



20th September 2021

Dear Colleague

Please see below our latest updates for your information:

Patient abuse in general practice

Our sincerest thoughts and sympathies go out to the Manchester Practice in which a GP and staff were assaulted by a patient. It is a terrible shame that both the media and politicians have fostered an environment in which this can happen. Dr Gupta has been speaking to the BMA about the abuse that practice teams have been experiencing and calling for strong action. You can read Dr Gupta's statement and what the LMC is doing to address this [here](#).

Protected Learning Time (PLT) events

We have met with the CCG to understand the issues which led to the current situation. The CCG are keen to preserve the PLT and find a local solution which means that in the future there will not be a repeat of short notice cancellations in response to system pressures. The issue has been that SECamb/111, who provide the call handling service, have seen their call volumes surge and so have advised the CCG that they can no longer provide this service. IC24 and Meddoc remain able to provide the medical cover. This is why practices are being asked to triage urgent on the day requests and direct those which need a face to face or same day intervention to the OOH provider. This will take up staff and we appreciate it is not ideal, it is however temporary. There are negotiations which are taking place which should enable the call handling function to resume from January 2022, and so from a practice point of view PLTs will return to normal. Practices can advise patients they are closed in the usual way and then have an option to get through if the patient need is urgent and on the day. It has been recognised that this situation will disadvantage smaller practices and they are asked to contact the training hub who are able to provide some additional offers of training support.

Kent LMC in the news

Dr Gaurav Gupta has been working hard to promote General Practice following the battering we have taken in the media lately with appearances on BBC South East and BBC Radio Kent.

BBC's One show from 4.50 [here](#); and

The Observer (see attached extract from interview).

Gaurav also spoke on BBC South East Today on 9 September but this recording is no longer available.

#Support Your Surgery campaign

At a time when so many are criticising general practice, we would encourage you to continue to use the resources and tools available on the [Support Your Surgery campaign page](#) to get the support of our patients to make the changes we urgently need to see.

The need for the campaign was clearly demonstrated this week as Sajid Javid, Secretary of State for Health and Social Care, showed how out of touch he is with the state of general practice through the [comments he made in parliament](#). We would therefore encourage

patients and the profession to sign the petition calling on Government to provide the resourcing needed to increase the number of GPs and other support staff in England.

This is one of the ways to address the concerns we share with our patients and to reduce the workload pressures we currently experience – and more **than 10,000 people have now signed our petition** - please show your support and sign it [here](#)

A paper version of the petition is also available to use in practices, and which could be used for the large number of patients attending surgeries, including in forthcoming vaccination sessions. Once completed, these can be emailed back to info.gpc@bma.org.uk.

You can also show your support for the campaign by adding a '[Support Your Surgery](#)' [Twibbon](#) or [Twitter banner](#), or [Facebook banner](#), to your social media profiles.

BMA GP survey - deadline extended

Please complete the BMA's survey about the issues affecting you most, including your workload, recruitment and your future career plans.

This is an important survey and will support negotiations and lobbying, and is a crucial part of the BMA's campaigning. Your responses will also help better understand the issues affecting GPs and ensure the BMA are representing the profession effectively.

The [survey](#) is now open until 22 *September* and will only take around 10-15 minutes to complete.

COVID vaccinations

COVID vaccinations for 12-15 year olds

The [UK CMOs have now advised](#) that the additional likely benefits of reducing educational disruption provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the [JCVI](#), and therefore recommend on public health grounds to extend the offer of vaccination with a first dose of Pfizer-BioNTech vaccine to *all* children aged 12 to 15.

The [Enhanced Service Specifications](#) have been updated to include the expanded "at risk" group for 12-15 year olds, which means that practices will be covered by indemnity and can start vaccinating this group.

The [Collaboration Agreement](#) which has been approved by MHRA for phase 3 of the vaccination programme has been updated. Practice vaccination groups are required to have a Collaboration Agreement, although not required to use the template.

[Healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school](#), and practices will only be involved in the vaccination this group where the commissioner requests, *with the agreement of the practice*, and in collaboration with the school-aged immunisation service. GP vaccination sites should not therefore proactively vaccinate this group unless they have been requested to do so. Read the guidance from NHSE/I [here](#).

Booster vaccines

We welcome that the [JCVI has now confirmed that booster vaccines](#) should be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9). The booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1. We would anticipate that many GP practices will want to co-administer these boosters with flu vaccination and we expect local teams to facilitate this. There is also a need for government and NHSE/I to do far more to support practices, not only in the

delivery of this important programme for our patients, but also to address the wider workload pressures practices are experiencing, something which is only likely to increase as the winter progresses.

[NHSE/I have announced](#) a further increase to the funding for PCN clinical directors from October to March 2022 although this will be from 0.25WTE to 0.75WTE rather than the higher 1WTE payment made previously. Whilst it is necessary to recognise the significant work clinical directors and those working with them are currently doing, it is disappointing that this has been reduced rather than increased further as is really needed. The [updated Phase 3 specification](#) has now been published.

The BMA have also written to the MHRA asking for clarification with regards to the continued recommendation for a 15-minute observation period following provision of the Pfizer-BioNTech 'Comirnaty' vaccine for COVID-19. We highlighted that this causes a particular problem for GP practices participating in the vaccination programme as many practice premises lack the facilities or space to safely undertake the required 15-minute observation period following provision. We would encourage practices to also write to MHRA (info@mhra.gov.uk) to address this issue.

Recording overseas vaccinations

The BMA continue to raise the issue of recording overseas vaccinations on practices' IT systems, a technical solution for recording on the NHS immunisation management service (NIMS) is still being worked up but not yet ready to roll out.

In the meantime, NHS Digital has advised that vaccination sites should follow the [guidance from Public Health England](#) (see pages 13 and the table on page 34-35), relating to vaccines given abroad, in terms of which vaccine should be given in England depending on which was given abroad.

If someone has had their first dose outside of the UK, they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, or a GP practice (especially if they have had a brand of vaccine not available in the UK) to arrange their second dose. Patients should be told that at this time, only vaccines delivered in the UK will count towards UK COVID-19 certification and that the NHS is working on a solution.

If a patient registered with a GP in England informs you that they have had a vaccination overseas, you may choose to record the details in the usual clinical notes section of the patient's GP record. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

Blood bottle supply update

NHSE/I has sent a [letter](#) to practices updating on the supply disruption of BD blood bottles. The availability of alternative products and improvement in BD's production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with the [best practice guidance](#), can resume, stocks permitting from 17 September. Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, in order to spread out demand for tubes. All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week's worth of tubes based on demand from June and July 2021.

Blood tests in hospital will still be more limited and the BMA has asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.

The BMA has produced a short [briefing](#) regarding the Government's [Winter Plan](#), outlining the main points expressed in the Secretary of State's speech and the Prime Minister's press conference.

- Although the worst case scenarios of the models look to be quite unlikely, there is still considerable risk of hospitalisations reaching unsustainable levels in the Winter.
- That the expected peak of infections in August may be delayed until October – coinciding with winter pressures.
- There is a significant degree of uncertainty and predicting the trajectory of infection is difficult
- There is a great deal of consensus that acting earlier and introducing certain measures to limit contacts such as working from home could have a significant potential to mitigate the scale and speed of the infection trajectory; these would preferably be done when hospitalisations are already at a manageable level.

Read the BMA [press statement](#) which reflects our position on how we believe the Government should approach this period of time

End of the shielding programme and closure of the Shielded Patient List (SPL)

The [Government has announced](#) that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support is still available. Practices do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

Changes to the COVID-19 test kit distribution service

From 4 October, an amended COVID-19 test kit distribution service will begin from and as part of the changes, people will be asked to register on www.gov.uk or via 119 for a collect code to pick up test kits. More information is available from the Service Specification on the [NHS BSA website](#).

Supportive call from WHO for investment in primary care post COVID

Attached is a statement by the WHO Regional Committee for Europe, about reinventing primary health care in the post-COVID-19 era, which calls for more investment in primary care.

Survey of practices' experiences of using PCSE payments and pensions portal in August (England)

The BMA are extending the closing date of our joint [survey](#) (with the Institute of General Practice Management), for practices to learn of their experiences of using the PCSE payments and pensions portal, until Tuesday 21 September.

We would be grateful if you could complete the survey if you haven't already done so. It is important that we develop an accurate reflection of what practices are experiencing as PCSE are promoting the view that things are improving, and your response will help us to illustrate the scale and scope of the problems that are still present.

Take the [survey](#).

Sessional GPs webinar – contracts

A webinar will be held on *21 September*, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Register your place [here](#)

Kind regards
Kent Local Medical Committee