



## Mword Issue 88 - Dr Michelle Drage's latest update for GPs and practice teams

15 October 2021

Dear Colleague, Staying Present. If you have had a chance to look through the "General Practice Support package" released yesterday then I'm sure you are as disappointed, frustrated, and downright angry as I am. The measures set out by Ministers and NHS England managers, and crowed over by the Daily Mail as a "win", are not about supporting general practice teams. Despite the widespread acceptance that GPs and colleagues have been brought to their knees by increased workload, increased levels of expectation, decreased resources, and abuse from an often frustrated, sometimes unkind, and occasionally threatening vocal minority, this package of performance management measures is deemed the best that can be done to "help". Measures include:

Disregard for the necessity of remote triage for clinical safety

Disregard for the efficiency of remote consultations to attend to more people and keep waiting times down.

Assumptions that 20% of all practices are "under-performing".

Weighting patient satisfaction feedback above and beyond clinical judgments regarding safe and appropriate care.

Calls to return to pre-pandemic F2F levels, whilst maintaining increased levels of patient appointments, in the face of data showing a depleted workforce.

Continued insistence that CAS 111 triage, which results in 60% primary care deployment, continues and increases.

Repeated unevidenced messaging that increased A&E activity is the result of access failures within general practice.

Enforcement of non-contractual changes, and the over-riding of the independent practitioner model, by CQC regulation.

Increased reporting requirements across the board, and in order to access limited additional resource (re-announced as part of the "new" package).

A blatant land-grab to remove the historic independence and autonomy of GPs to determine the appropriate management of our patients' care has already begun to widen the chasm between GPs on the ground and leaders at NHSEI and elsewhere.

You may, along with colleagues across the country, have already been contacted by your local CCG/ICS in order to "meet and map the local response to the support package" early next week. No doubt with the package's deadline of 28 October in mind. However, now might be a good time for us to take a very long pause. And assess whether it is truly in the best interests of ourselves, our staff and our patients to jump, yet again, when instructed. Other people's boxes can always wait to be ticked – sometimes a very long time – when your priority is surely to care for the people in front of you. The very priority that you are being berated and scapegoated for apparently not doing. And yet, we know that overall, patients in the Capital still very much appreciate the excellent care provided by their practices and are happy to say so. We also know that the exceptions are not only demoralising, but can make us feel unsafe – particularly with national papers talking about "hit squads" and colleagues on our patch and elsewhere in the country subject to threats of violence. A recent straw-poll of London practices found over 9 in 10 (94%) are experiencing violence or abuse from patients, with 3 in 10 reporting over 20 incidents over the past three months. It speaks volumes that the only directly useful part of this package is the very small amount of money being offered to improve security. To shut a few stable doors after the horses have bolted. It does nothing to stop the abuse. Ultimately, this package is not about improving clinical care, but driving still more activity and risk to general practice and further demoralising an under-resourced and over-worked service. Suggesting unannounced CQC inspections is a threat, not a supportive measure. This package:

Has been imposed, not agreed with GPC and the BMA. GPC representatives are seeking an emergency GPC England meeting to develop a plan of action that can be shared with practices.

Has unrealistic timelines and unevidenced targets that do not tell us anything about the quality of care being offered by practice.

Conflates wants with clinical need, making it harder for our exhausted teams to manage workload safely.

Claims to offer money to allow us to increase our workforce, when we know that workforce doesn't exist.

Is a diversion from the sustained lack of support for general practice.

Is gaslighting.

We will never win over the Daily Mail, or the Telegraph, or the right-wing commentators who seek to destroy general practice. I know not why, they just do. But the pandering by NHS England and DHSC exacerbates the problem and has to stop. Before there is no one left. So know this: Whatever your practice role, you are working incredibly hard to care for your patients and your teams in these difficult times. Try to stay present. Focus on the patients you are directly dealing with. And regardless of what you hear from the vocal minority, remember that patients in the Capital appreciate the excellent care provided by their practices and are happy to say so. As ever, if you need support, personally or professionally, we are here for you, and we have your back. And if you need support, please check out our GP Professional Support Network. I hope you have a safe and enjoyable weekend. More next week. And as ever, I welcome your feedback at [mword@lmc.org.uk](mailto:mword@lmc.org.uk). The team of experts and leaders here at Londonwide LMCs are by your side.

Keep well. Stay safe. With best wishes

Dr Michelle Drage MBBS FRCGPCEO, Londonwide LMCs

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