



## Beds & Herts LMC Ltd: Weekly Update for Practices, Monday 29<sup>th</sup> November 2021

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### 1. LMC England Conference 2021

The Annual Conference of England LMCs was held on Thursday-Friday 25-26 November. Once again, Beds and Herts LMC reps were very vocal and persuasive in the debates, putting across the points from local practices that had been incorporated into the motions we submitted for Conference.

In her inaugural speech to conference, the newly elected chair of GPC England, Dr Farah Jameel, laid out her vision to the profession, including her appeal for the Government and GPs to work together to 'build general practice back better'. She also highlighted the immense efforts of all GPs and practice staff throughout the pandemic, including the hugely successful vaccination campaign, and the difficult truth that many GPs and practice staff have been left demoralised, broken and exhausted. You can read the [press statement](#) and full [transcript of her speech](#) here.

On the Thursday session there were a variety of debates, and motions were passed on:

- the negative impact that inappropriate transfer of workload from secondary care to primary care – Dr Frances Cranfield (Herts) was the first person to speak in the debate after this first motion had been proposed. She stressed the patient safety implications of this inappropriate transfer of workload. Dr Kapil (Herts) highlighted how much work GPs are already doing, which is not counted by 'appointment data' alone. Dr Eliad (Herts) again stressed the patient experience, passed from pillar to post in this process, and the need for a more holistic approach.
- the use of 'advice and guidance', which cannot be mandated – Dr Shahid (Beds) in her first speech at conference spoke not only of the time it can take to use 'advice and guidance' but also of the increased medico-legal risk a GP can be taking with this option. Dr Faizy (Herts) addressed similar themes and highlighted that the increase of 'advice and guidance' as a response from secondary care was a further instance of transfer of workload and could be pushing GPs to work outside of their competency.

- GP representation in Integrated Care Systems;
- review of NHS 111; and
- sustainability and carbon neutrality in general practice.

On the Friday morning, the Conference passed motions on

- online consultations;
- delegation of management plans to primary care from secondary care – Dr Harris (Beds) spoke of her own experiences of this and highlighted that, in such scenarios, there is an assumption that the GP will just take on this work, but there are risks that follow-ups will be missed, and the patient is unclear who is dealing with their care.
- PCN DES guidance – proposed by the Beds and Cambs GPC rep, Dr Dian Hunter
- GP contract reforms – Dr Eliad (Herts) spoke of the need to change the GP contract currently structured as an “eat as much as you want buffet” and the need to address the disparity that general practices sees 90% of the NHS work for less than 10% of the funding.
- the COVID vaccination programme.

There was also a very powerful and moving themed debate on Wellbeing for those working in general practice – something that is the focus of the GPC’s [Support Your Surgery campaign](#). In the themed debate:

- Dr Harris (Beds) spoke about how dropping to 6 sessions a week still feels like full-time because of all the extra hours and how ill colleagues still struggle into work because they don’t want to let people down. She stressed the need for GPs to care of themselves. She concluded that GPs are not superhuman and cannot help their patients’ health by sacrificing their own.
- Dr Gledhill (Beds) reflected on how difficult general practice is at the moment, with the bureaucracy of a bullying NHS, and little apparent official regard for the work general practices have done in the face of COVID.
- Dr Calisir (Herts) said that LMC reps were attending the conference because they cared about patients, patient safety and the NHS and wanted to improve things. But she warned that many GPs are planning their exit, because of the many pressures outlined in the conference, and that, without GPs, there would be no NHS.
- Dr Eliad (Herts) reflected on the change in the public attitude from the start of the pandemic, when everyone was on the side of practices and the NHS, to the current situation of negativity created and fed by politicians and the press. From incorrect statements from the local MP about all practices in Watford being closed, it felt as if there was no regard for facts anymore and it is only headlines that matter.
- Dr Hodes (Herts) considered the hate and abuse, often directed first at receptionists. He felt that GPs had lost the PR battle but needed to find a way to get the facts out to patients that GPs and practice staff are human beings doing their best and it is the wider system which is letting patients down.

In the afternoon of Friday, there was a closed session, which was closed to the media and which was not broadcast, to allow business to be debated without the constraints of a media spotlight. In the closed session, representatives discussed:

- GPC England transparency – Bedfordshire LMC had a number of motions in this section. Dr Gledhill (Beds) spoke about the value of a clear report back to Conference on what had and had not been achieved since the last Conference, so that Conference could determine which issues should continue to be pushed for. Dr Harris (Beds) argued for the merits of GPC engaging paid negotiators rather than expecting elected GPs to be able to develop these skills and abilities. Dr Hodes felt that industrial action could do further damage to the reputation of GPs and that it has to be the last resort.
- PCN DES – Dr Hodes (Herts) reflected that PCNs had been helpful in organising COVID-19 vaccination but that there is increasing bureaucracy in the PCN DES, ARRS schemes are inflexible in who can be employed, ARRS staff have high oversight and training demands, ARRS money cannot be rolled over from one year to the next, and there aren't the premises to house additional staff anyway. Dr Carpenter (Herts) thought that PCNs had been mis-sold to practices as being supportive, that the PCN DES overloads practices, and that PCNs are being set up to performance manage practices via the Impact and Investment Fund (IIF).
- NHSE/I 'access plan'; and
- accelerated patient access to medical records.

On Friday afternoon, conference also discussed the results of the indicative ballot of GP practices in England. The indicative ballot results showed that – on a 35% response rate – 84% of respondents said they would welcome non-compliance with COVID-19 exemption certificate requests, 80% said they would change the way they reported appointment data, and 58 % said they would support withdrawal from the PCN DES at the next opt-out period.

A list of resolutions and a recording of the event will be published on the [BMA website](#) this week. You can read the [Agenda](#) and [Supplementary Agenda](#) here.

There was coverage in [the Guardian](#) about the mention of Industrial Action ballot in the speech by the GPC Chair. The story also featured in the [Telegraph](#), [GP Online](#), [Pulse](#), and [Yahoo News](#). [GP online](#) reported on the speech by the GPC England Chair, Dr Farah Jameel.

## **2. Health Select Committee inquiry into the future of general practice**

Last week the Parliamentary Health and Social Care Committee (HSCC), chaired by former Health Secretary, Jeremy Hunt MP, launched a timely [inquiry into the future of general practice](#). The inquiry presents a key opportunity for the BMA to push their GP campaign asks, as well as to raise wider concerns and recommendations.

The BMA will be submitting formal responses, and you can share your views on the review by emailing [publicaffairs@bma.org.uk](mailto:publicaffairs@bma.org.uk) by the extended deadline of **Wednesday 1st December**, to support the response. Please do send across your thoughts so that the BMA can represent the breadth of general practice perspectives to this important consultation.

Herts & Beds LMC will be submitting our own formal response following consultation and feedback from both Herts and Beds Committee members.

### 3. Your wellbeing

The BMA is offering 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** or [visit the website](#) for more information.

### 4. Updated infection control guidance (UK)

New [infection prevention and control \(IPC\) guidance](#) has now been published by the UK Health Security Agency, issued jointly by the Department of Health and Social Care, NHS England and the devolved nations' public health departments. It covers seasonal respiratory viruses and supersedes the previous COVID-19 specific guidance.

It recommends that face masks for staff and face masks/coverings for all patients and visitors should remain as an IPC measure within health and care settings over the winter period.

It also recommends that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care setting, and that it should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed.

This follows the specific recommendations for changes to [IPC guidance in primary care](#) published last month. The BMA have already stressed that 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. The guidance strongly emphasises that local decisions and risk assessments will ultimately decide whether a face-to-face consultation is appropriate and where physical distancing can be safely reduced. It is therefore for practices to determine what arrangements they have in the surgery.

Please note that the updated infection Control Guidance was published prior to the identification of the **Omicron Variant** see item below.

### 5. Update on Covid-19 Omicron Variant

Please see the letter from the UK Health Security Agency's Chief Medical Adviser, National Medical Director of NHS England, and Chief Nursing Officer for England of 28th November 2021 - Update on COVID-19 Variant B.1.1.529  
<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103183>

### 6. TPP Patient access to records

Following the announcement that patients registered with TPP practices would be granted access to their records from December 2021, BMA GPC England wrote to NHSX calling for a delay, citing clinical safety and workload issues. Last week they received a response confirming that initial rollout will now be delayed until April 2022 with time given to work with NHSX to ensure that it happens safely and with minimal disruption. We will provide more information on any further changes as and when it is received.

## **7. GP appointment data**

The [GP appointment data for October have now been published, showing](#) an increase in the number of GP appointments, including the number of those being seen face-to-face.

Last month practices in England delivered more than 4 million more appointments than they did in September, a total of 33.9 million in October, and more than 3 million more than they did in the same month pre-pandemic in 2019. Meanwhile the number of people being seen face-to-face continues to rise, which underlines how wrong suggestions are that practices are closed and not seeing patients in person.

What's not picked up in these statistics though are the reams of other work that GPs and their colleagues do outside of consultations and at the same time we are continuing to lose GPs. Staff are exhausted and demoralised, and there are simply not enough hours in the day to provide safe, quality care to patients. You can read the BMA's full statement [here](#)

## **8. Updated PGD and national Protocols for COVID vaccination programme**

Updates to the following PGDs and national protocols, for the COVID-19 vaccination programme in England, have been published:

[National protocol for COVID-19 mRNA vaccine BNT162b2 \(Pfizer/BioNTech\)](#)

[National protocol for Comirnaty® COVID-19 mRNA vaccine](#)

[Patient group direction for Comirnaty® \(Pfizer BioNTech\)](#)

[Patient Group Direction for COVID-19 mRNA vaccine BNT162b2 \(Pfizer/BioNTech\)](#)

## **9. New interactive ESA 113**

The new interactive ESA 113 form, which healthcare professionals fill in if the Department of Work and Pensions (DWP) asks for information in connection with Employment and Support Allowance or Universal Credit, is now live on the [gov.uk website](#)

## **10. COVID Support Fund claims**

***For the attention of Bedfordshire and Luton Practices***

BLMK CGGG has asked us to remind practices that funding was made available under the COVID Support Fund scheme for the period April – September 2021. A claim form was circulated to enable practices to claim on a monthly basis and reminders were also posted in the PC Bulletin.

Unfortunately the CCG is not getting claims through as quickly as expected and around a 1/3<sup>rd</sup> of practices have yet to submit a claim. Practices are asked to bring any claims up to date so that the CCG can assess the overall position. Please send your claims as soon as possible to [blmk.primarycare@nhs.net](mailto:blmk.primarycare@nhs.net).

Also note that the scheme was extended for the month of October and a claim form was issued for this period. These October claims are also now due.

## 11. Cameron Fund

The Cameron Fund has asked that their video be shared. As part of a series, the video explains how the Fund can help beneficiaries:

### CF video 3: How we help

[www.youtube.com/watch?v=b7QJ4DYX5b4](http://www.youtube.com/watch?v=b7QJ4DYX5b4)

[twitter.com/TheCameronFund/status/1461664841471606794](https://twitter.com/TheCameronFund/status/1461664841471606794)

If you are aware of a GP who is struggling financially, please do ask them to contact the Cameron Fund at [info@cameronfund.org.uk](mailto:info@cameronfund.org.uk).

**News** - For the latest news, information and weekly updates for practices, please visit the [Hot Topics](#) section of our website.

**BHLMC Job Board** - Advertise your practice vacancies or search for jobs on our [Job Board](#). If you are interested in posting an advert please contact [lmadmin@bhlmc.co.uk](mailto:lmadmin@bhlmc.co.uk) for more information.

**Locums** - If you are a Locum and would like to receive LMC updates, please register via the [online form](#) to be added to our database and mailing list.

**Workforce Wellbeing & Support** [Visit our webpage](#).

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