



11th January 2021

Dear Colleague

Please see below our latest updates for your information:

Vote on future negotiations on the PCN DES (England)

Following a resolution of LMC England conference in November, the BMA have [emailed the profession](#) to vote as to whether GPC England should continue negotiations on the PCN DES. The ballot has been designed with the agreement and in careful collaboration with GPC England and the LMC England conference chair and agenda committee, as well as in consultation with the BMA's internal experts on survey design.

The BMA know that this is currently an extremely busy period for all in general practice, however they would encourage as many GPs as possible to participate as this will have a direct influence upon negotiations and funding available for the 2020/21 contract and beyond. The vote will run until 23:59 on Tuesday 19th January and is open to all GPs in England, regardless of contractual status (partner/sessional/trainee) or BMA membership status. Read more about the vote [here](#). To help inform your decision the BMA have published this attached short briefing on the vote and the [PCN DES](#).

National lockdown, workload prioritisation and vaccination of healthcare professionals (England)

The [BMA believes the right decision was made to introduce](#) the third national lockdown in England, [announced by the Prime Minister](#) earlier this week, which comes at a time of immense workload for doctors. Practices must continue to be supported, in particular with shielding having been reintroduced, and all healthcare professionals must receive the COVID-19 vaccine as soon as possible to be protected so that they can continue to provide a service to patients.

As the workload pressures caused by the pandemic grow, and as practices engage in the COVID vaccination programme practices will need to prioritise their work. The BMA have now agreed with NHSE/I further measures that help with this, and which are outlined in a [letter](#) published yesterday. This includes income protection for QOF QI and prescribing indicators, meaning the vast majority of QOF is now income protected, income protection for minor surgery for this quarter, a direction to CCGs to suspend LESs and to take a supportive pragmatic approach to contract management, and crucially, providing additional funding to support the work of PCN clinical directors and those who have worked so hard in the initial delivery of the COVID-19 vaccination programme, with an increase in payments from 0.25 WTE to 1 WTE for those PCNs where at least one practice is taking part in the vaccination programme. This follows the additional £150m secured in November to support practice workforce expansion.

In addition, the [BMA and RCGP published guidance on workload prioritisation for primary care](#), published earlier in the pandemic, continues to be a useful resource and sets out what practices should consider doing now that we are in a national lockdown. This guidance followed the joint guidance with the RCGP published at the start of the pandemic, on workload prioritisation for clinicians in general practice during COVID-19.

The [JCVI](#) and [NHSE/I](#) have advised in their recent communications, that vaccinating all healthcare professionals is a priority and whilst hospital hubs have been tasked with doing this practice sites can also do this when asked alongside those in their 80s (or those 75 and above once that older cohort has been covered). NHSE/I also published an update yesterday which provides [additional operational guidance on the immediate requirement to vaccinate frontline health and social care workers](#). Practices should ensure locum GPs they are in regular contact with are invited for vaccination either via hospital hubs or by the practice itself. Additionally, any healthcare staff who self-identify with their own registered GP practice should be vaccinated as per the JCVI guidance above.

Kent LMC is also working with other contractor bodies, such as the LPC, LDC and LOC, as well as Kent & Medway CCG, to ensure all community based healthcare workers are given the opportunity to be vaccinated as soon as possible. We are expecting communications to come out shortly from the CCG detailing the process to access the vaccine.

COVID-19 vaccinations programme

Last week Dr Richard Vautrey, Chair of the GPC, met with the CMO in England, Prof Chris Whitty, Sir Simon Stevens and Prof Steve Powis, NHSEI medical director, to discuss the crucial role general practice is already playing in the COVID vaccination programme. Following the meeting he states: "It was good to see, following the [MHRA authorisation of the AstraZeneca \(Oxford\) COVID-19 vaccine](#) for use in the UK, the vaccine rolled out to practice sites this week, following the initial use in hospital hubs. We are also pleased to see [NHSE/I confirm](#) that this vaccine can, with appropriate cold-chain requirements, be transported from designated sites to other practices. We believe this will both improve access to vaccinations for our patients and significantly speed up the delivery of the programme, particularly as more vaccine becomes available. It is imperative though that once vaccine is available it is given to patients as quickly as possible."

NHSE/I stated in a letter on the 30 December on the [next steps for COVID-19 vaccination](#) that the second dose of the Pfizer BioNtech vaccine should be given 12 weeks after the first dose. This followed a [letter to the profession](#) by the four CMOs in the UK. The [JCVI has also published a statement](#) about prioritising the first dose.

This decision has had a significant impact for many practice sites, with staff working hard to re-book the appointments of thousands of elderly patients and at-risk healthcare workers. This was in addition to the need to reschedule many vaccination sessions due to changes in vaccination delivery for some sites. In a [statement released last week](#), and in conversations with NHSE/I, Dr Richard Vautrey made it clear how difficult this would be at such short notice not least over the New Year Bank Holiday weekend. NHSE/I have subsequently put in place a national call centre that can be used to support practices with rebooking appointments and provided £1000 for sites in recognition of this additional workload. Read Richard's recent message about the COVID-19 vaccination developments [here](#)

The COVID-19 local vaccination services deployment in community settings [Standard Operating Procedure](#) has been updated to reflect the addition of the AstraZeneca vaccine and the change to the second dose.

NHSE/I has also amended the [Enhanced Service specification](#) to permit the vaccination of unregistered frontline health and social care workers as well as those who are registered with a practice outside of the PCN grouping and to reflect the JCVI guidance on administration of the second dose, with the item of service payment now to be paid per dose.

The [Patient Group Direction](#) for the Pfizer vaccine has been amended to permit the drawing of 5 or 6 doses from the vial, and the administration of a potential sixth dose is now covered within the PGD. All the NHSE/I guidance about the COVID-19 Vaccination programme can be accessed [here](#).

NHSE/I has started publishing [weekly data report showing the number of COVID-19 vaccinations](#) provided by the NHS in England. The latest figures (7 January) show that a total of 1,112,866 people have received an NHS vaccination since 7 December when vaccinations began. The [PGD for the AstraZeneca \(Oxford\)](#) vaccine and guidance about the [movement of the AZ/Oxford vaccine](#) have now been published. The [Green Book chapter about COVID-19](#) has also been updated to include advice about the AstraZeneca (Oxford) vaccine. Unlike with the Pfizer/BioNTech vaccine, there is no requirement for 15 minutes observation after administering the AZ/Oxford vaccine unless this is indicated after clinical assessment.

The [BMA's guidance on the COVID-19 vaccination programme](#) has been updated to include information about the changes to the dosing schedule, transitional arrangement for second dose appointments, approval of the Oxford AstraZeneca vaccine and the ability for practices to transport and administer it from sites other than the designated site, access to vaccines for all frontline health and social care workers, and further support to enable practices to prioritise vaccine delivery.

COVID Vaccination Programme (Local Update)

Housebound Patients

We have raised the issue of who will vaccinate housebound patients with the CCG. They are in the process of working with Community Providers on a roving model to cater for these patients. The CCG will also be contacting GP leads of PCN groupings to find out whether any GP practices are/will be vaccinating their own patients. Unfortunately the £10 additional payment is only available in January for Care Home residents and not other housebound patients.

Vaccinations for Locums and staff employed by non-participating practices

We have also raised this issue with the CCG and they are developing a process for these groups to be able to access the vaccination. This will be communicated by the CCG as soon as it is in place. Meanwhile you could contact your local vaccination site and ask whether they can provide the vaccine which could be mutually beneficial if you are able to attend at short notice as this would help avoid vaccine wastage.

PCN Clinical Director Survey Results

At the end of last year the BMA conducted their second annual survey of PCN clinical directors. They have now published the results of the [survey of PCN Clinical Directors](#).

A significant number of clinical directors responding were confident that by 2023/24 PCNs will have contributed to providing better support for patients in care homes (66%), increasing the wider GP workforce (59%), improving the quality of prescribing (57%), delivering new services (49%), and better collaborative working between general practice and community care (49%). 44% of clinical directors think that provision of adequate funding is the most important condition for the success of PCNs with the second most highly ranked option being the availability of the GP workforce (20%), followed by the need for adequate premises (17%).

The results of the survey also revealed that not surprisingly both PCN clinical directors and member practices are still facing a high level of workload which they are managing with increased difficulty, and which is also having an impact on workforce morale across their network. 59% of clinical directors class their workload as manageable with difficulty while 27% have indicated that their workload was not at all manageable. The announcement this week of additional funding for clinical directors involved in the COVID-19 vaccination programme is therefore a welcome step in recognising this.

Domestic abuse letters

The BMA believes that there is no need for medical involvement in the process for gaining access to legal aid for domestic abuse victims. They feel that such requests can compromise the relationship between doctor and patient, and that legal aid agencies should take the word of victims without needing to consult a GP – who themselves may not be best placed to confirm

whether domestic abuse has occurred. This is a position the BMA continue to make clear through their input into the Government's ongoing [review into bureaucracy in General Practice](#). While these letters are not funded by the NHS contract and practices are able to charge patients a fee for their completion, the BMA recommends that they do not. Ultimately, however, this is at the practice's discretion.

Home delivery of medicines and appliances (England)

Following the announcement of the national lockdown, NHSE/I will be commissioning the Home Delivery Service of medicines and appliances again for those identified as clinically extremely vulnerable (CEV) on the shielded patient list until 21 February. If friends and family are not able to collect medicines for CEV people, and it is not possible to arrange a volunteer, then CEV patients will be eligible for free medicines delivery.

Read more in the [letter announcing the service](#) published this week.

BMA Law partnership webinar

BMA Law's specialist solicitors hosted a webinar in December covering every aspect of partnership agreements and why they are vital to protecting your partnership. From the perils of partnership at will to last man standing and green socks clauses, this webinar outlines why you need a partnership agreement, how often you should update it, and the common pitfalls to avoid when drafting one. Access a recording of the webinar [here](#)

GPDF response to ICS Consultation

Please see attached the response to the [Integrated Care Systems Consultation](#) together with the initial letter sent to NHSE/I and the reply received on 31 December. The BMA response will be available shortly.

The GP International Induction and Return to Practice Programmes

The GP Induction & Refresher Scheme has been rebranded as two separate programmes. All the features of the previous scheme have been retained but are now divided into distinct programmes:

- The GP International Induction Programme (IIP) offers a route into general practice for doctors who qualified overseas and who have no previous NHS general practice experience.
- The Return to Practice Programme (RtP) offers a route back to general practice for doctors who have previously been on the GMC register and NHS England's medical performers list.

For more information and to apply, please visit the [Health Education England website](#).

Request for GPs to support SECamb management of 999 non-emergency calls

SECamb are working under exceptional pressures due to the ongoing Covid response and seeing increased handover and response times. In order to support the management of 999 Category 3 and 4 calls that may not require an emergency call out but do require a clinical assessment, SECamb are asking that if there are some GP's available to support SECamb clinically to manage these calls and be located remotely after a brief training session with SECamb then SECamb would like to engage with them. This model has been asked to be stood up initially for 6 weeks and would welcome any volunteers who will be employed as locums on a sessional basis.

If you can contact Scott Thowney (Scott.Thowney@secamb.nhs.uk) or John O'Sullivan (john.osullivan@secamb.nhs.uk) for further information.

Kind regards
Kent Local Medical Committee