

LMC Update Email
18 December 2020

Dear colleagues

As we approach Christmas and the end of this dreadful year, I again want to thank you, and the team you work with, for all that you have done for your patients and your colleagues. Through the hard work and dedication of thousands of GPs, nurses, healthcare assistants, reception staff, practice managers, administrative and support staff, LMC officers and now increasingly joined by pharmacists, physios, paramedics, social prescribers and other healthcare workers, General Practice has been open throughout the pandemic, supporting and caring for so many of our patients at this time of significant need. We can be proud of the role that we have played responding to the challenges that COVID-19 brought.

It's been a tough and tiring year, one that has left so many of us physically and mentally drained, and sadly also a year when we lost some of our valued colleagues to this terrible infection. Caring for one another has never been more important and if you need help at any time, your LMC and the BMA are here for you.

We can though start to hope that the New Year will be better, with general practices across the country working together and taking a leading role in protecting our patients through the COVID vaccination programme. Within just a week we will have provided the first vaccination for hundreds of thousands of our most vulnerable patients, a world class achievement from a world class GP service.

Whilst many will be working throughout the Christmas and New Year period, I hope that you do have some time to rest and relax.

On behalf of the GPC UK team, thank you again for all that you have done, and for all that you will do in the coming year.

Roll out of COVID-19 vaccination programme (England)

As even more areas of England move in to the strictest (Tier 3) restrictions, amidst an alarming rise of COVID-19 cases in these areas, we are pleased that the first wave of practice group sites have started to vaccinate eligible people (those aged 80 and over, care home workers and residents and some healthcare workers) this week. This is an incredible achievement, especially given the speed of the roll out and many practical hurdles that practices have had to overcome and we would once again like to thank all those involved.

With such a major and complex logistical operation it was always going to be challenging getting so many sites up and running and supplied with vaccinations. We know that many people have spent many frustrating hours and had long days to prepare for this programme. We have been in regular contact with NHSEI throughout to help resolve issues as quickly as possible. We have also seen a lot of feedback that the staff involved have been really encouraged by the many appreciative patients, many of whom who have been self isolating for most of the year, who are so pleased to be able to receive their first dose of vaccine and make the first important step towards some degree of normality.



Following BMA advice, NHSE/I has updated the [collaborative agreement](#) to strengthen the indemnity and information sharing sections. NHSE/I and Public Health England have also issued a [Patient Group Direction](#) which practice groups are now using, and therefore will not need to use the Patient Specific Direction that hospitals had to use in the initial phase. More information about using PGDs and PSDs is available on [our website](#). Today the government has issued the [National Protocol for COVID-19 mRNA vaccine](#) and this will allow vaccination sites greater flexibility. All the NHSE/I guidance about the CVP can be accessed [here](#).

Read our [guidance](#) about the COVID-19 vaccination programme.

Patient videos in different languages for COVID-19 vaccination programme

Colleagues in West Yorkshire have produced some short videos in alternative languages to help people understand more about the coronavirus vaccine and what it means for them. These are recorded by GPs and are based on the patient leaflets produced by Public Health England to make sure patients get consistent information. The videos, [available on YouTube](#), are aimed at helping people over the age of 80, for whom English may not be their first language, have the right information about the vaccine in a way that is meaningful and easy to understand.

It is hoped that these videos will help to reassure and encourage our BAME communities to take up the offer of the vaccine when invited. At the moment these videos are available in English, Pashto and Urdu, but they are hoping to release other languages soon. Please share them with relevant patients, and local communities, who are being invited for the vaccine.

Media

There was extensive coverage of GP practice teams rolling out the Covid-19 vaccination, centred on GPs' readiness to administer it swiftly and safely but also voiced concerns ([Daily Mail](#)) about prioritisation and logistics. I was quoted in the [BBC On-line feature](#) on vaccines, and interviewed by Sky News and BBC Radio Humberside saying that doctors stood ready to start the unprecedented roll-out but were concerned about the huge range of logistical difficulties involved.

Dr Helena McKeown, chair of the BMA representative committee, was interviewed on BBC South West outlining how the roll-out was being planned in her local area.

[Inews](#) featured a story about concerns about issues over the IT system that alerts GPs to whether their patients have had the first dose of the Pfizer/BioNTech vaccine in a hospital, with quotes from Drs Zoe Norris, Peter Holden and Jackie Applebee. [Inews](#) ran a further story about IT system problems, and I said "When practices have pulled out all the stops to ensure they're ready to begin vaccinating their patients in such a short timeframe, it is frustrating to hear reports of IT problems and delayed deliveries of equipment."

[The Times](#) (subscription required) reported that some GP practices have had to delay vaccinating patients after vaccine and other stocks failed to arrive at sites. In response to this I said: "When practices have worked so hard to get prepared in such a short period of time, it is frustrating to hear reports of some vaccine deliveries being delayed, and of sites being stood down from the next wave of the programme. It will be particularly concerning for some patients who will have had appointments rescheduled and those same patients will be understandably disappointed. We always knew that delivering such a large programme would not be without its challenges in the early days."

Support for University Practices (England)

Due to the impact of the pandemic on universities, some practices with a significant proportion of patients being university students have been impacted by a reduction in registrations. This has meant the global sum and other income is much lower than normal and yet the running cost for these practices remains the same.

Following GPCE intervention, NHSE/I has released guidance that CCGs must review such practices and where there is a significant reduction in their global sum (suggested to be greater than a 2% reduction), then the CCG should protect that income. CCG allocations are based on a whole year assumption of patient registrations per practice, so they already have the additional funding within their allocations for this.

The attached guidance has been sent to Heads of Primary Care and CCGs to provide a framework for supporting such practices and we are sending on to such practices for information. All practices with a significant university student population should contact their CCG to seek the support they need, including back-payments to cover the period from when registrations dipped.

Supporting General Practice – additional £150 million of funding

Last month, [NHSE/I wrote to practices and CCGs regarding £150 million of additional, non-recurrent funding](#) which practices should now be receiving. Since then, we have been contacted by GPs asking us to clarify elements of the scheme and how it fits with other schemes:

- CCGs should ensure that practices receive the money without burdensome administrative or application processes
- The funding must be used to expand workforce capacity, which can be used for new employees, new locums, or additional sessions for existing employees or locums
- Practices are free to use the money to employ locum GPs through any existing arrangements and you should take whatever decisions are most likely to help support your local workforce in a timely manner. Alternatively, practices may wish to use the time-limited funding to ‘pump prime’ permanent employment contracts. We recommend that the [BMA’s Salaried GP Model Contract](#) is used where employment is offered.
- Practices do not have to be signed up to the COVID vaccination programme enhanced service or any other scheme to receive this funding. However, practices that are signed up to the enhanced service may use the funding to engage staff to support this work, or to backfill permanent staff who have been redeployed.
- NHSE/I will soon be announcing a new funding stream to develop primary care staff pools, which is referenced in the [letter](#), but the guidance is yet to be published. While practices’ share of the £150 million funding can be used to bring in staff through the new pools, there is no requirement to do so. There is also no obligation to use the accompanying ‘flexible employment contract template’ or the forthcoming practice-locum matching software. If the software is used, it does not have to replace existing relationships between practices and locums. Costs for locum engagement should continue to be decided between practices and locums.

Lateral flow antigen testing in primary care (England)

Practices will this week receive notification of the availability of lateral flow antigen testing kits which will be rolled out to regularly test asymptomatic patient-facing staff delivering NHS primary care services in England. Patient-facing staff will be asked to test twice a week using self-administered nasal swabbing and report their results through an online platform, and any positive lateral flow antigen tests will need to be followed up by a confirmatory PCR test. It is voluntary for practices and individuals to take part in this, and is not a contractual requirement, however, if you do start testing, it is a statutory requirement to report all of your results.

Primary care contractors will receive an invitation to order lateral flow testing devices directly from Primary Care Services England (PCSE), who will be managing the ordering and delivery process. Following receipt of an invitation, practices should log on and complete their order by Wednesday 30 December.

This [letter](#) from NHSE/I has further information on how to order and receive deliveries of lateral flow antigen testing kits for staff. [Standard Operating Procedures](#) and [guidance for staff self-testing](#) have also been published.

We are producing guidance on this, which will be published shortly. In the meantime, find out more in this [blog](#) by Mark Coley, member of the Sessional GPs committee.

Guidance for claiming reimbursement for PPE

The [guidance for claiming reimbursement for PPE for non-hospital providers](#), including general practice, has now been published. Claims may be made for COVID-19 PPE purchased from 27 February to 31 December 2020 for use in delivery of NHS clinical services. There will be no further entitlement to reimbursement for PPE purchased after 31 December 2020 as this can be obtained free of charge from the DHSC portal.

Upcoming vote on future negotiations on the PCN DES (England)

Following a resolution of LMC England conference in November we will shortly be seeking a mandate from the GP profession on whether GPC England should continue negotiations on the PCN DES. This will be open to all GPs in England and will take place *in January*. We know that this is currently an extremely busy period for all in general practice, however we would encourage as many GPs as possible to participate as this will have a direct influence upon negotiations and funding available for the 2020/21 contract and beyond. Further information on the vote will be sent out early in the new year.

AISMA and ICAEW joint statement about account issues for PCNs (England)

In order to assist PCNs to have a better understanding of the obligations to prepare statements of account to ensure tax and pension liabilities are dealt with correctly in their member practices, AISMA and the ICAEW have jointly prepared the attached information.

New portal for PCN Additional Roles Reimbursement Scheme claims (England)

NHSEI have launched an online portal to allow PCNs submit to submit claims for reimbursement for roles claimed under the Additional Roles Reimbursement Scheme. This will go live later today. It has been created to allow PCNs to submit their monthly claims through the portal; and CCGs to approve/reject claims forms through the portal

The portal has been designed with PCNs and CCGs and will support a more streamlined approach for submission and approval of additional roles claims. This page on [FuturesNHS](#) provides further information on the process and the new portal, as well as guides to help users start to use the new process, FAQs to support with the most common questions and also a video to help guide both PCNs and CCGs through the new process. They are also in the process of adding a link to the portal claim form on the [NHS website](#), so it sits alongside the existing excel claim form. PCNs will be able to use either the portal or manual excel claim form.

Falsified Medicines Directive update

Now the UK has left the EU and the Transition Period ends on 31 December 2020, the 'safety features' elements of the EU Falsified Medicines Directive cease to have effect in Great Britain. However, certain EU legislation will continue to have effect in Northern Ireland under the Northern Ireland Protocol. See attached an update on this issue which is also available on our [website](#).

EU Exit: Medicines Supply in Primary Care - Joint statement by the BMA and PSNC

The UK will leave the EU Single Market on 31 December and as we reported last week, [the Chief Pharmaceutical Officer has reminded primary care providers of the need to avoid local stockpiling of medicines](#). This message extends to patients.

National plans are in place seeking to ensure continuity of supply, and GPs and pharmacists are encouraged to reassure patients that they do not need to order extra medication as this could contribute to or cause supply problems. Additionally, NHSE/I have said that prescription durations will be monitored and investigated where necessary - the aim is to keep prescribing and dispensing as close to business as usual as possible.

The DHSC's work in this area is supported by the Medicines Shortages Response Group which advises on whether the development of a Serious Shortage Protocol (SSP) would be beneficial to help mitigate a shortage. See more information about medicine shortages procedures [here](#)

We are in regular contact with DHSC on medicines supply and will continue to monitor the situation and resolve any issues as they arise. However, should there be any disruption to medicines supply next year, GP practice staff and community pharmacy teams will need to work together to make sure that all patients continue to have access to the medicines they need, when they need them.

Community pharmacies will do all that they can to ensure that patients do have access to the medicines they need. These efforts may include phoning around suppliers, 'staged' dispensing, or considering potential alternative treatments. GPs will continue to liaise with pharmacies on this as necessary. Medicine shortages can bring additional workload to both GPs and pharmacists, but collaborative working at a local level is essential to maintain patient care.

BMA and RCGP statement on 'Cancard'

Some concerns have been raised by practices about the [Cancard UK website](#) and its proposed 'GP endorsed' ID card. The website offers the ability to apply for: 'A holographic photo ID card. Designed in collaboration with GPs and verified at the patients surgery. The card is for people who qualify for a legal prescription but are unable to afford one.' Applications are said to have opened on 1 November 2020. The Medicinal Cannabis holographic photo ID card is being offered by Cancard UK to patients who meet the following criteria:-

- Have a diagnosis (confirmed by their GP) that is currently being prescribed for privately.
- Have tried two types of prescription medication or have discussed and discounted these options based on side effect profile or dependence concerns.
- Are unable to afford a private prescription.
- Are required to be in possession of a small amount of Cannabis in order to manage their symptoms.
- Are at risk of criminalisation.

The BMA and RCGP supports the use of ‘cannabis-based products for medicinal use in humans’ under the supervision of specialist clinicians or prescription of MHRA authorised licenced products by doctors who have the necessary clinical experience and competences.

These products must have been produced in accordance with the necessary standards for the production of medicinal products in the UK in order to ensure their safety and authenticity. We also support the call for further research into the safety and potential indications for use of these medical products.

The BMA and RCGP cannot however support the use of the Cancard, nor the suggestion that UK registered GPs sign a declaration confirming a diagnosis in order for the card to be issued.

The Cancard UK website states that the Cancard has been designed in collaboration with GPs, but neither the RCGP nor BMA have been formally consulted or given endorsement.

Whilst we sympathise with patients who struggle to pay a private prescription charge, we do not believe that this is a justifiable reason to encourage the purchase of unregulated unlicensed cannabis products from unregulated or illegal dealers.

If a patient is deemed to meet the criteria for an NHS prescription for an MHRA authorised prescribable product then this may be issued where appropriate. Those patients on low incomes or with medical conditions qualifying for prescription charge exemption will be exempt from prescription charge in line with current regulations.

Read the BMA guidance on [Cannabis-based medicinal products here](#)

Read the RCGP clinical guidance [Cannabis-based medication: an interim desktop guide](#)

Parental leave webinar and workshop

The videos from the recent parental leave webinars sessions are now available – watch [Session 1](#) and [Session 2](#). Access the BMA guide for GPs on maternity and other types of parental leave [here](#)

Gender Pay Gap in Medicine Review

The [Gender Pay Gap in Medicine Review](#) has been published this week. It is the largest review of gender pay gap in the public sector and involved interviews, online surveys and the examination of doctors' pay via ESR (electronic staff records) and HMRC returns. A steering group oversaw the review, chaired by Prof Jane Dacre, with representation from the BMA as a key stakeholder. The government has now also committed to the formation of an [Implementation Panel](#) moving forwards.

The GPC's Education, Training and Workforce group has been considering how to address gender pay gap in general practice, and there will be a series of webinars and work streams to help support this.

Launch of the Institute of General Practice Management (UK)

The [Institute of General Practice Management \(IGPM\)](#) was launched this week, with the aim of being recognised as the professional body that represents all managers working within general practice in the UK. The BMA has had initial discussions with members of IGPM and will be building on this in the future about supporting General Practice. Read more in the attached communication about the formation of IGPM.

COVID-19 media

Dr Phil White, GPC Wales chair, took part in Dros Giniio on [BBC Radio Cymru](#) (from 1m10s) to talk about post-Christmas restrictions in Wales to try to reduce transmission amid worries about the severe pressures on the NHS.

BMA NI council chair, Dr Tom Black, was interviewed on [RTÉ Radio One's Drivetime](#) (1:40:32) about the end of the two week circuit breaker in Northern Ireland coinciding with a rise in COVID-19 cases. He was also interviewed in the [Belfast Telegraph](#) and quoted in [Suzanne Breen's Sunday Life column](#) about the high likelihood of a surge in COVID cases over the Christmas period, and interviewed in the [Belfast Telegraph](#) about fears for Northern Ireland medical shortages in the event of a 'No deal' Brexit.

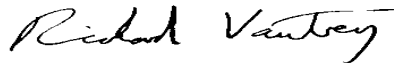
Northern Ireland Executive has announced a [six-week full lockdown](#) from Boxing Day, to which BMA Northern Ireland [released a short statement](#). NIGPC chair Alan Stout was interviewed on the [Nolan Show](#) (21:55) about the need for personal responsibility in stopping the spread of covid-19. He also took part in a [Belfast Live Facebook Live](#) interview on what the families can do over Christmas to keep themselves safe from the virus.

See this week's GP bulletin [here](#)

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

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee