



YORLMC Ltd position statement on the 13 May NHSEI letter ref: B0497 regarding updated standard operating procedure (SOP) to support restoration of General Practice services

17 May 2021

Dear Colleagues,

Most of you will have seen or heard of the letter from NHSEI from Thursday with regards to opening up access to General Practice. The BMA has [issued a response](#).

It is illogical that this reduction in safe practice should be issued at the same time as a request to [enhance the vaccination programme](#) due to high risk from new variants. That same lack of logic applies to the mistaken belief that forcing an increase in face-to-face appointments will improve patient access. The simple fact is time spent donning and doffing PPE and infection prevention and control procedures means this shift would reduce the capacity and throughput of any clinician, and significantly impact on availability and waiting time to even talk to a GP. This does not appear to have been considered.

Please be aware that the GPC and its Executive Negotiating Team were not made aware of this letter prior to publication and were not consulted with regards to its tone or content, both of which are very disappointing. Our local CCG and NHSE colleagues were also not aware of the document prior to publication and are fully aware of the impact it has had. We at YORLMC do not recognise that General Practice needs “restoration” and fully believe General Practice has been “open” throughout the pandemic.

As an LMC we know just how busy practices have become over the last few months, and that the priority has been providing safe and effective care to patients as demand has risen. The difficulties in relation to maintaining the total triage model and infection prevention and control have been considerable. No practices have closed their doors to face-to-face appointments where clinically necessary, although the use of controlled entry to maintain patient flow could be misinterpreted by some, despite the intention being the protection of both patients and staff.

Colleagues will have felt the significant increase in demand. The latest figures nationally show 4.8million more appointments being offered in March compared to January, and 3 million more when compared to March 2019; in fact, March 2021 was the highest contact rate since October 2019. Many of these contacts included more complex patients and increased morbidity than usually seen, often complicated by restrictions and unavoidable delays in other parts of the healthcare system. Over and above these figures, General Practice has delivered more than 75% of the Covid Vaccination programme, facilitating the steps to remove lockdown and progress society back to a more normal footing. This is something everyone should be proud of.

Patient safety should remain a paramount concern, but Partners also hold a responsibility to their staff with regards to health and safety at work, and risk of exposure to infected patients, all of these concerns need to be balanced. This means there should not be a sudden dramatic shift to different

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ways of working. Any transition from current systems needs careful planning and risk assessments to be carried out, consideration for maintaining IPC procedures, but also how new variant outbreaks would be managed and the risk these bring and ensuring any change can be facilitated within the current capacity of each practice.

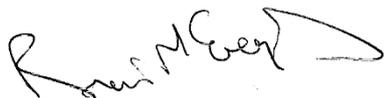
Morale is at an all time low within General Practice, on top of our workforce being physically exhausted with the double running of vaccination centres and business as usual. Some of the comments within the media are ill-informed and shameful, including from other colleagues within the health service. The lack of understanding of how General Practice works, of the demand, challenges, volumes of work and difficulties relating to maintaining access, workload and a diminishing workforce will be a significant challenge as we move to system working. General Practice is both the foundation and the gatekeeper of the NHS. If we fail to iterate these difficulties to partners in care, the floodgates open to the rest of the system and chaos will reign. We should not lose sight of the achievements of the last year, and the fact that General Practice has not stopped at any time throughout covid.

All clinicians should spare a thought for our admin and reception teams, many of whom will bear the brunt of the wave of demand this NHSEI letter will generate from patients; practices may wish to consider additional support for this group if possible.

Our plan is to work with the CCGs with regards to the issue of demand and access and try to find local solutions that fit for us, however diverse the practice populations we serve.

We acknowledge the demands of the NHSE/I letter but remind colleagues that the basic contract remains to provide essential services in a manner determined by the practice. YORLMC will support any practice that continues to prioritise safety and meeting patient need over and above demand, and that comes under complaint in relation to this issue. We would ask any practice struggling with demand to consider, with the help and support of the LMC, what can be done within the contractual mechanism to assist in dealing with this.

Yours sincerely



Dr Brian McGregor
Medical Secretary



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