

LMC Chair's Update October 2021

The focus of this update will be to spotlight the current issues that are having a deep effect on General Practice 18 months on from the start of the COVID Pandemic. The co-existent issues of Access, Anti-GP Media Rhetoric, resultant Abuse of staff and Ambulance delays are all in the forefront of our thinking.

It may be argued that with current COVID prevalence rates, albeit within a differing demographic and thankfully with lower levels of hospitalisation, we are still in a response phase to the pandemic rather than a true recovery phase. The political desire and clinical need for Response and Recovery to run in parallel is creating considerable tensions and stretching the resilience of General Practice to its limits.

I know that you are fully conversant with all these issues but wanted to take the opportunity to reassure you that LMC is engaged with the Health Board in working on whole system solutions and increasingly looking to engage with our communities to discuss and reason many of the ongoing barriers affecting access.

In the current stressful climate, we are fortunate that there is ongoing support for General Practice from our Health Board and to this effect I am pleased to share an open 'letter of support' from ABUHB Medical Director, Dr James Calvert.

'In recent weeks I have been contacted by a number of colleagues in primary care who wished to draw my attention to extremely difficult situations which they had found themselves in as a result of delayed ambulance transfers. I wanted to make contact with you directly to reassure you that we are working actively to improve the situation.

I am aware that you are all working through a time of exceptional pressure in primary care. I am also aware that, commentary online and in social media may be leaving you feeling underappreciated.

Please can I say that from the point of view of the health board we fully acknowledge the challenges you are facing, and I want to take the opportunity to thank you for all that you are doing.

The data which we have available to us shows that demand in primary care is at least 20% higher than pre-pandemic and that you are trying to address this clinical need whilst also dealing with staff shortages, staff sickness and social distancing.

A recent survey by the health board found that, despite these pressures, the majority of practices in ABUHB are managing to meet the agreed sessional requirement of 1 session per 200 patients. This is a significant achievement. The data also showed that 40% of appointments are face-to-face. I am keen that the decision about the most appropriate means

of consultation is one that is left with the professionals who know the patient best. I am aware from my own clinical practice that some patients prefer a virtual consultation. My only ask is that all efforts are made to undertake a face-to-face appointment to fully inform decisions on referral to secondary care.

You will no doubt be aware that one of our greatest challenges is ensuring availability of ambulances to provide a timely response to patients who need one. A huge amount is being done to develop ambulatory and community-based alternatives to hospital admission to reduce the need for ambulance conveyances. However, we are still holding ambulances for too long at GUH. There is a huge amount of effort being put into improving flow through our system to address this. We are seeking to help patients to navigate the system to receive care in the best place, first time via the flow centre and we are also taking action to mitigate the lack of available places in social care. At present we have 274 patients awaiting a social care placement.

I am hopeful that all of the initiatives currently underway will eventually have sufficient impact that you will see a tangible improvement in responsiveness of the ambulance system in your own clinical practice. In the meantime, I want to ensure that, where you encounter challenging situations with delayed or refused patient transfers, we put in place a light touch way of you flagging concerns where unsafe patient care has arisen.

Liam Taylor is leading on convening a multi-organisational group, including WAST, to review risk associated with delayed transfers so that mitigating measures can be designed in partnership. The LMC and NCN's will be represented on this group. The aim is to introduce a streamlined approach to systematically capturing more detail than is currently available about the practitioner and patient experience associated with the challenging ambulance situation.

Thank you once again for the amazing job you are doing for patients. I know it has not been easy in recent weeks but I wanted to reassure you that the pressures are clearly understood and we are doing what we can to help.'

1. GP Access

I am sure that you are fully aware of the raging debate around GP access, which is being waged in national media outlets and being somewhat fuelled by central government rhetoric.

Whilst aware that there are issues relating to access at a small minority of practices, LMC is concerned that the vast majority of practices are being tarred with the same brush. General Practice is being scapegoated for many failings within the NHS and this is unacceptable.

Whilst fully understanding of patient frustrations at many aspects of healthcare delivery, there are many examples of good practice which is much appreciated by the silent majority of our patients.

General Practice and healthcare settings in general are still subject to legislative regulation regarding infection control and social distancing etc. Whilst these pressures still exist there is no opportunity to simply return to 'normal' and the blended approach of remote consultation, appropriate conversion to F2F appointments, face masks and PPE will be a feature of our practice for some considerable time. That is the reality. Both we and patients need to take this on board and evolve into the 'New Normal'.

Many of you may have already read the report from last weekend in Wales online, discussing the issues around GP access and hopefully this offered a well-balanced assessment of a system under strain by chronic underfunding Pre and Post COVID recovery.

The issues are complex, let alone any potential solutions.

<https://www.walesonline.co.uk/news/wales-news/gp-says-staff-feel-exhausted-21671207>

We appreciate that many patients are concerned and have contacted their practices, the Health Board and the CHC with regard their difficulties in accessing GMS services, but this only serves to highlight the Demand / Capacity Gap that has opened in recent months. The recent GP access survey performed by practices in ABUHB has highlighted a 20% increase in demand and this correlates with RCGP published data from the Oxford based RCA research centre which quotes a 15-20% increase in demand.

Capacity and workforce within practices is undoubtedly currently being affected by the current COVID Test and Trace policy and isolation requirements and we are seeing this having a real impact in family units and our staff particularly.

The Health Board have recognised that there is a Demand / Capacity gap, and this is exacerbated by the Restart and Recovery process.

It is with this in mind that we are supportive of ABUHB's recent announcements of two separate but related schemes to increase the capacity within GMS by resourcing Additional clinical sessions.

The specifications of the Additional Session LES and the Restart and Recovery Additional sessions have been circulated by the HB Primary Care team.

2. Ambulance delays

Over recent months you will have become aware of a change in WAST Policy. Many of you have reported to us specific examples of life-threatening emergencies that often require alternative urgent transport to hospital or treatment in inappropriate settings due to the inability of the ambulance service to cope with increasing pressures.

However, within the last month or so the situation has now escalated to a point where the Welsh Ambulance Service are having to refuse to attend emergency requests from the public and clinicians alike.

This is an intolerable situation and as such Gwent LMC, in conjunction with all other Welsh LMCs and GPC Wales, co-signed a letter to Eluned Morgan (Wales Health Minister) outlining our concern and demand for Ministerial intervention.

<http://www.gwentlmc.org.uk/index.php/news/368-patients-lives-are-being-put-at-risk-warn-bma-cymru-wales>

I have attached the response from Eluned Morgan on 1st October.

<http://www.gwentlmc.org.uk/index.php/news/369-health-minister-response-to-ambulance-delays>

Of course, the true outcome measures will only be apparent over the next weeks and months if we see improvements in performance of the conveyancing of patients by WAST. Until this is manifest patients are still at risk as previously discussed. It would only be fair for me to add that WAST conveyance is a symptom of a failing system, and the broader issues will need to be addressed ASAP.

At the NCN leads meeting last week it was confirmed that ABUHB will be commencing a Task and Finish group, led by Dr Liam Taylor with a sharp focus on the issues outlined in the Minister's six-point plan.

Examples of issues that need scoping are:

- Ambulatory Care
- Care in the community
- Frailty
- Discharge teams
- Communications

Naturally, we would expect LMC to be part of these discussions.

3. Anti GP Rhetoric in Media

Both LMC and GPCWales have become increasingly aware of the impact of adverse media reporting and the consequent emboldening of patient expectation.

As a result, the following BMA Cymru Newsletter was circulated on 24th September to all members.

In the knowledge that the readership and circulation of the National Newspapers does not stop at the Severn Bridge, and has impact in patient behaviour, I would also reflect that the support and messaging from Welsh Government together with ABUHB does not mirror the reported views emanating from Central Government.

For the benefit of those that may not have already had sight of this I have shamelessly cut and pasted!

*'In recent weeks we have seen increased anti-GP rhetoric across a number of media outlets and from some individuals which devastatingly culminated in a **horrific attack on practice staff in Manchester**. This is wholly unacceptable and understandably has left many of you, and your colleagues, feeling demoralised and under siege. Although it's encouraging to see Welsh Government showing support for general practice across Wales in comparison to their counterparts in Westminster, we want to assure you that BMA Cymru Wales has been taking action to ensure the media, politicians and the general public, truly understand the impact of the abuse, the constraints you have been working under, and your tireless work as we continue to fight the pandemic and its lasting effects.*

We have:

- *Raised GP pressures during several meetings with decision makers at the highest levels, including the Health Minister, Deputy Chief Executive of NHS Wales and senior members of the Civil Service.*
- *Worked with the Welsh Government and NHS Wales to produce an **infographic** under the Help Us Help You campaign, which provides the public with a visual guide on what to expect from their GP.*
- *Briefed all Members of the Senedd on current pressures facing General Practice including Access and Face to Face consultations.*
- *Undertaken a significant amount of media work to explain what is happening and why. Some coverage has included:*
 - **Covid Q&A: Can I see my GP now?** ○ **Will Wales' GP surgeries go 'back to normal?'** ○ **'Hanfodol' i Gymru fynd i'r afael â diffyg meddygon teulu** ○ **ITV Wales at Six** (First item)
- *Written blogs for a variety of audiences including ○ **Urgent support needed for general practice** ○ **A day in the life of a GP during Covid-19***

- *Alongside colleagues in GPC UK, have called for a change in legislation to increase the maximum sentence for assault against emergency workers from 12 months to 2 years imprisonment.*

4. Abuse of General Practice Staff

Unfortunately, some of these expectations have spilt over into unacceptable levels of abuse to Practice staff and GPs. This was further highlighted by another Wales Online report featuring a Newport Practice Manager.

I am sure that you will agree that such behaviours overstep the mark and are totally unacceptable. LMC will be supporting all practices with a zero-tolerance stance towards antisocial abusive behaviour and will be calling upon the HB to use its media channels to back this expectation.

<https://www.walesonline.co.uk/news/health/gps-surgery-doctors-appointments-crisis-21696123>

How to remove a violent patient from your practice list

Assault on practice staff, threatening or abusive behaviour or damage to property, are all grounds for immediately removing a patient from a practice list. The BMA has guidance on how to do this but the first, and most important, action to take is to call 999 or the local police station as soon as possible, stating what has happened and if necessary, requesting police assistance. You should request an incident number.

Protecting yourself online

GPs and their staff are increasingly facing abuse from patients on social media. It is as unacceptable to abuse practices online as it is face-to-face, so you must understand how to protect yourself.

The BMA has launched a new toolkit for GPs, which covers:

- practical steps to deal with online abuse and harassment
- how to report abuse to social media platform providers
- guidance on refusing to treat abusive patients
- how and when to involve the police'

5. Adferiad Programme (Long Covid LES)

ABUHB has announced a time limited Enhanced service relating to Long COVID.

The aim of the Local Enhanced Service is to: -

- a) Deliver a range of universal easily accessible services that meet the needs of the majority of the cohort of patients with immediate and extended post Covid recovery symptoms. This will include information and signposting by people familiar with COVID 19 experience and the local clinical pathway, local NCN based support structures and consistent information to clinicians whose patients are affected
- b) Escalate those individuals who have symptoms that may indicate a more serious medical presentation (via existing diagnostic pathways) or to the Post COVID Recovery Team where there are complex inter-relationships between new +/- existing symptoms that require a multi-professional opinion or support
- c) Respond and adapt care in the light of feedback from people living with extended post Covid recovery issues and emerging data/ evidence that informs improved outcomes

The service specification for the enhanced service is outlined in this link <http://www.gwentlmc.org.uk/index.php/news/374-long-covid-les>

6. NACAP Audits for COPD and Asthma

It has been announced that the next round of the National Asthma and COPD Audit Programme will be facilitated through the SAIL data base. Previous iterations of this National audit led to data handling concerns being expressed by GPC Wales regarding the use of Informatica to extract pseudo-anonymised data from GP systems. We welcome the change in approach from the audit provider, as it should address the concerns that were previously raised regarding the information governance aspects of the data flow.

As such LMC would encourage all practices to participate in the forthcoming audit cycle.

<http://www.gwentlmc.org.uk/index.php/news/370-national-asthma-and-copd-audit-programme-nacapprimary-care-audit>

7. Wellbeing and Support

The content of this update has focussed on significant topics that are causing considerable impact upon General practice. We recognise that these issues have the potential to cause considerable stress and anxiety to practices and individual practitioners.

The BMA has published guidance on **wellbeing during the COVID-19 pandemic**. This guidance aims to help doctors and medical students working under extraordinary and challenging circumstances to look after their own health and wellbeing.

<https://www.bma.org.uk/advice-and-support/your-wellbeing>

If there is specific advice or support required then do not hesitate to contact the LMC.

