



YORLMC Advice and Guidance: 31 August 2021

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

The world of General Practice refuses to stand still and updated guidance/changes to working practices and contracts continues apace. Since our last update only 2 weeks ago, multiple workstreams have advanced.

The major issue is the [PCN DES update letter](#). The letter itself is 5 pages long, but the devil as always is in the detail, which in this case appears in the 21 pages of appendices. These give the benefit of 18 months of planning with regards to the impact and investment fund, and the letter highlights ongoing support for CD commitment and time. However, some of the requirements are fairly onerous and there is concern at GPC with regards to the workload demands and how these can be met. This constitutes new work, from a depleted workforce at a time when it appears co-delivery of Covid and flu vaccines will not be achieved, winter pressures rising in August, and the prospect of a bleak winter for respiratory infections. There has been some relaxation of expectations with access plans put back to next April and suspension of the anticipatory care and personalised care workstreams.

Other issues recently notified – a [new shingles vaccine](#) is available. Children have been removed from the shielding list following an [evidence review](#), and will receive a letter informing them of the decision along with a [set of FAQs](#). Meanwhile 16-17 yr olds have been added to the vaccination programme, and it is expected 12-15 yr olds may also be added (though most will be in school), with no ask of primary care.

RSV is on everyone's mind with the recent surges. I have attached a list of useful links to support the management of this ([Attachment 1](#)), and an equally helpful (though busier!) list of FAQs with links for the upcoming flu campaign. ([Attachment 2](#)).

Blood bottles are a significant problem and [we have been asked](#) to suspend all but urgent bloods. This will hugely disrupt QOF and the national LMC listserver has been filled with demands to consider the suspension of QOF in relation to this and current pressures. This remains unlikely unless NHSE reconsider their position, whereby they feel a 1 month delay can be made up in the rest of the year. Nationally this equates to finding a further 700,000 appointments in primary care between now and April through no fault of General Practice.

HEE has launched a [Strategic Workforce Review](#), last carried out in 2014. If invited, please engage and be candid as to your thoughts and beliefs. We are currently below the worst case scenarios of predictions for the GP workforce from that last review!

On the positive side, NHSE have released a [letter in support of General Practice](#) and all we do following a meeting with Amanda Pritchard. The BMA have commenced two media campaigns based around [abuse in the NHS](#) from patients, and a [Support Your Surgery](#) campaign, which plans to engage public support promoting the need for greater investment and workforce wellbeing in

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General Practice. Please display the posters and encourage all your patients to [sign the petition](#) – large numbers will have a much greater impact to our political masters!

Mental health and wellbeing hubs have been set up to support health and care staff – there are more details at these links of the schemes in [West Yorkshire & Harrogate](#) and in [Humber, Coast and Vale](#).

I'm about to take 2 weeks leave and I'd strongly recommend colleagues to ensure they also take leave where they can to improve their wellbeing and to prepare for what will be some busy months ahead. Whilst away I will be dialling into an emergency meeting of GPC which has been called to discuss whether or not to re-engage with NHSE. Hopefully there will be a positive way forward agreed.

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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