience support to roll out to practices in the future and we would value your input on the way forward.

There have been several options on offer (see: <https://www.kentandmedwayccg.nhs.uk/staff-wellbeing-support>) and we would like to understand more about what has worked for you and what you'd like to see benefit your colleagues and teams.

We would like to invite you to join a virtual meeting with CCG colleagues, chaired by Dr Farnaaz Sharief, at 1.00pm on Wednesday 3<sup>rd</sup> November to gather feedback to enable us to roll out resilience programmes that meet your needs.

To register a place to attend please click [HERE](#). A Microsoft Teams link will be sent to all those registered a couple of days prior to the meeting.

Before you join us, please share your thoughts with us by clicking on the following link and answering four simple questions <https://www.surveymonkey.co.uk/r/CJT3NY5>

We look forward to seeing you on November 3<sup>rd</sup> at 1pm for this very important discussion.

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

After weeks of promising an 'emergency package' to rescue general practice, the BMA 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.

Throughout our 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.

The BMA 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. Dr Richard Vautrey made the serious concerns about this when he met him last week.

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 Dr Vautrey's full [statement](#)

#### [Analysis of NHSE/I package](#)

Following the BMA's initial response to the NHSEI/government package – they 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 highlights 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). They hope this will help explain just how damaging the package is and dispel any suggestion that this provides the necessary support for general practice. The BMA have also updated their [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 do our best to care for one another.

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.

## 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, the BMA would encourage practices to look again at their [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 our patients.

## Infection control recommendations for primary care

The UK Health Security Agency today 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. It is therefore for practices to determine what arrangements they have in the surgery. The full guidance will be published shortly. Read more about the [UKHSA review into IPC guidance](#)

## 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 yesterday, 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 our [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 the BMA defend and support general practice at this critical time.

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

Their [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 them replies you may receive from your MP.

### Joint statement condemning abuse of healthcare staff

The 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.'

## 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. We would encourage practices to identify and invite these vulnerable patients, by noon Friday 15 Oct. 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 for 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.

### **PCN Clinical Director survey**

Please complete the BMA [PCN survey](#) to tell them how things are going and how the pandemic has affected your work. Your responses will provide them with insights to share among PCNs and help them negotiate with NHSE/I. It is open to all clinical directors of PCNs across England and closes on 27 October.

Kind regards  
Kent Local Medical Committee