



22<sup>nd</sup> March 2021

Dear Colleague

Please see below our latest updates for your information:

### **£120m additional funding for general practice (England)**

Following significant pressure from GPC England they have now secured an additional £120m for general practices from April. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The extension of the General Practice Covid Capacity Expansion Fund will be from 1 April to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September.

The attached letter from NHSEI contains further information.

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

People [over 50](#) (JCVI cohort 9) are now being invited to book an appointment via the [National Booking Service](#) to receive a COVID vaccination. Practices groups should continue to focus on vaccinating patients in the lower cohorts first, in particular those with underlying health conditions (cohort 6).

If some practices within the local vaccination group want to continue delivering vaccinations to group 10-12 but others do not, the group should discuss with their local vaccination leads how this can be managed with modified supplies to enable some continuation in the programme.  
[Reduction of vaccine supply in April](#)

NHSE/I published [a letter](#) on 17 March 2021 setting out the next steps on uptake and supply of the COVID vaccinations, over the next six weeks. Although vaccination supplies are increasing this week, there will be a reduction of supply from the week beginning 29 March for about four weeks due to reductions in national inbound vaccines supply. The letter also encourages vaccination sites to continue their efforts in maximising uptake in cohorts 1-9.

[Additional workforce](#) remains in place to support practice site to deliver the vaccination service and the [CCG has agreed to extend the block payments](#) currently in place for local enhanced services to also now include April, May and June of 2021.

Read more about the latest changes, including the delivery of phase 2 of the programme, and what practices need to do and the support available in our updated [guidance page about the COVID-19 vaccination programme](#).

[MHRA confirms that people should continue to receive the AstraZeneca vaccine](#)

The [MHRA made a statement](#) yesterday confirming that the available evidence does not suggest that venous thromboembolism is caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP records. The MHRA's advice remains that the benefits of the vaccines against COVID-19

continue to outweigh any risks and that the public should continue to get their vaccine when invited to do so.

#### Vaccine dose data

Over [25 million people in the UK](#) have now received their first dose of the COVID-19 vaccine, and the latest [data report](#) shows that as of 18 March 23.2 million doses of the COVID-19 vaccine have been given in England.

### **Shielding for clinically extremely vulnerable to end**

It has been announced that [clinically extremely vulnerable \(CEV\) people in England will no longer need to shield from 1 April 2021](#).

The Department of Health and Social Care are writing to CEV patients informing them of this and that they can begin to follow the national restrictions alongside the rest of the population. However, the letter does advise to continue to take extra precautions to keep themselves safe, even after they receive both doses of the COVID-19 vaccine.

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the [NHS Digital website](#).

### **VAT removal for primary care**

The BMA have written the attached letter to the Financial Secretary to the Treasury, Jesse Norman MP, about VAT removal for primary care, following the consultation on [VAT and the Public Sector: Reform to VAT refund rules](#) published last year.

We called on the Financial Secretary, whose ministerial portfolio includes VAT, to make costs for patient facing services exempt for practices and PCNs, and we also emphasised that this approach would allow practices and Primary Care Networks to use the 20% VAT normally spent on hiring practice staff to instead directly support patient services.

### **General Medical Services (GMS) Ready Reckoner 2021/22 (England)**

The [ready reckoner](#) has now been published and provides an indication of the changes in income streams that may affect a GMS practice and primary care network (PCN) from 1 April 2021.

### **Implementing the 2021/22 GP contract changes to personal medical services and alternative provider medical services contracts (England)**

NHSE/I have published [this document](#) which sets out the approach to the funding changes that we will apply to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts. Commissioners will update local PMS and APMS contracts as soon as possible, applying the funding changes identified in this guidance with effect from 1 April 2021.

### **Overworked doctors must be allowed to rest and recover so we can keep patients safe, BMA warns**

Doctors must be allowed to rest and recuperate from the exhaustion of working throughout the pandemic if we want to have safe patient care in the future.

In a new report, *Rest, recover, restore: Getting UK health services back on track*, the BMA argues that the pandemic has left the health service running on empty, with staff burnt out, disillusioned, and even considering leaving the NHS as a result of the intense pressures and stress of the past year. The report points out that pushing doctors to 'get the NHS back to normal', without giving them the respite and support they need, will not only result in increasingly high absence rates and staff reducing their hours, but also threaten patient care and safety.

Against a backdrop of current workforce shortages, patient demand outstripping staffing levels, and tens of thousands of clinical and non-clinical vacancies in hospitals and a shortage of GPs, the need for a strong and healthy workforce is obvious. As a result, the BMA has set out a series of recommendations to UK Governments to ensure that services resume safely for both staff and patients, including:

1. All Governments and system leaders across the UK to have an honest conversation with the public about the need for a realistic approach to restoring non-Covid care, and support for systems to tackle the backlog.
2. Health, safety, and mental wellbeing of the workforce to remain a top priority.
3. Additional resourcing to help tackle the backlog.
4. Measures to expand system capacity.
5. Measures to expand the workforce and retain existing staff.
- 6.

The report and press statement can be found [here](#).

### **Medicine Delivery Service (England)**

A Community Pharmacy Home Delivery Service during the COVID-19 outbreak was originally commissioned throughout England from community pharmacies (and a similar service from dispensing doctors) on 10 April 2020 to ensure delivery of medicines to eligible patients who should not present in the pharmacy. This service may continue to be commissioned as necessary nationally or for patients living in local outbreak areas. Read more [here](#), including the revised Service Specifications.

### **NHS Digital Research Session Request – NWRS (National Workforce Reporting System) (England)**

NHS Digital is currently carrying out research focused on improving the NWRS and wishes to engage with users to understand current experiences and potential opportunities. The workforce data GP practices and PCNs share via the NWRS is absolutely essential to ensuring there is an accurate national primary care workforce picture, prudent workforce planning can take place and General Practice can ultimately recruit sufficient and safe levels of staffing. NHS Digital staff would like to speak to people who use NWRS in both practices and Primary Care Networks. Participants would be asked to join a Microsoft Teams meeting for 30-60 minutes and tell NHS Digital colleagues about your job, work practices and what that entails in relation to NWRS. They would also find it helpful if you could share your screen, and talk them through how you use NWRS and comment on some design ideas they have.

There will be two NHS Digital staff on the call with you: a User Researcher and a Designer. They are ready to speak to willing participants now, so we urge willing GP practice and PCN staff to get in touch and assist NHS Digital with this vital research via [Katherine.tyte@nhs.net](mailto:Katherine.tyte@nhs.net)

### **Senior female GPs Leadership webinar**

In celebration of International Women's Day this month, the BMA will present senior female GP leaders, talking about their leadership and career journeys, in a [webinar to be held 7– 8.30pm on Thursday 25 March](#).

A lack of females in senior medical leadership positions is recognised as one of the underlying factors contributing to the gender pay gap, and this latest webinar forms part of a series of work from the GPC education, training and workforce policy group. Speakers include:

Dr Samira Anane (GPC Education, Training & Workforce Policy Lead)  
Dr Nikki Kanani (Medical Director for Primary Care, NHSE/I)  
Dr Helena McKeown (Chair of the BMA's Representative Body)  
Dr Farah Jameel (GPC England Executive Team, GPC Negotiator and Chair Camden LMC)  
Dr Margaret Ikpoh (RCGP Council, Associate Director of Primary Care Hull Medical School)  
Dr Katie Bramall-Stainer (CEO Cambs LMCs, Deputy Chair UK LMC Conference, BMA Council)

Click [here](#) to sign up

Please submit advance questions for the Q&A session to [Cscott@bma.org.uk](mailto:Cscott@bma.org.uk)

Read the BMA's latest Sessional GPs newsletter [here](#)

## Mindfulness Sessions

The North Kent Training Hub have teamed up with [Manage Your Mind](#) to fund an exclusive 3 day programme available to North Kent (DGS, Medway and Swale) Primary Care colleagues in **May and June 2021**. This will be a multi-professional programme, that will **run from 4pm - 9pm (Wed-Fri)**, available to **all staff aligned to and working within Primary Care Networks** - and will focus on improving mental and emotional well being using powerful breathing exercises and mindfulness techniques.

**For those interested in taking part, there will be a taster session on 14 April 2021 between 12am and 1pm. Click HERE for an ics file which contains the link to the webinar. Please click on this to add it to your calendar.**

Manage Your Mind offers individuals an opportunity to invest in themselves, to rest, to re-centre, to re-focus and to re-energise.

This two minute video gives you an overview of the benefits of this programme:

<https://youtu.be/BxM0wjAnSEA>

It offers people an opportunity to learn new skills, breathing techniques, guided meditations and processes that help calm the mind. Studies have shown that when practiced regularly, they help improve sleep, reduce stress, depression and anxiety and improve the quality of life.

CPD Certificates of attendance will be provided to all who complete the course.

Please visit [www.manageyourmind.org.uk](http://www.manageyourmind.org.uk) for more information on course dates and venues. There are a limited number of spaces available - and encourage early sign up to secure your place.

**The Well Being and Resilience Funds being paid out by the Kent and Medway CCG can be used to support practice staff to attend this programme. (See details in [CCG GP Bulletin 02/03/2021](#))**

If you have any queries, please email [manage.yourmind@nhs.net](mailto:manage.yourmind@nhs.net)

## Email address for reporting interface issues to EKHUFT

The EKHUFT Chief Medical Officer manages an email account for GPs and their teams to raise generic issues with the Acute Trust. The address is [ekh-tr.gpinfo@nhs.net](mailto:ekh-tr.gpinfo@nhs.net) Trust would be pleased to hear about any areas of concern and feedback positive and negative.

The email service is designed to act as a signposting facility so you can receive answers to key generic issues and EKHUFT can obtain feedback and improve the service especially where a range of similar issues are being raised by General Practice. The email address is regularly checked, however it does not replace any of the current systems especially for the management of patient care or the complaints system.

The email account cannot respond to specific patient queries. Patient identifiers are used if it helps to illustrate an issue. Patient safety issues will be passed to the relevant team.

Depending on the nature of the issue it may be more appropriate for an answer to be obtained via our Patients Experience Team ( [ekh-tr.patientexperienceteam@nhs.net](mailto:ekh-tr.patientexperienceteam@nhs.net) ) or via the Contracting process. If you are contacting EKHUFT about an issue which has affected a

particular patient (for instance, a delay in getting an appointment), you will be directed to the Patient Experience Team. They will need the permission of the patient concerned for any investigation.

All the emails are read and recorded and feedback is shared on a regular basis across the Trust Care Groups and with the Local Medical Committee (LMC).

Kind regards  
Kent Local Medical Committee