

**SEPTEMBER
2021**

LOCAL MEDICAL COMMITTEE
LMC
GLOUCESTERSHIRE

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GPC ENGLAND-SUPPORT YOUR SURGERY CAMPAIGN

The BMA has launched [#Support Your Surgery Support Your Surgery](#) campaign this week. We are all acutely aware and feeling the pressure of the unfair criticism being levelled at general practice in the news and across social media due to the necessary restrictions that COVID-19 has brought about, and the subsequent abuse that GPs have received, which the BMA has been highlighting through features in [The Doctor](#) magazine and evidenced in the latest [survey results](#).

To counter these perceptions and to force the Government to act to do more to support general practice, the new campaign provides GP practices with the [tools](#), such as poster and social media graphics, to manage expectations and to provide patients with the reality of issues facing general practice.

Alongside this, there is a [new petition](#) asking GPs and the public to support our call on Government to provide the resourcing need so we can increase the number of GPs in England. 3501 people have added their name in just the three days since launch but we need as many as we can from both members of the profession and from the public.

It is important that we are upfront with patients, so they understand the reality that we are all facing and the underlying reasons for this, and that, despite the easing of lockdown, the pressures experienced by general practice and the rest of the NHS are unlikely to ease soon. We have therefore developed this campaign with insight from not just GPs, but also patient representatives and the wider public.

The BMA has [written to the profession](#) to outline the details of the campaign and have produced various resources that GPs can use in their surgeries including [posters](#), and social media graphics, available on our [Support Your Surgery campaign page](#). Physical posters have now also been dispatched to more than 5,800 practices in England. For those who would prefer it, there is now a downloadable version of the petition for use in practices. Signing this would also clearly demonstrate that many patients are being seen in surgeries and show how wrong those who criticise us are. Once completed, these can be emailed back to info.gpc@bma.org.uk. We have also added QR codes to email signature graphics and a Twibbon is now available for use on social media (this has to be downloaded from the third-party site; the link is on the campaign page).

Read the press release [here](#) and our [Twitter page](#). Join the conversation on social media using the hashtag [#supportyoursurgery](#)

CHALLENGING MEDIA CRITICS

A [letter](#) FROM Dr Vautrey to the Daily Telegraph was published in response to [an unacceptable and demoralising column by Allison Pearson](#). This was just the latest in a series of damaging articles which seriously misrepresent the reality of what hardworking GPs and their teams are doing to care for and protect their patients. It said: "It was with despair and anger that I read the column in yesterday's Telegraph. To suggest that family doctors have seen their work-life balance improve during the pandemic and attempt to justify the abuse directed at them and their colleagues serves no good purpose. Since March 2020, there have been [nearly 370 million patient appointments in England](#) – 200 million of which were in-person – at the same time as GPs and their teams moving heaven and earth to lead the Covid vaccination campaign. Meanwhile, [the number of patients per practice is 22% higher than it was six years ago](#), [leading GPs to report](#) working an average of 11-hour days. These are not figures that show a better work-life balance for the family doctor." Read the full letter in the [press release](#).

BLOOD BOTTLE SHORTAGES

NHSE/I have issued further [guidance](#) about the impact of the national shortage of BD test tubes. This follows the serious concerns we have been raising with them, not least the impact this is already having on the ability of practices to complete QOF and other national and local contractually related blood tests and the concern that practices will be held liable for any clinical untoward incidents that occur as a result of delayed tests and investigation. We also called on them to step up public information to ensure patients are informed of this shortage and practices are not blamed by patients for this situation. Their new guidance now tells practices that this situation could continue until 17 September and until then they should not do any routine blood tests. Urgent blood investigations can still be done as supplies allow. The national indemnity scheme, CNSGP, will cover this situation. National communications to patients will also be delivered.

This is clearly a serious situation that will have major implications for practices and patients. We are continuing to demand that practices are provided with more support, that the impact on QOF and the practice workforce, not least phlebotomists, is not just recognised but fully mitigated as it's not acceptable to add to our already heavy workload burden by creating an even bigger backlog to deal with.

The BMA issued a [press release](#) earlier this week, where Dr David Wrigley, deputy chair of council said: "The BMA has raised the impact this could have on regular tests for NHS Health checks, the monitoring of quality of care, and medication reviews. It would also be unreasonable to ask healthcare staff to simply delay these tests until a later date – not only for the sake of our patients, but also the entire system, which is already tackling an enormous backlog of care." The story was covered in [GPOne \(twice\)](#), [Pulse](#), [Health & Protection](#), [BBC News](#), [Head Topics](#), [Eminetra](#), [Politico](#), [Medscape](#), [Pharmafile](#), BBC Radio channels, some [local press](#) - as well as [Yahoo!](#) and [MSN](#).

Dr Farah Jameel, GPCE executive member, shared her experience with [BBC News](#) of having "difficult conversations" with patients about rationing the vials "among the very sickest". Dr Lucy-Jane Davies, chair of BMA South West regional council, was interviewed about the issue on [BBC Bristol](#) (02:30:15 on the replay).

PRIMARY CARE NETWORKS– PLANS FOR 2021/22 and 2022/23 (ENGLAND)

Following the [letter](#) from NHSE/I we received last week, which acknowledged the pressures facing the profession, NHSE/I has [published guidance](#) outlining the changes to, and support for, practices working in PCNs as part of the wider GP contract agreement. The key points are:

- £43m new funding for PCN leadership and management in 2021/22

- PCNs to decide how their IIF achieved money is spent – not CCGs
- While CVD and Tackling Neighbourhood Health Inequalities services will commence from October 2021, these will be much reduced allowing practices and PCNs to focus on managing pressures over the winter period
- The anticipatory care or personalised care, which was due to be implemented from April 2020, has now been deferred again until April 2022 - allowing practices and PCNs to focus on managing pressures over the winter period
- Significantly reduced requirements for all four service specifications from April 2022
- PCNs will deliver a single, combined extended access offer funded through the Network Contract DES from April 2022
- [Full details of the IIF indicators for 2021/22 and 2022/23](#), providing advanced information for PCNs and practices to be able to prepare

Practices will be auto enrolled into the revised PCN DES, but with an option to opt-out for one month from 1 October – which is what GPC England had previously stipulated should happen when there are any changes to the PCN DES and which NHSE/I has chosen to implement.

These changes are further evidence that NHSE/I has begun to listen to the BMA by pushing back these service specifications, as we called for, and delivered an additional £43m to support those GPs and practice managers who are working hard with their local practices in PCN leadership and management roles. However, we still have concerns about some of the IIF indicators and the approach of micromanaging practices and PCNs in this way.

Following [recent pronouncements](#) about its gratitude to general practice and its recognition of just how hard GPs and their colleagues are working, it is now a positive sign that this change in tone is beginning to be backed up with more tangible action. Of course, even with these specifications deferred, this winter will still be incredibly difficult for all working in general practice, and we need assurances that individual practices, as well as PCNs, will be given all of the support, flexibility and resources needed to care for their communities in the coming months. The story was covered in [Pulse](#), and [GPOnline](#).

GP SURVEY- HELP US TO HELP YOU

The BMA has launched a major survey to hear about your experiences working as a GP in England, Northern Ireland or Wales. Please complete our [survey](#) as soon as you can to tell us about the issues affecting you most, including your workload, recruitment and your future career plans. The survey is primarily aimed at fully qualified GPs who are currently working. We will be running a survey for GP trainees separately later in the year.

This is an important survey and will support our negotiations and lobbying and is a key part of our [#Support Your Surgery](#) campaign and the results will help to support this. Your responses will also help us better understand the issues affecting GPs and ensure we are representing the profession effectively. The [survey](#) is open until 20 September and will take around 10-15 minutes to complete.

BACKLOG OF FITNESS TO DRIVE ASSESSMENTS

When combined with the backlog of, primarily car, driving licence holders who need 'fitness to drive' assessments for their applications, the BMA estimates the total number of patients requiring medical assessments for licence applications to be over 200,000 - rising by thousands each month.

At present standard driving licence holders are advised to request fitness to drive assessments from their GP, but there is also the option of going to any registered medical practitioner. However, they will not have access to the full lifelong medical history of a patient.

Because of these concerns, BMA has written to the Department of Transport calling for the Government to guarantee a 'safety-first' approach for plans to manage backlog and expressing "concerns that this style of self-reporting is neither sensible nor safe".

BMA Professional Fees Committee chair, Dr Peter Holden, commented that GPs and their teams are “gravely concerned” about the potential impact on road safety that this process of bypassing individual’s own GP practices may have. Read the full statement [here](#)

VACCINATIONS FOR NHS STAFF ENTERING CARE HOMES

New government [regulations](#) come into force on 11 November 2021, requiring all CQC regulated care home staff to refuse entry to anybody who cannot prove that they have had two doses of COVID-19 vaccine, or that they are exempt.

NHSE/I has issued a [letter](#) and [FAQs](#) on how this will be delivered operationally. All providers delivering NHS-funded services into a care home will need to have actively supported staff to have their first COVID-19 vaccine by 16 September 2021 and to carry out proactive workforce planning to ensure that only staff who are vaccinated, or exempt, are deployed to enter a care home from 11 November. The FAQs, which will be updated on a regular basis, should be read alongside [DHSC operational guidance](#).

VACCINE ADMINISTRATION IN A GENERAL PRACTICE SETTING

There is no reason for a medical practitioner to be on site when vaccines are being administered. Nurses should only administer immunisation and vaccines if they are trained and competent and this includes being up to date with anaphylaxis management. In all cases of anaphylaxis, an ambulance should be called. It is good practice to have another person available who is also trained in managing anaphylaxis [see](#). Pharmacies, of course, administer flu and covid vaccines without a doctor present.

APPRAISAL FEES (ENGLAND)

NHSE/I has confirmed that the appraisal fee in 2020-21 was £530 (i.e. the 2020 uplift of 2.8% applied to the 2019 fee of £515) and the 2021-22 appraisal fee is £546 (i.e. the 2021 uplift of 3% applied to the 2020 fee of £530). There is a discrepancy with the fees quoted by the DDRB, which the BMA has drawn to their attention and asked them to correct.

NHSE/I is in the process of calculating and paying arrears for appraisals in the current financial year but this process is not complete yet, so GP appraisers will not yet have seen the uplift in any fees since April.

NEW COMMUNITY PHARMACY CONTRACT AND HYPERTENSION CASE FINDING

The contract changes for Community Pharmacy for 2021/22 were announced this week. Starting in October 2021, or as soon as possible thereafter, it is expected that Hypertension Case-Finding Service as an advanced service will be introduced to support the NHS Long Term Plan ambitions for prevention of cardiovascular disease. This service will have two stages. The first is identifying people at risk of hypertension and offering them blood pressure monitoring (clinic check). The second stage, where clinically indicated, is offering ambulatory blood pressure monitoring (ABPM). The blood pressure test results will then be shared with the patient’s GP to then inform a potential diagnosis of hypertension. This scheme therefore links to the PCN service specifications, highlighted above. The details of the contract are available [here](#)

GP PRACTICES' EXPERIENCE OF USING THE PCSE PAYMENTS AND PENSIONS PORTAL IN AUGUST

We are very much aware of the unacceptable level of problems that practices have faced when using the new online portal since 1 June. We have challenged PCSE throughout on these and continue to work towards a system that does what is required. The BMA will be launching a survey on 2 September, aimed at capturing the experiences of practice staff’s use of the portal through August. The purpose will be to measure the progress of solutions to the big issues that those staff have been facing. There will also be a

section on resolution times for issues practices have raised with PCSE since the launch of the portal in June.

STANDARDS FOR HEALTH AND CARE RECORDS

The Professional Records Standards Body (PRSB) has been commissioned by NHSE/I to develop standards that will enable key information about a person with diabetes to be shared between them, their carer and professionals to support self-management and to enable the best care to be delivered by those supporting them. There will be wide consultation between 20th-30th September 2021 to ensure views from professionals and service users across the UK are considered. If you would like to be involved please contact info@theprsb.org for joining information.

MEDIA

Survey on GP abuse

The results of a [BMA survey](#) around the abuse faced by doctors were quoted again in the press and an article in the [Independent](#) discussed the abuse faced by GP surgeries as systems overwhelmed with demand struggle to cope, and a false perception by patients that GPs are closed lead to frustration directed at staff. The story was also picked up by the [Mirror](#), [Nottingham Post](#), [Hampshire Chronicle](#), [Eminetra](#) and [Yahoo!](#). The [Telegraph](#) also mentioned the BMA in their story on patient's frustration at the lack of availability for face-to-face appointments.

Vaccine Wastage

[i news](#) highlighted that 100,000 doses of the [Oxford/AstraZeneca vaccine](#) are set to be disposed of at the end of the month when they expire with GPs across England furious they have not been transported abroad to developing countries. In the article I commented that "Vaccines are a precious resource and the key weapon in keeping Covid at bay and coming out of the pandemic, so as we've always said, wastage should be avoided at all costs. Practices and vaccine sites have throughout the campaign been doing their utmost to reach all eligible patients and improve take-up, but with national guidance changing around the use of AstraZeneca in younger groups it's unsurprising that some places will have doses left over. It's incredibly concerning therefore to learn that where this is the case the excess jabs are not being picked up and redistributed where they're needed, despite sites doing everything right and notifying NHS England when they have leftover stock. The Government should be putting into action plans to use any excess vaccines elsewhere; it's indefensible if they're left to expire and be thrown away."

SESSIONAL GP ISSUES

NHS mail for sessional GPs has been rolled out, recognising the important contribution of locum GPs to the workforce. GP locums can apply [here](#).

Doctors who move from partnership/salaried roles to locum sometimes have difficulty transferring their NHS e mail address to locum status. If you are stuck with this, contact helpdesk@nhs.net and locumadmin@nhs.net who will help you sort it out.

The NHS pension scheme as a sessional GP Dr Krishan Aggarwal, a GPC England and Sessional GPs Committee member, and deputy chair of the BMA Pensions Committee, has written a webpage for sessional and locum GPs on the NHS pension scheme, which replaces his previous blogs on this issue. The webpage is going to be a live document and if there is anything you would like to be covered, please email the BMA at Sessionalgps.gpc@bma.org.uk The guidance sets out which pension tier to use, submitting the right forms, annualisation, the total rewards statement (TRS), the upcoming PCSE portal and how to escalate complaints to PCSE. The webpage is [here](#)

Read the latest Sessional GPs newsletter [here](#)

SESSIONAL GPs WEBINAR – CONTRACTS

A webinar will be held on 21 September, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Questions can be submitted in advance and there will also be an opportunity to ask questions during the event. Register your place [here](#)

BMA COUNSELLING SERVICES

[BMA wellbeing counselling service](#) currently provides 24/7 support to all doctors and medical students in the UK, regardless of BMA membership, and is free of charge. Support is also available to the partners and dependants of doctors as well as medical students, aged 16-24. They are **now able to offer face-to-face counselling** for the next six months, in addition to existing services - through a grant from the [COVID-19 Healthcare Support Appeal](#), a subsidiary of the Royal College of Nursing.

SAFE HOUSE

GP Safe House (GPSH) is a virtual safe house providing a refuge and support for practitioners experiencing professional challenges. It guarantees anonymity, security and confidentiality and understands that these are essential. GPSH has five virtual rooms which offer support, information and resources. Each room corresponds to a different potential problem area. It has recently received a makeover/update from Somerset LMC who devised it.

Services available are:

Consulting Room - Personal Health Information for the Gloucestershire Area

Burnout Recovery Suite - Burnout and Stress

Professional Relationships Bureau - Working Relationship Problems

Library of Solutions - Non-clinical Aspects of Patient Care

Career Development Office - Professional Development

Contacts for Support and Advice - This is a link to the Gloucestershire LMC Advocate Area which offers the possibility of a personal, completely anonymous, one-to-one, online consultation with a professional advisor as well as more everyday modes of communication! If you have misplaced or never received a password and would like one, please contact the office. The LMC pastoral care support continues.

If any GP would like LMC support but would prefer to ask someone other than their area Rep, please contact the office.

Also, please find below a link to the 'Supporting GPs Mental Health and Well-Being' page on the Training Hub Primary Care Workforce Centre website which has been set up to provide GPs with information and links to the resources currently available to provide support. Read it [here](#). Dr Ansell Consultant Psychiatrist recommends the [covid resilience hub](#).

The Heales Medical Group occupational health service is still available to NHS GPs. To register for the service and for further information please go to the Heales Medical website at www.heales.com/ This service is in addition to the NHS GP Health Service which is available for any registered GP or GP trainee on the NHS England performers' list who has:

- A mental health concern (at any level of severity)
- An addiction problem (whether alcohol, drugs or other addictions)

Further information about how to access this support is available on the GP Health website at <https://gphealth.nhs.uk/contact-us/>.

Also, there's a list of organisations which clinicians may contact for help and support can be found on the following NHS England webpage: www.england.nhs.uk/south/info-professional/medical/support-for-gps/ - these include:

- Local Medical Committees (LMCs)
- Royal Medical Benevolent Fund
- Royal Medical Foundation
- BMA wellbeing support services
- BMA Charities Trust Fund
- British International Doctors' Association
- The Cameron Fund
- The Medical Council on Alcohol
- Doctors' Support Network
- KSS Deanery
- The British Doctors' and Dentists' Group
- The Sick Doctors Trust
- Practitioner Health Programme
- Alcoholics Anonymous
- Narcotics Anonymous
- Samaritans.

OTHER COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I daily primary care bulletins on COVID-19](#)

[COVID-19 Google Drive resource](#)

[NICE resources on COVID-19](#)

A PENNY FOR YOUR THOUGHTS

As the season turns, a few country shows are happening this year, bringing a competitive edge to all the lockdown gardening enthusiasms for the largest marrow, most perfect onions and so on. Chillies are as popular as ever. Which, according to the Guinness Book of Records, is the hottest on [Scoville scale?](#)

Reply to penelopewest@gloslmc.com by 20th August 2021 to be entered into the draw. The prize will be a £10 donation to a charity chosen by the winner, who will retain the bragging rights.

The answer to the august competition was that the sacked director of the Tokyo Olympics opening ceremony was Kentaro Kobayashi. No entries were received.

The LMC will continue to run with a mixture of office and home working. Some of our meetings will be by skype, Zoom or telephone. Dr Penelope West's mobile number is 07415290140 if that is useful.

JOB OPPORTUNITIES

A full list of current job adverts is at <http://www.glosmc.com/blog-job-vacancies.asp> and available below.

GLOUCESTERSHIRE			Date posted	Closing Date
Partners in Health	Gloucester	Salaried GP Partner with view to extend	30 Sept 20	Open
Rosebank Health	Gloucester	Salaried GP	10 Mar 21	Open
Aspen Medical Practice	Gloucester	Salaried Doctor/GP Partner	21 Apr 21	Open
Frampton & Stonehouse Practice Group	Frampton/Stonehouse	Salaried GP	16 June 21	Open
Brockworth Surgery	Gloucester	Locum GP	16 June 21	Open
Newnham and Westbury Surgery	Newnham	Salaried GP with a view to Partnership	18 June 21	Open
St Paul's Primary Care Network	Cheltenham	GPs	18 June 21	Open
Weston House Practice	Cheltenham	Salaried GP or Partner	30 June 21	Open
Longlevens Surgery	Gloucester	Salaried GP with a view to Partnership	30 June 21	Open
Coleford Family Doctors	Coleford	Salaried GP	16 July 21	Open
Church Street Medical	Tewkesbury	Salaried GP	16 July 21	Open
Price's Mill Surgery	Nailsworth	Sabbatical Cover	16 July 21	Open
Price's Mill Surgery	Nailsworth	GP Partner	16 July 21	Open
Weston House Practice	Cheltenham	GP Locum to cover Maternity	21 July 21	Open
Lechlade Medical Centre	Lechlade	Salaried GP	28 July 21	Open
Royal Crescent Surgery	Cheltenham	GP (4-6 Sessions)	28 Jul 21	Open
St Catherines Surgery	Cheltenham	Salaried GP	4.Aug 21	Open
Alney Practice	Gloucester	GP – Maternity Cover	11 Aug 21	1 Oct 21
Upper Thames Medical Group	Cirencester	GP Partner	26 Aug 21	4 Oct 21
Overton Park Surgery	Cheltenham	Salaried GP	26 Aug 21	24 Sept 21
Churchdown Surgery	Gloucester	Practice Manager	31 Aug 21	23 Sept 21
ELSEWHERE				
Sibford Surgery	North Oxfordshire	GP Partner	16 June 21	Open
Townhill Community Surgery	Southampton	Salaried GP with a view to Partnership	25 June 21	30 Sept 21
St Chad's and Chilcompton Surgery	Bath	Salaried GP	09 July 21	Open
Frome Valley Medical Centre	Bristol	1 Year Salaried GP	09 July 21	Open
Frome Valley Medical Centre	Bristol	Temp Locum	09 July 21	Open

Ledbury Health Partnership	Ledbury	GP Vacancies	23 July 21	31 Aug 21
Orchard Medical Centre	Bristol	Oper/Patient Exp Manager	28 July 21	Open
Hanham Health	Bristol	GP Opportunities	4 Aug 21	Open
The Vauxhall Practice	Chepstow	Maternity Cover Salaried GP	4 Aug 2021	31 Oct 2021
Bampton Medical Practice	Oxford	GP Partner	5 Aug 21	Open
Frome Valley Medical Centre	Bristol	Adv Nurse Practitioner	26 Aug 21	17 Sept 21

REMINDER: *If you are advertising with us and fill the vacancy please let us know so we can take the advert down.*

COURSES

Top Tips for Managing Challenging Patient Interactions - FREE Live Webinars

To support GP practice reception staff, Qualitas (an NHS England delivery partner on the Time for Care programme) are running FREE live webinars to share some top tips for GP practice reception teams to manage challenging patient interactions. The aims of these sessions are to support practices to:

- Reduce the number of challenging patient interactions
- Increase the number of interactions with patients that end positively/amicably
- Reduce the impact these interactions have on staff

To sign your reception staff up to the 1 hour webinar, click [HERE](#)

There is currently availability on Wednesday 8th September 12:30-1:30pm and Thursday 30th September 12:30-1:30pm

GP FORUM COURSES

Tel: 01246 861 711
Email: info@gpforum.com

Website: www.gpforum.com

GLOUCESTER – OPHTHALMOLOGY WEDNESDAY 15 SEPTEMBER 2021

GLOUCESTER – ENT WEDNESDAY 10 NOVEMBER 2021

More information and booking form [here](#)