



Beds & Herts LMC Ltd: Weekly Update for Practices, Monday 31st January 2022

1. GP pressures and GP appointment data

On the 13th December, the Prime Minister put out a call to arms, making the booster campaign the national priority in the fight against Omicron. General practice responded to the call and delivered 3.9 million vaccination appointments that month. We now know that this booster wall of defence kept our sickest and most vulnerable safe and out of harm's way. Yet again, GPs and their teams vaccinated this country out of crisis.

As a result, [GP appointment figures](#) for December were a staggering 20% (4.9 million) higher than two years ago, pre COVID. As well as vaccination rollout, we continued to care for patients with COVID and deliver the day-to-day care our communities need. In fact, 2021 saw GP practices in England book more appointments than ever before, with an unprecedented 367m appointments.

The growing burden on general practice is particularly stark given the [ongoing failure to deliver](#) on GP recruitment and declining GP numbers (with the equivalent of 1,756 fewer fully qualified full-time GPs compared to 2015), while at the same time the average number of patients each GP is responsible for has increased by around 16% - to more than 2000 - since 2015.

GPs and their teams continue to work harder than ever, and this is simply unsustainable. Patients' and colleagues' health is ultimately at risk without a solution. As well as creating and delivering solutions to bolster the workforce, Government must urgently scrap unnecessary administrative tasks and other unachievable targets if we're to stand a fighting chance of getting on top of current demand. Without urgent action from Government, the care GPs provide for their patients will inevitably deteriorate as they prioritise only the sickest, ultimately leading to a two-tier system.

Thank you to all our colleagues in general practice for this immense contribution.

These pressures are also illustrated in a recent [Guardian article](#), which follows Warrington GP Dr Laura Mount from October to the beginning of January.

The GPC England chair Dr Farah Jameel was also interviewed saying: "We are already at the point where patient safety is being compromised... It has been for a long time." The article points out that the issues predate COVID with primary care underfunded for years. It says: "In 2005, general practice [received 9.6% of the NHS budget](#). In 2019-20 this figure was about 8.7%. The BMA has called for a minimum of 11% of the NHS budget to go to GPs."

Read more about [pressures in the NHS](#) in our newly published hub, which includes data on GP workforce and workload, and an analysis on pressures in general practice.

2. Fit testing of FFP2 and FFP3 respirators

Current [IPC \(Infection Prevention and Control\) guidance](#) advises that clinicians seeing patients with any known or suspected respiratory infections should wear FFP3 respirators to prevent nosocomial transfer. It is also a requirement of the [Health and Safety Executive \(HSE\)](#) that FFP2 masks are

fit-tested in the same way as FFP3 masks. HSE advises against the use of FFP2 unless we are in contingency measures as these provide a lesser filtration rate than FFP3.

The LMC locally, and GPC England nationally, have persistently made the case that COVID-19 is transmitted by airborne means and that effective respiratory protective equipment (RPE) is of vital importance to protect healthcare staff and our patients. The GPC have worked hard with NHSE/I in order to protect colleagues and patients. This latest guidance acknowledges these facts and provides a framework by which practices can access appropriate RPE.

Practices can access FFP respirators, including FFP3s, via the [PPE portal](#) if they have risk assessed their environments and require these. In addition, practices can access fit-testing for their FFP respirators through their local commissioners, and CCGs have been informed that where risk assessments have shown it to be necessary, fit-testing should be provided by the CCG.

Nationally, CCGs/Integrated Care Systems (ICSs) have been asked to identify fit testing capacity that may be available in their system, to consider the need across the whole system and ensure demand is prioritized according to clinical need and the type of procedures that local providers are carrying out in line with IPC guidance.

A list of fit testing training providers is available [here](#) and there is also additional support via two dedicated Fit Test Helplines for NHS / healthcare providers, which can be contacted on: **07376 304545** or **07376 304546**. The legal duty is to take all reasonably practicable actions. If there is no availability of fit testing or there will be delay, risk is still reduced by moving from surgical masks to either FFP2 or FFP3 respirators.

You can read further [guidelines](#) for practices to use, about making risk assessments and on infection control protocols.

3. Mandatory COVID-19 vaccinations – guidance for GPs and practices

LMC Comment: We are aware that the issue of mandatory vaccines is being reviewed by the Government today. What is included below is based on the assumption that there will be no change to the current policy.

The BMA have now published specific [guidance for GPs and practices](#) in response to the new regulations that require all healthcare staff in England to be fully vaccinated against COVID-19 by April. There are continuing questions on this subject, and we are very aware of the anxiety that VCOD is causing practices. It is not possible to give solutions for every single scenario, but the BMA have tried to address the most common questions.

This [guidance](#) will help answer your most common queries in regards to:

- who does it apply to and what the exemptions are
- defining patient-facing roles
- dealing with vaccine hesitant employees
- redeployment and dismissal
- contracts and agreements.

This sits alongside wider [BMA guidance](#) published last week. Both sets of guidance should be read in conjunction with each other.

The BMA will also be publishing a flowchart for practices dealing with unvaccinated staff, in the next few days.

We will add to the guidance as more questions are asked and more information becomes available.

LMC Law have also produced their own [guidance letter](#) and a set of [FAQs](#) which can be accessed by clicking on the links.

4. PCN DES - Examples of good practice

99% of practices in England are signed up to the PCN DES and are working in collaboration with neighbouring practices. In some areas there have been huge problems recruiting ARRS staff, and PCNs have failed to give practices the benefits that were promised, and the LMC England conference has very clearly articulated those problems.

GPCE would like to not only understand more about the problems being encountered, but also see examples of where PCNs are working.

They would like to ask if colleagues could share examples of effective local collaboration and transformation that have come about due to the PCN DES. This will allow us to share innovative and useful ways of working with colleagues across the country and inform discussions with NHSE/I on PCNs. They want to be able to highlight the difficulties and challenges of PCNs, but also demonstrate where GPs and PCNs have made the system work well for them and their patients. Please email any examples to info.lmcqueries@bma.org.uk.

5. How can GPs effectively care for patients with long-term conditions in the current climate?

Dr Matt Kearney (GP and UCLPartners Programme Director for CVD Prevention and Proactive Care) and Helen Williams (Consultant Pharmacist UCLPartners Clinical Adviser and National Specialty adviser for CVD Prevention, NHSE/I) highlight the importance of search and stratification tools to help primary care safely prioritise patients with long term-conditions, in this [blog](#).

This approach helps manage GP workflow at a time when there is so much pressure on staff and they have such limited capacity due to covid cases and the vaccination programme. By starting with the patients at highest risk but still supporting proactive care for all patients, this method provides benefits for patients and practices.

6. Health and Social Care Bill - *#WrongBillWrongTime*

The BMA, as a core member of a [coalition of almost 90 healthcare organisations, called on peers debating workforce elements of the Health and Social Care Bill](#) this week to support [Amendment 170](#), which would place a duty on the Secretary of State to publish regular, independently verified assessments of the workforce numbers needed, now and in the future, to meet the growing needs of the population.

The BMA's wider briefing warns that the NHS is still under huge pressure from the pandemic, and it is [not the right time](#) to be reorganising the NHS.

Read more about BMA's concerns with the Bill [here](#).

Hertfordshire & West Essex Practices

7. Level 1 & 2 Safeguarding Webinar for non-clinical staff working in general practice in Herts or West Essex

Dr Fabienne Smith, named GP for Safeguarding Children in Hertfordshire, will present a bite-size webinar which contributes to the level 1 & 2 mandatory participatory Safeguarding Training requirements as per the intercollegiate document. This webinar is suitable for non-clinical staff working in general practice in Herts or West Essex such as receptionists, administrators, secretaries, managers, dispensary staff etc. There is a choice of two dates to attend.

Dates: Tues 29th March or Weds 27th April 2022

Time: 2.30 - 4.00pm

Format: Webinar via MS Teams

[For more information and to register your free place, view here](#)

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