

A Letter From the CEO

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What an amazing achievement - all care home residents in England have now been offered a Covid vaccination, and over 90% have received it. The residents who have not been vaccinated are largely those who have had Covid in that last 4 weeks and the few who have declined. We need to ensure there is a follow up for those who were unable to be vaccinated and also ensure new residents are vaccinated.

This week we have reached another fantastic milestone where over 9,000,000 people in England will have had their first vaccination against Covid. Enormous credit needs to go to general practice and PCNs who have been responsible for delivering over 75% of all of the vaccinations to date. We must also recognise the major role our practice managers have played in this. The feedback from the local vaccination centres in PCNs has been they are being run very efficiently and effectively and great credit needs to go to our practice managers for their skill and dedication.

The headline figures are encouraging with the number of people testing positive for Covid, the hospital admissions and thankfully the mortality rate are all falling. Lockdown is playing an important part of this but we should not underestimate the role of the vaccination programme.

As we progress with the vaccination programme we must maximise the use of the hospital hubs, the large vaccination centres, the pharmacies supporting the PCN local vaccination services and to be able to do this we need to address the problems caused by the National Booking Service and the letters being sent to patients which is disconnected from the local services and causing significant confusion.

Stay well and stay safe.

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Contract negotiations

As detailed in my last Newsletter the contract negotiations have reflected the challenges of the pandemic. There has been minimal change to the contract, some of the items due to be implemented have been delayed and previous commitments to financial investment continue.

The LMC had a webinar last week about the contract changes - to watch the recording of the webinar which includes a presentation, a slide deck and a Q & A session - [click here](#).

The GPC has also released a short video presentation focused on the contract changes and can be viewed by [clicking here](#).

Primary Care Funding

Are you clear about the various streams of funding that are available to practices?

We are often asked this question. I am very grateful to Michelle Lombardi, one of the LMC's Directors of Primary Care and Dawn Chalcraft who works with the Directors of Primary Care who took on the task of detailing the various funds available to general practice in 2020/21. With this in mind a spreadsheet has been created that can be [downloaded here](#). It contains an overview of the funding, how it can be accessed and links to the relevant national documents.

New to Partnership Scheme

The New to Partnership Scheme was launched in England in July 2020 (backdated to April 2020).

About 400 applications have been approved so far and many more are currently 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. This will now speed up the process and hopefully encourage even more new partners to apply for the scheme.

Read the [BMA's guide](#) to applying for the GP partnership scheme, which will help you navigate what can be a complicated application process. There is also information available on the LMC's website - please [click here](#).

CQC activity in Primary Care

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 appointment data

The [GP Appointment data](#) for December has now been published. The publication includes important information, however it does not show the totality of GP activity/workload. The data presented only contains information which was captured on the GP practice systems. This limits the activity reported on and does not represent all work happening within a primary care setting or assess the complexity of activity.

NHS Digital produce this information monthly, containing information about the most recent month and previous months.

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.

Same day appointments - 45.1% of appointments in December took place the same day they were booked.

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.

GP referrals into Community Pharmacy Consultation Service (CPCS)

Covid has made many demands on general practice and two major areas of impact are the workload and the workforce. This is no great surprise and these were the two major factors that were identified during the GP Partnership Review.

In a previous newsletter I provided details of this scheme which had some successful pilots locally and was being rolled out across the country. The aim of it is to support general practice and help support the workload by providing an additional service which could deal with some of the patients who have traditionally gone to general practice.

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](#).

Covid Vaccination Programme

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. As far as the LMC is aware this situation has not occurred locally, and if this was to happen it would be totally unacceptable to waste vaccine.

The BMA has reiterated 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.

You can 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.

The BMA hopes that 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 6th dose, NHSE/I will look to make an emergency delivery of smaller amounts of more vaccine to make up the difference.

Covid-19 Vaccination Resources

I suspect you have not heard of the CDRC or the Clinical Digital Resource Collaborative, I certainly hadn't until the URL was shared with me. This NHS website has a section on Covid-19 Vaccination Resources. The website has a number of resources that are available for practices to access for both EMIS Practices and TPP SystemOne.

Designed by clinicians and hazard reviewed by [NECS](#), resources are free to access and use.

Covid-19 vaccination resources are available for use via EMIS and SystemOne clinical IT systems and provide support for identifying eligible patients, inviting patients, identifying missed doses and more.

[Click here](#) for more information.

Ardens Healthcare Informatics

Many practices locally use Ardens template. They now have a free Covid Vaccination Dashboard which may be helpful for practices - [click here](#) for more information.

Care homes

General practice has vaccinated over 90% of the residents of care homes. The evidence suggests that for every 20 residents vaccinated one life is saved.

There are some residents who have not been able to receive a vaccination because they have been infected with the Covid virus in the preceding four weeks or had declined the vaccine.

There will need to be an ongoing review of vaccination in care homes to ensure people are not missed.

[NHSE/I have written a letter](#) thanking colleagues for the progress in delivering vaccinations in adult care homes and information about the next steps by 31 January.

Covid Vaccination and fertility

There have been discussions on Social Media claiming that Covid Vaccination can lead to infertility problems and this risks influencing people's decision about being vaccinated or not. Patients should be able to base their choice on the best available evidence and not simply what some ill informed people post on social media.

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.

The RCOG has also published information and [advice for pregnant women about the COVID-19 vaccine](#), including an updated Q&A section.

General practice's contribution to the Covid Vaccination Programme (CVP)

The CVP is one of the great successes of the pandemic. The UK was the first country in the world to start vaccinating and has delivered more vaccination to a larger % of its population than almost any other country. So far we have delivered over 9,000,000 doses of Covid vaccine.

The main reason for our success is the dedication, commitment and the model of general practice in the UK who are responsible for delivering over 75% of all the Covid Vaccinations in this country.

All too often the spotlight is on the great work done by our hospital colleagues and general practice is ignored, but it is pleasing 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."

Oxford AstraZeneca - transportation between care homes

Please find the attached document which is an updated version clarifying the transport of this vaccine.

Reporting of COVID cases post vaccination

The Public Health England (PHE) Immunisation Department is conducting **enhanced surveillance** of cases of infection in vaccinated individuals in England, in order to confirm infection, identify risk factors and outcomes, and monitor phenotypic and genetic characteristics of SARS-CoV-2 isolates and to compare these cases to those in unvaccinated individuals.

Individuals will mainly be identified by active follow up of a sample of cases identified by linkage between community testing and vaccination data.

Clinicians who are seeing patients face to face are also encouraged to report any confirmed cases in partially or fully vaccinated individuals if they tested positive within the preceding 7 days.

This provides an opportunity to get early and complete samples from these cases.

Criteria for reporting

The following cases should be reported:

Individuals with a SARS-CoV-2 PCR positive sample with **symptom onset date at least 10 days after their first dose of vaccine** (this includes any cases who develop symptoms after a second dose of vaccine).

If the case was asymptomatic, test date should be used in place of symptom onset date.

Vaccinated individuals who test positive using a lateral flow device should be confirmed using PCR.

In order that optimum samples are received, reporting is only requested if the case tested positive within the preceding 7 days. This passive reporting is an opportunity to collect acute samples and clinicians are not required to report retrospective cases.

More detailed information and a link to the reporting form can be found here:

[Reporting to the enhanced surveillance of COVID-19 cases in vaccinated individuals - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/reporting-to-the-enhanced-surveillance-of-covid-19-cases-in-vaccinated-individuals)

Supporting Veteran Health in Primary Care

Developing closer relationships with the military in Wessex has made me realise the significant number of military establishments there are in Wessex and as a consequence the significant number of veteran there are. A Veteran is someone who has served in the Armed Forces (Regular or Reservist) for at least one day. There are around 2.6 million Veterans in Great Britain of whom 52% are 75 years or older.

LMC Medical Director, Dr Andy Purbrick recently hosted an LMC webinar on Veteran's health - [click here](#) for more information.

Do you know the NHS's obligations in relation to the Armed Forces Covenant?

NHS Veterans Top Tips for GPs and Practices

1. Ask the question - "Have you or any members of your family ever served in the Armed Forces?"

Ask on registration form and Read code them as 'Military Veteran' or 'Member of Military Family'

Ask patients who attend with specific health problems, especially mental health, as additional options may be available to them.

2. Consider the additional referral pathways/services which may be available for Veterans and Military family members - [click here](#) for more information.

3. When referring a Veteran to secondary care, ensure that this status is included in their referral letter, as they may be entitled to priority treatment if the problem is attributable to their time in uniform.

Eg: "As this patient is a military veteran, and his (or her) current condition may be related to military service, this referral should be considered for priority treatment under the rules set out in the NHS Operating Framework 2008/9, paragraph 3.15, 2009/10 paragraph 66 and 2010/11 paragraph 2.55."

4. Ensure you and your practice team have sufficient awareness to meet your patient's needs:

a. Complete the free Health Education England CPD accredited e-learning package that looks at the similarities and differences between Armed Forces patients and their civilian counterparts.

www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forcesb.

b. Join your regional NHS Armed Forces network. To find out more,

email england.armedforceshealth@nhs.net.

c. Become an Armed Forces Veteran friendly accredited GP practice. In Wessex contact Katie McMahon wessex@rcgp.org.uk.

“Coronavirus – Discussions with an Emergency Department doctor”

Local GP, Dr Camilla Janssen discusses with Emergency Department Consultant Helen Keeton about how secondary care is dealing with COVID in terms of numbers through the door, flow through the hospital, clinical assessment and management of these patients.

Overview of how they assess a patient’s oxygen requirement.

An understanding of the criteria secondary care use to determine severity and likely deterioration.

They also cover the information used to inform a patients' discharge and an understanding when secondary care would like us to refer patients back into their service for further assessment.

This will help us give a consistent joined up message across primary and secondary care, which can only be done if we have a good understanding of what our secondary care colleagues are doing. We continue to learn from each other in these evolving and uncertain times.

Here is the link: <https://www.podbean.com/eu/pb-59jjb-f95181>

GP Retention Scheme Webinar

A BMA webinar on the [GP Retention Scheme](#) will be taking place on Thursday 25 February from 7pm – 8.15pm.

They 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.

[Click here](#) to sign up to the event.

LMC Education and Training

Attached to this email is some information about the LMC events that were held during January. The data does not include those who attended the live events. The data shows a high level of interest in a range of topics. Despite Covid dominating our lives, Webinars related to Covid remain very popular.

For example, on the 15th of January we held a webinar entitled **'Covid assessment and management'** where in addition to those who attended the event live, 114 people have watched the recording of the Webinar and over 500 people have downloaded the audio podcast of the event.

[Click here](#) to view the webinar which is free.

Or if you would prefer to download the audio podcast [click here](#).