



Dear Colleague

Please see below our latest updates for your information:

Updated PGD for Pfizer/BioNTech COVID-19 vaccine

The above PGD has been updated to include the new cohorts and can be found [here](#) .

Seasonal Influenza Vaccination Programme 2021/22 enhanced service specifications

Following the publication of the [annual flu letter](#) on 17 July 2021, NHSEI has published the two [Enhanced Service Specifications for the Seasonal Influenza Vaccination Programme 2021/22](#). Practices are encouraged to opt in to the seasonal flu vaccination programme by Monday 16 August. We are waiting for details of how you can do this from the CCG.

The service specifications are practice-based and similar to the 2020/21 flu service specification, except they now allow practices to vaccinate certain non-registered patients, including care home staff, in line with the current COVID-19 enhanced service. They may, though, be modified subject to any further JCVI advice or government policy. The enhanced services would be offered to all GP practices providing essential services and would not be capable of amendment by CCGs.

It is important to note that we are still awaiting the outcome of clinical trials which will help to determine which vaccine general practice will be using. This could clearly have a significant impact on the practicalities of programme delivery, so it is important that practices are given this information as soon as possible.

Public Health England has updated its [guidance](#) to explain to patients how they can help to protect themselves and their children against flu this winter.

Vaccines for 16- and 17-year-olds

The JCVI has [confirmed that 16- and 17-year-olds will be offered a COVID vaccine](#). NHSEI have amended the enhanced service specification accordingly to incorporate 16- and 17-year-olds into cohort 12, and published a [letter](#) outlining details. The updated [COVID-19 enhanced service specification for phases 1 and 2](#) and the [enhanced service specification for phase 3](#) now include the new eligible patients. Practices delivering COVID-19 vaccinations under the phases 1 and 2 arrangements can start vaccinating eligible children and younger people immediately subject to meeting the requirements of the ES.

The revised enhanced service specifications clarify that the Clinical Negligence Scheme for General Practice (CNSGP) will provide clinical negligence indemnity cover for all staff engaged by a GP practice under the CNSGP Regulations. Cover under CNSGP is not restricted to a GP practice's registered patients so would apply to the provision of any NHS COVID-19 vaccinations by a GP practice to a person, including where they are not on the registered list of that GP practice.

The BMA are aware of a number of GP groups having problems sourcing, securing and/or funding venues for the booster programme, particularly when previous venues are no longer available. If practices/PCN groupings are having difficulties finding venues, they should raise this with their local commissioner in the first instance. It is expected that PCN groupings will, where possible, use existing premises within their collaborating GP practices' control. If any other NHS estate is used the costs should be covered by the commissioner (NHSE) via the CCG.

Workforce data concerns

The latest quarterly [GP workforce data](#) has been published by NHS Digital. However changes have been made to the way this information is produced, and the BMA have raised [concerns](#) that it is now misleading and fails to accurately reflect the staffing shortages that they, and thousands of doctors across England, know we are facing in primary care – and have been for at least a decade. The methodology NHS Digital is now using no longer includes estimated data to accommodate for the small proportion of practices that upload no or only partial workforce figures each quarter. As a result, this makes it look like the decrease in the GP workforce is less than the reality shown across previous datasets.

We can't make improvements without understanding the extent of the problem, which is why NHS Digital must be allowed to revert to its original methodology as a matter of urgency. We're already losing talented, experienced GPs to the workforce crisis; attempting to gaslight them into believing it's not real is only going to drive more away.

Covid-19 vaccine dashboard

NHS Digital has developed the GP COVID-19 vaccine dashboard to enable general practices and PCN-led local vaccination services to view the uptake of COVID vaccines of their registered patients. This dashboard is now live and can be [accessed via NHS Futures](#).

The platform aims to enable staff at GP practices to view and understand uptake for all patients registered to practices. Access is controlled by NHS smartcard and is subject to an organisation and role code B0360 being available for relevant organisations on a user's smart card. The dashboard provides contact information for registered patients who are eligible for the vaccine and have not received their first dose, and those whose second dose is pending or overdue.

It is an optional tool to help practices to support patients in the vaccination rollout in local communities.

New NHS England chief executive

Last week the BMA highlighted that the new chief executive of NHS England and Improvement would be Amanda Pritchard. They were pleased to see that her first visit as chief executive was to [a GP-led vaccination centre in Reigate](#), and during the visit she [expressed her thanks and appreciation](#) to primary care and general practice staff for playing their part in the incredibly successful COVID-19 vaccination programme, with now almost 90% of adults having had at least one vaccination and more than 32m having both.

The BMA have approached Ms Pritchard to welcome her appointment and will be using all opportunities with her arrival in post to reset their relationship with NHS England in such a way that GPs can see tangible evidence of both understanding and support for them and the teams they work with, at this critical time of workload pressure and workforce exhaustion.

NHS COVID-19 app updated to notify fewer contacts to isolate

The Department of Health and Social Care issued a [press release](#) urging the public to continue using the NHS COVID-19 app as changes had been made which would result in fewer close contacts being advised to self-isolate. Please see an explanation of the risk algorithm of the NHS COVID-19 app [here](#).

Changes in visa sponsorship for trainee GPs

The BMA has [written](#) to the minister responsible for workforce, Helen Whately MP, to ensure adequate support is being given to international GP trainees on completion of training to find employment with a licensed sponsor. They are asking that the DHSC work with the Home Office to take action to ensure a long-term solution is found to support future cohorts of doctors.

Fit notes

Now that many coronavirus regulations are being relaxed, practices are reminded that DWP Medical Certificates should normally be issued only following evidence of a related consultation with the patient.

Appraisal Payments

Following the GPC submission to the DDRB, and the recommendation of a 3% uplift for GP appraiser pay and trainers grants being accepted by government, NHSE/I has confirmed the [standard appraisal fee](#) will be uplifted by 3% and applied from 1 April 2021. It is anticipated that the September 2021 payment will reflect the new recalculated fee and include back

payments for appraisals undertaken and paid. It is positive that the award has been applied to this area as GP appraisers had been severely affected during the pandemic, with many appraisals being paused.

Practices call for more PCN funding, support and autonomy

The NHS Confederation PCN Network has published a new report, [PCNs: Two Years On](#), which highlights how PCNs have risen to the challenges and demands of COVID-19, galvanising their communities to deliver the most successful vaccination programme in the history of the health service.

It has reinforced BMA messages about the impact of the huge workload pressures on general practice and the scale of the challenge from the nearly 5.3m people who are now awaiting elective treatment, with the pandemic having led to increased and more complex demands on all NHS services.

Improving the NWRS (National Workforce Reporting Service)

NHS Digital has [improved the way they collect primary care workforce data](#) making the new NWRS is easier to use, and as simple and efficient as possible to help minimise the burden placed upon practices and primary care networks.

From July, users should access the new NWRS via the [Strategic Data Collection Service](#) (SDCS) - using the same login you use to complete other data collections, such as the General Practice Annual Electronic Self-Declaration (eDEC). Visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#).

It is important to understand staff capacity in the health service - this information helps shape GPC England's negotiating strategy and how investment, training and resource is directed across the primary care workforce. It is therefore critical that the information you submit to NHS Digital about your staff is accurate and complete. Provision of workforce data is also a contractual requirement for practices and PCNs as it is crucial for understanding changing capacity across the primary care workforce.

To find out more about the changes to the NWRS, Practice and PCN Managers can [join one of NHS Digital's webinars](#) which are running twice weekly until end of August.

GP payments and pensions system update

As we approach the end of the second month of its use, we continue to see an unacceptably high level of issues being raised about the new online portal. The BMA continue to liaise with PCSE several times a week but the progress is frustratingly slow. The survey for GPs in England to provide their experiences of the new system will remain open until 13 August. If you haven't

already, we would urge you to please [fill out the survey](#) so that we have further evidence of the full extent of the issues and can hold PCSE to account. Note that this survey is not a forum for individual issues – [please raise these with PCSE directly](#).

The BMA know that practices are the biggest users of the portal and are aware of the many issues they are facing. Their intention is to release a survey of practices in England at the start of September which they hope to use as a 'snapshot' of progress after three months of its use. There will be further information on this in the coming weeks but, again, the purpose is to help them hold PCSE accountable for their performance. Please be assured that practice use of the portal continues to be central to the work the BMA are doing on this issue.

Kind regards

Kent Local Medical Committee



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