

15 May 2021

To: Dr Nikki Kanani, Medical Director for Primary Care, NHS England & NHS Improvement  
Ed Waller, Director of Primary Care, NHS England & NHS Improvement

Dear Nikki & Ed

## **UPDATED STANDARD OPERATING PROCEDURE (SOP) TO SUPPORT RESTORATION OF GENERAL PRACTICE SERVICES**

Following publication of your letter on Thursday, we are writing to summarise the views of PCN Network members. The volume and consensus in response to the letter is unprecedented in our 18 months of supporting PCNs and is indicative of the strength of feeling. There is no disagreement with the principle that patients should be able to access the care they need when they need it. However, we feel that this letter fails to take account of the limiting factors currently in place.

The feedback we would like to share covers two themes:

- The impact on staff mental and physical wellbeing
- The practical and logistical implications

### **The impact on wellbeing**

The impact of the letter has been compounded by the way it has been picked up, presented and discussed in the media. This has led to an unfairly negative and critical view of primary care colleagues in printed, broadcast and social media, which is seriously damaging and potentially harmful to an exhausted workforce.

The evidence is explicit in the devastated voices we have heard:

*“Primary care is not funded to manage unlimited same day demand. We try our best to service our patients, but unsustainable demand will only lead to clinician burn out and non-clinical staff facing the wrath of patient demand”.*

*“I am not sure I can work today- so tired so upset. I am thinking very hard about resigning.”*

*“I am fearful of what this will do to our staff”*

PCNs began to deliver the enhanced service at the start of the first lockdown. Their leaders have adapted to new roles during a crisis, having little opportunity to develop their leadership skills in a business-as-usual environment. The additional workforce PCNs provide, designed to alleviate primary care pressures, and support secondary care, has been deployed to support shielding patients, vaccination programmes, and cover COVID-19 sickness. Primary care has been accessible, agile, responsive and compliant throughout the pandemic. PCNs like all parts of the NHS have lost colleagues to COVID-19, and they have also seen more patients die in their care.

Despite the enormous effort, commitment, and compassion from PCN teams, they remain absent from the national acknowledgement of sacrifice and service; they are ignored and even vilified by the media. This is now directly impacting the physical and emotional wellbeing of primary care teams, and we would like to raise serious concerns about the safety of staff due to the volume of physical and verbal threats being experienced by primary care colleagues - these will be compounded by the rhetoric created in the media.

### **Practical implications**

The letter and subsequent media coverage risk the whole ambition and vision of the NHS restructure, as the interdependencies between general practice, PCNs and ICSs in these early stages of development are fragile. For many people, their participation in PCNs, their enthusiasm and ability to innovate and bring about change is directly related to their experience within General Practice and the experience of their colleagues. The views expressed to us suggest many PCN leaders will abandon PCN roles if the pressure in General Practice is unmanageable, and similarly the vision for ICSs will suffer as it is dependent on the same enthusiasm and participation.

Leaders have raised concerns about the practicalities and logistics of the expectations such as the additional time needed for infection control and the adequacy of a primary care estate that is no longer fit for purpose in a post-Covid environment and with a significantly expanded workforce. It is not only patients that require more space in a 'face to face' first approach, but it also requires more staff to be present on site and this is already a well-documented challenge to accommodate and onboard a growing workforce.

*"Primary care estates have been under invested for years. Social distancing measures remain in place. My waiting room can't fit all the people who would choose (rather than need) to have a F2F appt with 2m distancing. It still amazes me how many patients with COVID symptoms pitch up to try and get seen F2F before having a swab."*

There is equally concern about the impact of greater face-to-face contacts on the level of activity that can be physically undertaken. Placing greater emphasis on face-to-face appointments over and above remote consultations will inevitably lead to longer waiting times and reduced capacity. The flexibility of remote working has allowed clinicians to increase their availability and flex capacity at peak times in an endeavor to meet demand. We now risk losing this flexibility and capacity.

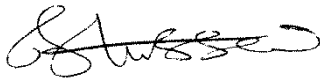
The timing of the letter has also been brought into question when there are growing concerns regarding the COVID-19 variant B.1.617.2. There is currently no guarantee of

further easing of restrictions in June, and where there is a rapid increase in infections nationally or in local areas, the ask of PCNs will be especially challenging with the public receiving mixed messages.

Given that the vast majority practices within PCNs were already compliant with the details of the letter, adapting and managing to the very best of their ability and within the limitations of their resources, it is felt by PCN leaders that it was always intended that the letter would reach the national media and would be used to pacify an understandably restless public. Whatever the intention, the effect and impact has not been helpful when primary care needs a more honest and supportive relationship with patients, to ensure that those with greatest need are able to be prioritised, and the devastating inequality that led to so many COVID deaths is not increased.

We would be happy to meet with you to discuss these issues further on behalf of our members.

Yours sincerely



Dr Farzana Hussain  
Clinical Director  
Co-chair PCN Network



Dr Mark Spencer  
Clinical Director  
Co-chair PCN Network