



Dear Colleague

Please see below our latest updates for your information:

## **Making an Application for a Premises Improvement Grant - Do's and Don'ts (Webinar)**

### **Join the LMC and Invicta Surveyors' Rosemary Jones for a lunchtime webinar on Making an Application for a Premises Improvement Grant – Dos and Don'ts**

CCGs have recently announced release of capital funding to carry out premises improvements, with more to follow during the year. This is a great opportunity to carry out premises improvements to help with compliance matters and to ensure you receive the correct funding for them. Attending this webinar will take you through the information needed and the process involved in making a “right first time” application. Some practical examples of where things can go wrong as well as examples of successes. Book your place [here](#).

## **New Secretary of State for Health and Social Care**

Following the resignation of Matt Hancock MP last week, [Sajid Javid MP](#) has been appointed Secretary of State for Health.

Dr Chaand Nagpaul, BMA chair of council, commented: "Sajid Javid has a huge and urgent task ahead. He must ensure completing the roll-out of the adult vaccination programme at rapid pace to control spiralling infection rates. He must also put forward a credible plan to tackle a backlog of care of unprecedented scale whilst at the same time rebuilding the trust of doctors and the wider healthcare workforce.

Frontline doctors and other staff have gone above and beyond time and time again over the course of the last 18 months, with many suffering from burnout and mental ill health as a result. The new Secretary of State must show he understands this challenge and must also be willing to listen to the voice of the frontline on the government's plans for sweeping changes in the running of the NHS in the upcoming Health and Care Bill.”

Read the full BMA statement [here](#)

Dr Nagpaul has since had a discussion with the secretary of state, in which Sajid Javid specifically asked that his thanks be passed on to GPs and their teams for their work in the vaccination programme.

## Extension of the pandemic regulations (England)

The new Secretary of State for Health has announced that the three [pandemic regulations 2020](#) relating to general practice have been extended to 30 September 2021.

The BMA are concerned about the implications of DHSC's extension of the pandemic regulations, which includes three particular elements of eRD, Friends and Family Test and NHS111, and have told them this. The experience of general practice in England has been that these regulations have led to a command and control approach by NHSE/I through their various letters, guidance and SOPs, and most recently with the latest NHSE/I target to increase appointment numbers outlined in their [board paper on NHS metrics for 2021/22](#), at a time when general practice is already overwhelmed. These directives provide less flexibility and whilst we have been clear that they are only guidance they have led to many practices feeling that they must operate in a specific way.

As has been repeatedly highlighted the government and NHSE/I are failing abysmally to deliver on another government commitment of an increase in 6000 GPs and if they were really serious about both improving the workforce's wellbeing and improving quality of care for patients they'd be setting this as the metric for general practice not the narrow and misguided focus on appointment numbers.

This is their target, and whilst including the appointments done by the additional PCN-related workforce will mean this is delivered, what we all know is needed is for individual workload pressures to be reduced, and rather than suggesting we all work harder the goal should be for GPs to do fewer not more appointments. The BMA described the importance of this in this [previous workload paper](#).

The BMA have therefore called on the Secretary of State to direct NHSE/I to end their restrictive and prescriptive direction of the profession and allow general practice to return to the way it operated in line with existing contracts, and support GPs and practices to provide the care they know their patients need.

Given the current state of general practice, with workload and appointments being at an all-time high, the impact of the ongoing respiratory epidemic across the country, alongside rising COVID cases, NHS care backlog and other patients who have not come forward during the pandemic now coming forward, we would again advise practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract.

## COVID-19 Vaccination Programme

### JCVI and NHSE/I guidance on COVID-19 booster vaccine programme

The JCVI (Joint Committee on Vaccination and Immunisation) issued interim guidance yesterday advising that any potential COVID-19 booster programme should be offered in 2 stages from

September, starting with those most vulnerable, including care home residents, people over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Having so effectively led the COVID-19 vaccination campaign, and with their proven track record of delivering flu jabs every year, GPs and their teams must be enabled to play a pivotal role in the booster programme, delivering both vaccinations directly to local communities from their practices.

Following the guidance issued by JCVI on the need for a COVID-19 booster programme alongside the annual flu vaccination programme, NHSE/I have now issued [guidance on COVID-19 Vaccination Autumn / Winter \(Phase 3\) planning](#). It highlights that local systems should prepare to deliver booster doses of COVID-19 vaccine to the individuals outlined in the JCVI interim guidance between 6 September and 17 December 2021 (15 weeks), as quickly and safely as possible in two stages using supply available to us over that period. It suggests doing this through community pharmacy, vaccination centres and general practice but suggests that whilst practices delivered the majority of vaccines in phase 1, in phase 3 local plans should be for a minimum of 40% of COVID-19 booster vaccination through general practice and a maximum of 75%.

We are seriously concerned that this may be interpreted as a cap on general practice involvement in the winter vaccination campaign and, whilst historically local pharmacies have played a role in delivering flu vaccinations, we believe that most practices will, as part of their annual planning, be already making plans for the delivery of flu vaccination as usual this winter. It's imperative therefore that local systems and NHSE/I enable local practices that want to take part in this programme to receive sufficient COVID vaccination in order to provide this to their patients and do not place barriers in the way of them doing this. Furthermore, adding an additional 1000 community pharmacy sites in the run-up to September should not be done in such a way as to undermine practice involvement in this crucial phase of the pandemic. Read our full statement [here](#)

#### Second doses (England)

Further to the [letter](#) from NHSE/I dated 15 June setting out that second doses of the COVID-19 vaccine should be brought forward from 12 to 8 weeks for the remaining people who have not yet had their second dose vaccination, those who have not had one after 70 days will be contacted and encouraged to arrange an appointment as soon as possible. Vaccination sites have also been told not to give second vaccinations earlier than 8 weeks.

[Chapter 14 of the Green Book](#) has been amended to reflect this advising that for all COVID-19 vaccines there is evidence of better immune response and/or protection where longer intervals between doses are used, and that JCVI recommends an interval of 8 to 12 weeks between doses of all the available COVID-19 vaccines.

## ICS framework document (England)

NHS England's [ICS Design Framework](#), sets out how ICSs are expected to develop in the coming years and to prepare for statutory status, in line with the Government's [Health and Care White Paper](#). The framework includes key detail around the roles and responsibilities ICSs are set to take on ahead of April 2022 – including managing NHS funding, commissioning, and co-ordinating services. The framework will shape how GP and primary care services are planned and organised, as well as the role clinicians take in delivering system transformation. So, it is essential that all doctors – and GPs in particular – are aware of and engaged in this process.

General practice will have a seat on the ICS board but must also be fully involved in local place-based integrated care partnership arrangements. The framework says that "Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level". LMCs will play a crucial role in this and it's vital that discussions are taking place now to ensure the voice of general practice is heard. The BMA's [summary](#) provides a comprehensive overview of the key details of the framework to help support this.

## Praise for General Practice

Despite our continued concerns as outlined above, we were pleased to hear praise of GPs, and acknowledgement of the significant activity and related workload pressures in general practice, from senior executive directors of NHSEI attending the [NHSE/I board meeting](#) last week, when they specifically praised the role of GPs and their teams over the last year.

NHSE/I's Chief Operating Officer Amanda Pritchard said: "really big thank you to primary care - working well beyond pre-pandemic activity – (they are) really really working at an astonishing rate".

The National Director for Primary Care, Community Services and Strategy Ian Dodge also said: "In general practice it has never been busier, our colleagues in general practice have been working incredibly hard and not just with the vaccination programme." He added that PCN recruitment was ahead of schedule with 9100 FTEs additional staff employed so far and that "we need all the capacity we can get in general practice". He also highlighted that "despite the busyness of general practice, there has been a huge recognition of the critical importance of providing better healthcare to people with learning disabilities and despite all the other pressures the goal of 67% annual health checks was exceeded by achieving 73.5%. That is a testimony that general practice has also wanted to focus on these priority areas that do not always receive the same headline attention."

## Home delivery of medicines and appliances during the COVID-19 outbreak

The Medicines Delivery Service for self-isolating patients was commissioned from community pharmacies and dispensing doctors in March 2020 and commissioned until 30 June 2021. The DHSC has now announced the medicine delivery service will be extended until 30 September 2021.

Read the [letter on home delivery of medicines and appliances during the COVID-19 outbreak](#), which explains that to help provide support to people who have been notified of the need to self-isolate by NHS Test and Trace, the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service will be extended from 1 July 2021 to 30 September 2021 for anyone living in England who has been notified by NHS Test and Trace to self-isolate.

### **NICE shared decision making guidelines**

NICE has published a new [shared decision making guideline](#), which aims to help people using healthcare services feel more confident in discussing care and treatment options with their healthcare teams.

NICE has collaborated with NHSE/I to develop a [standards framework](#) to determine whether the quality of shared decision-making support tools, including patient decision aids, is sufficient. In addition to this, as part of a package of resources to accompany the shared decision making guideline, NICE has worked with Keele University to develop a [learning package](#), aimed at healthcare professionals, to help with implementing these recommendations.

You can find out more about the guideline, standards framework and learning package [here](#).

### **COVID-19 guidance**

Read the [BMA's COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic.

You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#).

You can also access the LMC's Covid guidance [here](#).

Kind regards

Kent Local Medical Committee