



YORLMC Advice and Guidance: 9 July 2021

From: Dr Brian McGregor, Medical Secretary/COVID-19 Lead, YORLMC Ltd

Change remains the norm. As time progresses much is altering around us with regards to guidance and society. However, high demand, lack of capacity and relentless workload continue unabated and consistent.

Since my last update, the Vaccination programme is now [open to all adults](#) and [new guidance](#) issued re [timings](#) and storage. [Additional funding](#) has been released to support PCN and pharmacy vaccination sites. There has been a [JCVI release](#) with regards to a proposed booster programme, with little actual detail, and [restrictions are set to be lifted on July 19th](#). [Rules on self isolation](#) will change a month later. A summary of the [plans for the summer](#) has been published., and [guidance issued to NHS bodies re Autumn/Winter](#). More details re a booster programme are likely to be published in the near future, along with the flu DES which has not yet been finalized for this year, hence the [discussion re possible variations](#).

Long covid is an increasing issue and should 100,000 cases a day be reached it will leave many debilitated patients in primary care. An [enhanced service](#) for this has been developed – this has not been negotiated with GPC due to the breakdown of formal negotiation and is not endorsed by the GPC. Practices will therefore need to make their own decisions as to whether the workload (or potential workload) matches the resource on offer. Nationally there will also be some [young persons services](#) set up for this. All of this is covered in the [NHS plan for long Covid](#). The RCGP has also produced [some learning modules](#) related to this.

As well as releasing the ES for long covid, further [updates to the GP contract](#) have been published, including an [ES for weight management](#) - again, not negotiated by the GPC. This was accompanied by continuation of the [regulation alterations](#) for the pandemic from 30th June, essentially continuing eRD, suspending the friends and family test and continuing the 1:500 NHS 111 appointment slots **IF** there is clear demand for them. Currently there is still an intention to introduce the 4 new PCN specifications in October, GPC England meets next week when this will be debated.

PCSE has taken over pay and pensions. We are aware of multiple issues in a system allegedly “tested to destruction” and we are escalating these weekly. Should practices want to also escalate they can raise [here](#) or for pensions see **ATTACHMENT 1**. I have also included a pensions update from the BMA slideshow. This is vital reading for ALL GPs with regards to transitional arrangements, annual allowances and those who may be caught up in the age discrimination issues that have recently gone through court (**ATTACHMENT 2**).

With the relaxation of restrictions, we are awaiting official guidance on appropriate PPE and confirmation masks will still be required in healthcare settings. We already know practices can have continuity issues if several staff are forced to isolate at one time. Recently there have been several communications with regards to staff abuse, this is an increased risk without clear guidance. There are [helpful posters here](#) (set 3 is most appropriate) – zero tolerance needs to mean that and abusive/aggressive behaviour is completely unacceptable.

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There will soon be a new Medical Examiner system rolled out. Plans are at an early stage to employ 8-9 GP Medical Examiners at 1-2 sessions a week, An advert is shared at [ATTACHMENT 3](#) along with links to training resources and requirements.

Patients are about to be encouraged by NICE to ensure they are actively involved in [shared decision making](#) with their clinician, and have produced [guidance to support this](#), together with some free [educational resources](#). Even though this is guidance, I suspect the regulators may well ask how this is being implemented.

Which brings us nicely (pun) to CQC and they have produced draft provider guidance ([ATTACHMENT 4](#)) on changes as to how they will monitor services – they have assured us that good and outstanding practices are unlikely to be reviewed soon, but those with concerns will probably be looked at sometime in the near future.

A [safe surgery toolkit](#) has been produced with support from Doctors of the World, to ensure all surgeries are aware of how they can support migrants and vulnerable groups. They also [offer staff training](#), and are a fantastic resource for translating practice documents.

We expect a rapid [rise in RSV](#) in the next few weeks, and the system is planning for this. Practices need to be aware, and may need to designate staff/space to managing children with viral type symptoms (!). Many of these cases may come through 111. The emergency care network will be challenged, but the vast majority will be seen and managed in primary care. Concerned parents can be directed to [when should I worry](#), or the [healthier together](#) advice pages initially.

As an LMC, we are promoting and supporting the CPCS scheme – this allows receptionists to divert patients to a booked appointment with a local pharmacy, there is an extensive [list of conditions included](#), and [supporting documentation](#). We would encourage practices to set it up, as it gives an option for dealing with demand in low capacity situations. Contact the pharmacy leads at the CCG if you wish to participate.

We have had [further guidance](#) issued re the changes to ICSs, and the Bill has been placed before Parliament, this will determine the structure of the NHS management and contracts for the next 10-15 years, so everyone needs to be aware and understand the basic framework. The BMA has a [response explaining most of the issues](#) (though there are conflicts for the BMA with regards to GPs being funded very differently to salaried secondary care staff). It has also released a [statement re the timing of the reforms](#).

I've left the two most pressing issues in General Practice until the end, Workload and Workforce. Our workforce is exhausted – please take time to look at the options for wellbeing and support. Resilience has become an unacceptable word – General Practice is and always has been resilient, it has one of the most robust workforces in the NHS. We cope, we absorb demand and we deliver – as seen with the vaccine programme. The implication of resilience is that in some way we are not quite good enough, and if we could only be trained or learn to do things differently, we would not be in the position we are now. Simply, this is a false belief, we are inundated with huge demand, we know from [appointment figures](#) we are delivering at pre pandemic levels, and a further 7.5 million appointments in vaccine centres on top of that. Most of our workforce has been working 6 or 7 day weeks for many months- now is the time for them to be encouraged to take a break where we can, to rest and recuperate, there will be no summer lull (as the RSV comments above show), flu season and booster programmes will be on us in late September/October, and before that time we remain at risks of the rapidly rising infection rates that will lead to staff isolating, becoming unwell and potentially suffering from long covid.

We need to try and protect our workforce, the [BMA has advice](#) on this, and has issued [guidance on controlling workload](#), the [YORLMC website](#) has recently been extensively reviewed and much of the

content updated and refreshed – several avenues of wellbeing support and links to mentoring for the practice team and GPs are available there.

NHS Horizons is also starting a programme to work on retention – we continue to lose GPs on a regular basis – any thoughts or ideas as to how we can maintain the workforce would be welcomed. General Practice remains under unprecedented pressure, we are working hard to end the rhetoric of practices being closed and GPs not seeing people, but even some of our colleagues in secondary care seem to believe this. There are other bumps in the road that we can see but not avoid – RSV, booster campaigns, 100,000 daily cases, respiratory infection following a year of isolation (Israel has a shortage of antibiotics and is overwhelmed – they have returned to restrictions – they were ahead of us in their vaccine programme), retirement humps in GPs and Practice Nurses, when we commenced the vaccine programme we stated clearly it would be a marathon, not a sprint, here we are 80 million doses later and we are being told to go around again. The people we work with, in primary care, other practices, community staff, CCG support all recognize the way we have stepped up and achieved so much in the last 18 months. Be proud of what we do, we deliver, we achieve, General Practice remains one of the best jobs in the NHS and is vital as the first and most robust line of defence to demand. Look after those you work with, take the time to ask how they are, make sure we are doing what we can to look after our own. Take care.

I'm off next week, taking some time in the Lakes, but will still be attending GPC on Thursday – unavoidable clash of diaries, my monthly Q+A session at 7pm last Thursday of the month may have more info on all the above following that. You can book your place on the 29 July session [here](#).

As ever, there is more detail on the YORLMC website about [wellbeing services](#), [GPMplus mentoring](#) and [pastoral services](#) – please let us know if we can be of help.

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