



1<sup>st</sup> February 2021

Dear Colleague

Please see below our latest updates for your information:

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

As you will be aware, the GPC secured a contract agreement for 2021/22 with NHSE/I last week. This contract package delivers significant additional funding, enabling above inflation rises to pay and covering expenses. They have made improvements to the vaccination and immunisation scheme that they hope will lead to increased levels of uptake. The GPC have also secured additional funding for important areas in QOF and been able to make a significant expansion of the PCN workforce, all with 100% reimbursement and guaranteed funding, and greater flexibility for employment in London.

Importantly with no new service specifications to be introduced in April practices can continue to focus on their pandemic response, and the GPC will keep this under review as the outcome of the pandemic becomes clearer. Above all there will be a continued focus on supporting practices particularly as we deliver the vital COVID vaccination programme, something general practice is doing so successfully.

See Richard Vautrey's presentation about the contract [here](#). The video and full details of the contract agreement are also available on the BMA [website](#). They are also planning to hold some webinars and will provide more details shortly.

### **COVID-19 vaccination programme (England)**

COVID-19 vaccination programme (England) The roll out of the COVID-19 vaccination programme continues at pace, with the inclusion of two new [cohorts](#) (people over 70 and those clinically extremely vulnerable to COVID-19) last week. 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 with enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts.

Following earlier issues with vaccine supply, the BMA are being reassured that they are becoming more stable each week although some batches can still vary.

#### Vaccination of healthcare workers

The BMA has been campaigning to ensure all healthcare workers are given the opportunity to be vaccinated as soon as possible. They are therefore pleased that NHSE/I has reiterated that vaccinating all healthcare staff against COVID-19 is an absolute and immediate priority. NHS staff do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis, either in person when presenting for a vaccine, or through design of booking systems. If a member of staff does not have an NHS number, then employers should vaccinate now, record locally via a paper system and ensure that that the vaccination event is more formally documented later. NHSE/I is working towards a longer-term solution, but employers should not wait for this before vaccinating. NHSE/I has also written a [letter](#) encouraging frontline health and social care workers to get the COVID-19 vaccine as soon as possible.

### Vaccine wastage

The BMA continue to have reports of some CCGs demanding that vaccines are thrown away rather than giving second doses or vaccinating other cohorts. We would like to reiterate that NHSE/I has made it clear that the top priority is that all vaccines be used and therefore must not be deliberately wasted. All 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. Read more about vaccine supply in the [BMA's advice webpage on healthcare worker vaccination](#) and report any concerns about this via the [feedback portal](#).

### Second doses

The BMA have raised with NHSE/I the need for practice sites to be able to start planning for giving second doses by booking appointments. This requires confirmation of delivery schedules in March and April, particularly of the Pfizer vaccine. They hope NHSE/I will be able to confirm arrangements for this shortly. Practices should plan for 6 doses per vial for second dose, but where there is not enough for a 6<sup>th</sup> dose, NHSE/I will look to make an emergency delivery of smaller amounts of more vaccine to make up the difference.

### IT issues

As a result of IT problems some vaccination sites have had to record patient information on paper rather than inputting it directly in to the Pinnacle system. The BMA would therefore encourage practice sites to upload this information as soon as possible, which also needs to be done for payment purposes. This will also help NHSE/I to plan properly for the timing of the second dose delivery. Extra funding has been made available to PCN groupings to bring in additional workforce until the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle. PCN groupings will be eligible to claim up to £950 per week of funding support.

### Transfer of vaccines

This week, NHSE/I has published guidance on [Mutual aid and the transfer of COVID-19 vaccines between Hospital Hubs, Vaccination Centres and Local Vaccination Services](#). Annex B of the document sets out that as long as the relevant guidance is followed, local commissioner should be offering a supportive role in facilitating the movement of the AstraZeneca vaccine within a PCN grouping and do not need to seek formal approval for moving the vaccine in line with the arrangements set out in the letter. It also advises that once moved, the vaccine should either be administered or immediately put in a refrigerator at a practice site within the PCN grouping, and ideally administered within 24 hours or as soon as practical over the following days.

### Care homes

NHSE/I have written a [letter thanking colleagues in adult care homes for the progress in delivering vaccinations and information about the next steps by 31 January](#). In order to be included in the February payment to the lead practice within your PCN Grouping, all activity relating to vaccinations administered between 14 December 2020 and 31 January 2021 should have been recorded within the Outcomes for Health (Pinnacle) system no later than 23:59 on 31 January 2021.

NHSE/I has also published guidance on [Access to National Workforce Supply Routes for Primary Care Network \(PCN\) Groupings](#). All NHSE/I guidance for primary care about the COVID-19 vaccination programme is available [here](#)

The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Medicine have published a [statement](#) responding to misinformation around COVID-19 vaccine and fertility. RCOG has also published [information and advice for pregnant women about the COVID-19 vaccine](#), including an updated Q&A section.

Read BMA [guidance on the COVID-19 vaccination programme](#) which includes information about avoiding vaccine wastage, and other information about what is expected of practices support available to enable practices to prioritise vaccine delivery.

The BMA were pleased to see the [joint letter](#) from Secretary of State Matt Hancock and Nadhim Zahawi, the minister with responsibility for the covid vaccination programme, recognising and praising the significant role GP practices have played in the successful roll-out of the vaccination programme. They wrote: "We are enormously impressed with how readily primary care teams have come forward to play such a vital role in the vaccination programme, under truly unique circumstances."

## Coronavirus vaccination figures (UK and England)

Coronavirus vaccination figures are now produced on a daily basis. As of 27 January, approximately **7.45 million** people **in the UK** had received their first dose of the Covid-19 vaccine, while **476,298** people had received their second dose.

[NHS England data](#) shows that a total of **79.7%** of over 80s have had their first dose of the Covid-19 vaccine, an increase of **20%** on the figures published last week. There remains quite a large regional variation in the proportion of over 80s vaccinated; **only 65%** of Londoners aged over 80 have received their first dose, compared to other regions where the proportions vary between **78.3% (South East) - 83.7% (North East)**. This data is reflective of last week's figures - the North East continues to have the highest proportion of over 80s vaccinated, although other regions appear to have caught up, for instance East of England which previously had the lowest proportion of over 80s vaccinated (along with London) across the regions but now the data shows that **79.9%** of the over 80s have been vaccinated compared to **53%** last week. Thank you to all practices that have made this possible.

Until now, weekly figures published by NHS England have contained information based on region and age group. Going forward, these figures will be supplemented by ethnicity and occupational data to understand vaccination uptake in high-risk groups (BAME, people living in deprived areas) in order to tackle health inequalities. Data according to site of administration, i.e. mass vaccination centre, hospitals hubs, GP practices are not yet published but we understand that in England over 70% of vaccinations are given by GP sites.

## New to Partnership Scheme (England)

The New to Partnership Scheme was launched in England in July 2020 (backdated to April 2020). So far about 400 applications have been approved and many more are being processed. NHSE/I has now finalised the S96 contract for GMS practices, which forms the agreement between the practice, the new partner and NHSE/I. This contract has been agreed with the BMA. Contracts are now being sent out to applicants from GMS practices to sign and seek their partners' signatures, within 4 weeks. The funding will then be released to the practice to pass onto the new partner. Contracts for PMS practices are expected to follow shortly.

Thank you for bearing with the BMA while they get this right – they hope this development will now speed up the process and encourage even more new partners to apply for the scheme. Read the BMA guide to applying for the [GP partnership scheme](#), which will help you navigate what can be a complicated application process.

## NHS Pension Scheme Access for ARRS staff (England)

There were potential issues with access to NHS pension scheme access for ARRS staff employed by GP Federations who might lose their APMS contract as a result of the Extended Access changes (and which cease, therefore, to be an Employing Authority under the NHS pension scheme).

The delay to the formal handover of the Extended Access arrangements to Primary Care Networks (PCNs) until April 2022 means this issue is probably less pressing for many GP Federations than it was a few weeks ago. Nevertheless, the provisions for GP Federations without a GMS/PMS/APMS contract to apply for temporary access to the NHS pensions scheme for its staff has now been extended until March 2023. That position has now been confirmed in

the updated NHS BSA guidance on access to the NHS pension scheme for PCNs – see scenario 3 in [this document](#)

The BMA will continue their work on more permanent provisions for this group of staff and will keep you updated.

### GP appointment data (England)

The [GP Appointment data for December](#) has now been published. The data shows that there was a drop of just over 1.25 million appointments from November to December (from 25 million to 23.7 million) but that is a significantly smaller drop than for November – December 2019 (26.8 million to 23.5 million), and there was an increase of around 170,000 appointments in December 2020 compared to the previous year.

Waiting times also appear to have dropped compared to the same period in the previous year, with the number of appointments within 7 days up by 1.9 million in December 2020 compared to December 2019, and appointments over 8 days down by 1.76m.

This shows the incredible achievement of general practice with 100% of appointments in December 2020 as December 2019 in addition to launching and running the vaccination programme.

### Updated PCN vaccine planning and progress tracking tool (England)

A new version of the [PCN vaccine planning and progress tracking tool](#) has been launched on the LVS workspace in Foundry. The updated version helps PCNs to plan their COVID-19 vaccination programmes for the AZ and Pfizer vaccines and users to calculate weekly vaccination capacity for each vaccine based on site and workforce scenarios. The tool also enables users to track progress with vaccination, including filters for different cohorts, delivery at each site against plan and progress with cohort coverage for PCNs, grouping population across different delivery methods (LVS, Hospital Hubs, Vaccination Centres). [A user guide is also available \(log in required\)](#)

### CQC activity in Primary Care

Following the BMA update on [CQC's regulatory approach](#) provided on 15 January, and the lobbying on this issue that they have been doing, CQC has written to all CCG primary care leads and NHSE/I regional directors confirming that it will only inspect GP practices in response to significant risk of harm and when it cannot seek assurances through other routes. If an inspection is necessary, it will carry out as much activity off-site as possible. Full details are available in the attached letter.

### GP referrals into Community Pharmacist Consultation Service (CPCS)

The PSNC (Pharmaceutical Services Negotiating Committee) has published an [animation](#) to explain how GP practices can refer patients with minor illnesses to local pharmacies, by using the referral pathway of the CPCS, which is in the process of being rolled out to include GP referrals.

The CPCS enables the safe referral of patients from other parts of the NHS to community pharmacies and frees up other healthcare providers to provide more appointments for patients with more complex or higher acuity needs whilst improving access for those with lower acuity conditions.

Before the service can be rolled out in an area, there must be local discussions between the PCN, general practices and community pharmacies to agree how the referral process will operate – and practices are encouraged to begin those local conversations now. Read more on the [PSNC website](#)

## GP Retention Scheme Webinar

A BMA [webinar on the GP Retention Scheme](#) will be taking place on Thursday 25 February from 7pm – 8.15pm. It will be looking at how the GP Retention Scheme works for both employees and employers, tackling some of the common misconceptions about the scheme and hearing from GPs who are currently on the scheme. There will a Q&A session at the end and you can submit any questions in advance to [cscott@bma.org.uk](mailto:cscott@bma.org.uk). A full list of speakers will be confirmed shortly. Click [here](#) to sign up

## Reporting COVID Positive results post vaccination

We have been made aware of an online Public Health surveillance form that any clinician can complete when a patient has a COVID positive result 10 or more days post the first dose of the vaccination (including in those who have received a second dose). Completing this form is not contractually mandated, but would come under Good Medical Practice and the duty to organisations monitoring public health. As any clinician with access to the relevant information can complete the form, this could also be a nurse who works in a care home. This surveillance should provide evidence of efficacy of the vaccine and may also help resolve the controversy over the interval between doses. The form can be found on the gov.uk website [here](#).

## International GP trainees who are due to complete their training in February

We are aware that a number of international GP trainees who are due to complete their training in February are concerned about securing full time employment before their visa expires. This is because many GP practices do not hold sponsorship licences or are not actively recruiting. NHS England and Improvement have asked that any impacted doctors contact [england.intrecruitment@nhs.net](mailto:england.intrecruitment@nhs.net) and they will put you in touch with regional colleagues who may be able to assist. We would also ask that if any Kent & Medway GP trainees are experiencing any problems please contact the LMC ([info@kentlmc.org](mailto:info@kentlmc.org)).

## EKHUFT Covid Update from Susan Acott

At its height, EKHUFT had 460 Covid+ inpatients. We built an expansion of the ITU departments at QE and WHH during the summer to enable us to look after more ITU patients without cancelling surgery. As a result, a lot of surgery continued well into the second wave. Ultimately, we had to stop all but urgent surgery as we had to go into so called super surge capacity and crisis super surge capacity.

EKHUFT also have around 450 staff off sick so have to redeploy staff into the acute areas. We have given mutual aid most days since the start of November, but at its worst, we moved some patients out to other regions. As this Covid wave moves across the country we have now been put on standby to help other regions. Sadly, this means it is difficult to plan the restart of normal activity. However, we are doing our best and are outlining the plans so that patients can be made aware.

Kind regards  
Kent Local Medical Committee