



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 19th October 2021

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

After weeks of promising an 'emergency package' to rescue general practice, the BMA have highlighted huge dismay that whilst additional funding of £250m has been promised, the Government's '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.

The BMA have also stated that it is 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 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 BMA lobbying of ministers and NHSE 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.

There were four simple asks from the BMA – 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 more by way of action to publicly support the profession. The tone of arrogance and dissonance within the document sends quite the opposite message, not one of thanks to the profession. Dr Richard Vautrey, Chair of the BMA GPC, made serious concerns about this when he met him last week.

Read Dr Richard Vautrey's full [statement here](#).

Read the LMC response to the letter [here](#).

Analysis of NHSEI package

Following the BMA's initial response to the NHSEI government package – they have done an analysis of each element the package contains. The [analysis](#) shows what the package really means for general practice and highlights things NHSEI and/or government has already stated, 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). The analysis should help explain how damaging the package is and dismiss 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.

Your wellbeing

When everyone is working so hard to do your best for patients, the daily torrent of abuse 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.

Please visit our [wellbeing section of our website](#) for a list of services offering support to suit you.





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Workload Control in General Practice

As 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 at their [Workload Control in General Practice paper](#). Practices should not feel pressured to return to a traditional 10-minute or face-to-face consultation, 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 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 highlighted that even 1 metre social distancing will be difficult for some smaller surgeries and 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 is welcomed. 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, 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.





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Supporting general practice against abuse

Following the increase in patient abuse and aggression, the LMC have produced checklists that practices can use to ensure the safety of their staff in relation to policies and procedures, training and risk assessing the practice environment. Please visit our [website here](#) to see the checklists.

The LMC has been working with the ICS to raise awareness to patients of the immense pressure GPs and their staff are under, highlighting how practices have changed their way of working and how abuse is not tolerated. We attached 5 posters to last week's Brieflet for you to put up in your practice and have uploaded these [posters to our website](#) which can be used on social media platforms such as Twitter, Facebook, and Instagram. Please download the relevant posters accordingly. You will also see a form of words to use to go with your social media posts.

The BMA have also added a [zero-tolerance poster](#) to their campaign.

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.

The statement asks 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 carer's. 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

NHSEI 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. 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](#).





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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.

To achieve higher vaccine uptake rates compared to last year, DHSC has secured an additional supply of influenza vaccines, which will be 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 can now place orders for this stock (since 18 October).

Health inequalities toolkit

The presidential project of last year's BMA president Sir Harry Burns culminated in a health inequalities conference last week to launch the BMA's [health inequalities toolkit](#). The toolkit brings together ideas of projects for colleagues across the UK and across medical specialties to try, should they wish to do something to tackle the growing health inequalities felt in this country.

The toolkit is intended to support clinicians and medical students, and that the Government should take responsibility for reducing health inequalities, rather than put that responsibility on clinicians. If you are involved in a project that seeks to address health inequalities that you would like to share with colleagues, please email info.phh@bma.org.uk to request a submission form.

PCN Clinical Director survey

Please complete the BMA's [PCN survey](#) to let the BMA know how things are going and how the pandemic has affected your work. Your responses will provide the BMA with insights to share among PCNs and help them negotiate with NHSEI. It is open to all CDs of PCNs and closes on 27 October.

Minimum Wage Update

The LMC HR team would like to inform Practices and PCNs about current levels of national minimum and living wage rates, along with the figure recommended for a real living wage. From 1st April 2021 the following rates are applicable:

National Minimum Wage for those under 23 years and over stands at:

- £4.62 for ages 18 and under
- £6.56 for ages 18-20
- £8.37 for ages 21-22

National Living Wage, now applicable to all workers aged 23 years and over, stands at £8.91.

Both of the above is a statutory figure meaning this must be paid by employers. Real Living Wage is set at £9.50 per hour but is non statutory and an aspirational figure, subject to affordability, for individual employers.

