

# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 26<sup>th</sup> October 2021

#### Rejection of the government's 'rescue package'

GPC England has unanimously rejected the Government's 'rescue plan' which fundamentally failed to address the ongoing crisis in general practice. The committee called for GPs and LMCs to disengage in its implementation in line with the overwhelming view that you voiced to GPC in a snap poll. By this GPC mean they should not comply with the 'rescue plan' – which would mean spending more time on bureaucratic process and complying with target driven leagues tables to 'name and shame' GPs. BMA GPC are also taking steps towards industrial action over the Government's decision to impose plans on GP earnings declarations and forcing GPs to be involved in the Covid vaccination exemption process.

Read the BMA statement <u>here</u> Read the LMCs statement <u>here</u>

#### Workload control in general practice

The BMA have stated that as it is clear neither the government nor NHSE/I show they understand the scale of the crisis impacting general practice, or have provided the necessary measures to support the profession at this critical time, they would encourage practices to look again at their <u>Workload Control in General Practice paper</u>.

GPC England also resolved that practices should be encouraged to take actions to prioritise higher quality of care that delivers a safer service to our patients and protects the wellbeing of our workforce. Practices should not feel pressured to return to a traditional 10 minute treadmill of face to face consultations, that are neither good for patients nor clinicians. Instead, they should:

- Offer patients consultations that are 15 minutes or more
- Apply to close the practice list in order to focus on the needs of existing patients
- Stop all non-GMS work to give priority to GMS care
- Reject all shifted work from secondary care that has not been properly commissioned
- Don't accept additional NHS 111 referrals above the contractual 1 per 3000 patients
- Stop unnecessary cost based prescribing audits in order to focus on quality care
- Decline to do additional extended access sessions in order to focus on the core work of the practice

More guidance will follow in the coming days on what practices could do if NHSE/I and government fail to take the action needed to properly support general practice.

#### **GP** declaration of earnings guidance

Ahead of the Government's <u>GP pay transparency</u> deadline of 12 November, which were introduced on 1 October, when the <u>GMS and PMS Regulations</u> were amended to require some GPs to self-declare their earnings, the BMA have now published <u>guidance on what this means for GPs</u>.





## Update from the Consortium of Lancashire & Cumbria LMCs

The BMA have already made clear their significant concerns about the compelling GPs to publicly declare their NHS earnings over a certain threshold, especially in the current climate of threat, aggression and violence towards GPs. This will be damaging to morale among the profession, could lead to an increase in abuse targeted at individual GPs and will be wholly counterproductive in terms of the ability to recruit and retain GPs. The BMA have received reports of GPs already reducing their hours to remain under the threshold. GPs need to consider carefully the implications before making a self-declaration.

As GPC England did not agree to this amendment to the regulations, they consider these to have been imposed on the profession and in breach of the original agreement. In addition, GPCE has resolved that it will seek support from BMA council to formally ballot members for industrial action over the Government's decision to impose this solely on GPs

#### **COVID-19 vaccinations**

#### Next steps for vaccinations of 12 to 15 year olds

NHSE/I has published a <u>letter</u> setting out the next steps in the deployment of COVID vaccinations for 12-15 year olds, with vaccinations now being offered via the National Booking Service and mass vaccination sites (rather than PCNs) to support the school based programme.

In a few areas where there isn't good geographic coverage, there may be a small number of PCNs who are asked to take part. This would utilise the <u>Enhanced Service</u> amendment which has already been agreed and would *only be on the agreement of both the commissioner and the PCN*. The majority of PCNs will not be expected to be vaccinating this group but to continue to focus on boosters, the atrisk 12-15s and third doses for the severely immunosuppressed.

#### **Government COVID-19 antiviral strategy**

On Wednesday 20<sup>th</sup> the <u>Government announced</u> plans to roll out new anti-viral drugs via clinical trials over the coming winter months, with a view to deploying more widely in summer 2022. Trials have found the twice-daily tablet molnupiravir (Merck) cut the risk of hospital admission or death by about half- 480,000 courses have been secured.

A further 250,000 courses of PF-07321332/ritonavir (Pfizer) have also been secured, which is currently undergoing clinical trials with three Phase Two and Phase Three trials looking at the clinical effectiveness of the treatment currently underway.

The drugs reduce the severity of symptoms and speed up recovery time for those who test positive. The two new drugs are yet to be approved by the Medicines and Healthcare products Regulatory Agency.





# Update from the Consortium of Lancashire & Cumbria LMCs

### **COVID-19 medical exemptions**

A systematic medical exemptions process was introduced on 30 September, to ensure that those who, for medical reasons, should not be vaccinated (and/or be tested) for COVID-19 are not disadvantaged across certification use cases.

Given the need for clinical judgement and access to patient records, the Department of Health and Social Care have set up a system using 119 to initially assess patients and may then ask GPs, secondary care clinicians or midwives, depending on who is involved in the person's care, to assess applications. Steps have been taken to limit the number of applications reaching clinicians (e.g. no appointment required, pre-screening process).

Read the guidance detailing the process and clinical criteria and payment mechanisms (for GPs).

#### **PCN Survey**

BMA GPC are undertaking a survey to find out more about the issues you are facing and how the pandemic has affected your work. Your responses will provide the BMA with insights to share among PCNs. It is open to all clinical directors of PCNs across England and closes on 27 October. <u>Take the survey ></u>

