



25<sup>th</sup> January 2021

Dear Colleague

Please see below our latest updates for your information:

### **Contract agreement for 2021/22 (England)**

At a meeting last week GPC England supported the agreement they have secured with NHSE/I for minimal contract changes for 2021/22 whilst retaining the significant increases in funding already planned. Some of the previous agreements due to start in April will be delayed. This is to give practices support and stability through the continued pandemic and whilst practices are playing such a significant role in the COVID-19 vaccination programme. Some of these changes will be implemented throughout 2021/22 depending on the pandemic, and will be agreed later in the year. Practices will then be provided with adequate time to prepare.

The full details are available on our [website](#), but in summary, from April:

- Funding increases previously agreed will be honoured.
- Funding increase to global sum to allow a 2.1% uplift in pay.
- QOF will be largely the same as for 2020/21 with some amendments to cancer and SMI domains to assist with the impact of the pandemic, and changes to vaccinations and immunisations as previously planned to continue with the move to an item of service payment arrangement for childhood vaccinations – these will see additional funding go into QOF.
- QI modules from 20/21 to be repeated and slightly amended and the work already done will count towards this.
- The core digital offer to patients has been defined, largely based on how practices are already operating due to the pandemic.
- New ARRS roles will come on stream, with additional funding being made available to enable mental health practitioners to be part of the PCN workforce.
- London weighting can be paid as part of ARRS max reimbursement amounts.
- IIF 2020/12 indicators will remain unchanged. GPCE and NHSEI will have further discussion on other planned indicators for 2021/22, as the length and impact of the pandemic becomes clearer, utilising the additional investment to the IIF.
- No new PCN service specifications from April (will be phased in later in the year with dates to be agreed depending on the pandemic), and current PCN services to receive minor amendments.
- GPC England and NHSE/I will discuss the introduction (in-year) of a new enhanced service related to obesity and weight management.
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Full details are available on the [website](#) and further guidance will be provided in due course, but we hope that this will provide practices with some stability during this challenging time. Read our press statement [here](#)

### **PCN DES ballot results (England)**

In November, the LMC England conference passed the following resolution: *Conference notes that the BMA GPC (GP committee) England has never secured a robust democratic*

*mandate for the PCN DES and so again asks the GPC England to secure a firm mandate from the entire profession by means of ballot before negotiating any extension or changes to the PCN DES for the year 2021 / 2022.*

As a result, GPCE have completed a ballot, with the question based on the motion: “Prior to any further negotiations, extension or changes for 2021/22, do you give GPC England a mandate for the PCN directed enhanced service?”

The result of the ballot was:

Yes: 80% (3,619)

No: 20% (915)

Total number responding: 4,534

This outcome provides a clear mandate from the profession for the PCN DES, and GPC England will therefore continue to negotiate on this, seeking improvements and further developing it, as part of the whole GP contract, for the benefit of practices and our patients. Read more [here](#)

## COVID-19 vaccination programme

From this week, people aged 70 and over and those clinically extremely vulnerable to COVID-19 can be invited to get their vaccinations as the [roll out of the vaccination for the next 2 priority groups begins](#). Vaccinating the first two groups (care home residents and staff, and those aged 80 and over and frontline health and care staff) will remain the priority, but vaccination sites which have enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts. The BMA have however raised with NHSE/I their concerns about the way invitation letters are being sent to patients, and that these are not coordinated with local practice group sites, causing potential confusion for some patients and unnecessary travelling to more remote vaccination centres.

NHS England has made it clear that vaccines should not be wasted, and sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste. The BMA have also added a section on vaccine supply to the [their advice webpage on healthcare worker vaccination](#) and are encouraging members to anonymously report any concerns about this via their [feedback portal](#).

Following last week’s announcement about [additional funding to support the rapid delivery of vaccinations to care home staff and residents](#), NHSE/I has now published [Process for the payment of Item of Service fees and Care Home Supplement payments to PCN groupings](#) (log in required, so document is also attached). The BMA have raised concerns about the complexity of this process but PCNs bringing in additional workforce between now and the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle will be eligible to claim up to £950 per week (a maximum of £2500 per PCN grouping) of funding support.

There have been some concerns about the availability of the COVID vaccine for private patients. The easiest way for private patients to access the vaccination programme is to temporarily register with an NHS practice involved in the vaccination programme. If they have not got an NHS number they will be provided with one as part of the registration process. The BMA would encourage practices to do this for private patients and for local vaccination sites to make the bookings. However, if a patient does not want to do this if they have ever had any contact with an NHS service they should still receive a vaccination letter via the national database.

Read the BMA [guidance on the COVID-19 vaccination programme](#) which includes information about the added funding to support rapid care home vaccination, and other recent information about how to administer the vaccine, and further support to enable practices to prioritise vaccine delivery.

NHSE/I's guidance for primary care about the COVID-19 vaccination programme is available [here](#)

The latest [data report of the number of COVID-19 vaccinations](#) provided by the NHS in England, show that as of 20 January, a total of 4,419,704 have received an NHS vaccination since 7 December when vaccinations began.

The BMA is tracking the rollout of both first and second dose vaccination against COVID-19, as they campaign for rapid vaccine distribution to doctors. They found that while most UK doctors have now received a vaccination, there is variation by country and grade, and one in 10 are yet to receive a first dose. [See the results here](#)

### PM praises GPs

The BMA were pleased to hear the Prime Minister and Chief Medical Officer praising GPs and their teams in the [COVID-19 press conference](#) last week. The Prime Minister said, "A massive thank you...they've now stood up the vaccination on top of everything else...we should all be enormously grateful for what they have done." Read more on the [BMA's GP twitter account](#)

### Securing enhanced and suitable PPE

In light of the continued spread of the new more transmissible variant of COVID-19, as well as growing evidence of aerosol transmission of the virus in non-AGP settings, the BMA is determined to ensure that every doctor is properly protected with adequate and suitable PPE. That's why the [BMA has written to Public Health England](#) asking for an urgent review of their PPE guidance.

As the BMA reported last week, the Government has extended the provision of [free COVID-19 PPE for all health, social care and public sector workers](#), until at least the end of June. Read the BMA's updated [PPE guidance](#) and the [guidance for practices on reducing COVID-19 transmission and PPE](#).

### BMA joins calls for emergency legislation to protect medics from 'unlawful killing' cases

The BMA has co-signed a letter calling for emergency legislation to protect healthcare workers from 'inappropriate' legal action over Covid-19 treatment decisions. The story was covered by [Sky News](#) and [BBC News](#). The letter, organised by the [MPS](#) and signed by other health organisations and addressed to Matt Hancock, reads: "With the chief medical officers now determining that there is a material risk of the NHS being overwhelmed within weeks, our members are worried that not only do they face being put in this position but also that they could subsequently be vulnerable to a criminal investigation by the police."

### LMC England Conference resolutions

The virtual England LMC Conference took place on 27 November 2020. [This document](#) which details the conference resolutions, election results and motions lost, has now been updated to include the voting statistics for each motion. All of the votes were quorate.

### BMA COVID-19 guidance

Read our [COVID-19 toolkit for GPs and practices](#), which includes updates in the COVID-19 vaccination programme section and protecting clinically extremely vulnerable (CEV) patients section. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

Read the latest BMA GP bulletin [here](#)  
Read the latest BMA Sessional GPs bulletin [here](#)

### **KSS Financial Webinars**

Hugh Townsend, Regional Coordinator, BMA South East Coast Regional Council has asked us to share information on the webinars open to both members and non-members. Please click [HERE](#) for further details.

### **MDU Cover for doctors returning to work in the Covid19 Pandemic**

MDDUS has announced an extension in their free membership for retired doctors returning to work in the Covid19 pandemic, in recognition of the impact of the second wave.

<https://www.mddus.com/coronavirus/coronavirus-update/2021/january/medical-defence-specialist-mddus-extends-free-covid-indemnity-support-for-retired-doctors>

### **Translated COVID-19 Patient Information Materials: Covid-10 Infographics**

COVID-19 Infographics are a UK-based team of doctors, medical students and volunteers who are aiming to translate evidence-based and easily accessible COVID-19 information into as many languages as possible.

BAME communities are disproportionately affected by COVID-19 and Covid-19 Infographics want to help provide people with access to the information they need to protect their health. The graphics are translated by a team of reliable translators through volunteers and services such as Translators Without Borders and the information included in them are checked over by doctors and is sourced entirely from sources such as NHS England, the WHO and NICE.

As Kent & Medway covers an area with a number of people who speak languages other than English, you may find these materials useful to distribute within the communities your practices are based in. To view the materials click [HERE](#). There are translations of infographics into over 20 languages, including Urdu, Polish, Hindi, Lithuanian, Arabic and a number of South Asian and Eastern European languages.

Covid-19 Infographics would also value your input and insights into their work as well as if there are any topics or languages you would like them to cover.

### **Local Updates EKHUFT Radiology**

At our recent meeting with EKHUFT they expressed their gratitude to the response to John Allingham's letter asking for you to consider some changes to reduce the pressure on the radiology service while they manage the pandemic. If you missed the letter it is [here](#). The LMC's work to improve the interface with EKHUFT is ongoing and we believe we are making positive progress. If you receive any transfers of care that you feel are inappropriate please send the anonymised details to John at [info@kentlmc.org](mailto:info@kentlmc.org) and he will try and address the issues for you.