

LMC Update Email  
28 January 2022

Dear colleagues

### **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.

Read the [full BMA statement](#) by Dr Farah Jameel, GPC England chair.

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.



### 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.

GPC England (GPCE) has 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. We have worked hard with NHSE/I in order to protect our 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.

NHSE/I have asked CCG/Integrated Care Systems (ICSs) 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.

Read our [guideline](#) for practices to use, about making risk assessments and on infection control protocols.

### Mandatory COVID-19 vaccinations – guidance for GPs and practices

We 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. We continue to get a significant number of 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 we 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.

We 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.

### **Face coverings in practice premises**

As of 27 January, [face masks will no longer be a legal requirement](#), but people are still advised to wear coverings in enclosed or crowded spaces, and the [IPC guidance for health settings](#) states that face masks should continue to be worn by staff and patients in health care settings.

[Practices should carry out risk assessments](#) and assess what level of respiratory protective equipment should be worn by different groups in various settings. Health and Safety law makes it your responsibility to protect staff and other patients based upon these risk assessments, thus making mask wearing a legal requirement if your risk assessment suggests masks should be worn.

If challenged by patients not wanting to wear a mask you can refer to the [IPC guidance](#) and your risk assessments and inform the patient that "the law imposes on me the duty to expect you to wear a mask, and on you the duty to wear one in these premises."

Download our [poster about using face coverings in practices](#).

### **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.

I 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. We 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](mailto:info.lmcqueries@bma.org.uk)

### **LMC Secretaries Conference 2022 – registering**

Information has been sent out to register for the LMC Secretaries Conference 10 March 2022. The event will take place at Friends' House, on Euston Road opposite Euston Station. An online application form for nominations is available [here](#), with a closing date of **25 February 2022**. Please contact the GPC office at [info.lmcconference@bma.org.uk](mailto:info.lmcconference@bma.org.uk) with any queries you have about the LMC Secretaries Conference.

**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. Read the [blog](#)

**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 our concerns with the Bill [here](#).

Media

[Pulse](#) reported on the amendment to the Health and Social Care Bill which proposed that GPs should be mandated to work in deprived areas. In response to this, [Dr Kieran Sharrock, GPC England deputy chair said](#): "The bottom line is we have a major national shortage of GPs. A tactic of 'intervening in the market' and telling existing doctors where they can and cannot work will not permanently solve the recruitment crisis in general practice."

**Read the latest GP bulletin (England) [here](#)**

**GPC England – information and guidance**

Read more about the work of the [GPC England](#)

Read practical guidance for [GP practices](#)

See the latest update on Twitter: [@BMA\\_GP / Twitter](#) [@DrFJameel / Twitter](#)

Read about BMA in the media: [BMA media centre | British Medical Association](#)

We would encourage LMCs to share this GPC update with GPs and practices.

Kind regards

**Richard Van Mellaerts**  
**GPC England Executive Officer**