

LMC Update Email
29 January 2021

Dear Colleagues

Contract agreement for 2021/22 (England)

As you will be aware, we secured a contract agreement for 2021/22 with NHSE/I last week. This contract package delivers significant additional funding, enabling above inflation rises to pay and covering expenses. We have made improvements to the vaccination and immunisation scheme that we hope will lead to increased levels of uptake. We have also secured additional funding for important areas in QOF and been able to make a significant expansion of the PCN workforce, all with 100% reimbursement and guaranteed funding, and greater flexibility for employment in London.

Importantly with no new service specifications to be introduced in April practices can continue to focus on their pandemic response, and we will keep this under review as the outcome of the pandemic becomes clearer. Above all there will be a continued focus on supporting practices particularly as we deliver the vital COVID vaccination programme, something general practice is doing so successfully.

See my presentation about the contract [here](#). The video and full details of the contract agreement are also available on our [website](#). We are also planning to hold some webinars and will provide more details shortly.

COVID-19 vaccination programme (England)

The roll out of the COVID-19 vaccination programme continues at pace, with the inclusion of two new [cohorts](#) (people over 70 and those clinically extremely vulnerable to COVID-19) last week. Vaccinating the first two groups (care home residents and staff, and those aged 80 and over and frontline health and care staff) will remain the priority, but vaccination sites with enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts.

Following earlier issues with vaccine supply, we are being reassured that they are becoming more stable each week although some batches can still vary.

Vaccination of healthcare workers

The BMA has been campaigning to ensure all healthcare workers are given the opportunity to be vaccinated as soon as possible. We are therefore pleased that NHSE/I has reiterated that vaccinating all healthcare staff against COVID-19 is an absolute and immediate priority. NHS staff do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis, either in person when presenting for a vaccine, or through design of booking systems. If a member of staff does not have an NHS number, then employers should vaccinate now, record locally via a paper system and ensure that that the vaccination event is more formally documented later. NHSE/I is working towards a longer-term solution, but employers should not wait for this before vaccinating. NHSE/I has also written a [letter](#) encouraging frontline health and social care workers to get the COVID-19 vaccine as soon as possible.



Vaccine wastage

We continue to have reports of some CCGs demanding that vaccines are thrown away rather than giving second doses or vaccinating other cohorts. We would like to reiterate that NHSE/I has made it clear that the top priority is that all vaccines be used and therefore must not be deliberately wasted. All sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste. Read more about vaccine supply in the [BMA's advice webpage on healthcare worker vaccination](#) and report any concerns about this via the [feedback portal](#).

Second doses

We have raised with NHSE/I the need for practice sites to be able to start planning for giving second doses by booking appointments. This requires confirmation of delivery schedules in March and April, particularly of the Pfizer vaccine. We hope NHSE/I will be able to confirm arrangements for this shortly. Practices should plan for 6 doses per vial for second dose, but where there is not enough for a 6th dose, NHSE/I will look to make an emergency delivery of smaller amounts of more vaccine to make up the difference.

IT issues

As a result of IT problems some vaccination sites have had to record patient information on paper rather than inputting it directly in to the Pinnacle system. We would therefore encourage practice sites to upload this information as soon as possible, which also needs to be done for payment purposes. This will also help NHSE/I to plan properly for the timing of the second dose delivery. Extra funding has been made available to PCN groupings to bring in additional workforce until the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle. PCN groupings will be eligible to claim up to £950 per week of funding support.

Transfer of vaccines

This week, NHSE/I has published guidance on [Mutual aid and the transfer of COVID-19 vaccines between Hospital Hubs, Vaccination Centres and Local Vaccination Services](#). Annex B of the document sets out that as long as the relevant guidance is followed, local commissioner should be offering a supportive role in facilitating the movement of the AstraZeneca vaccine within a PCN grouping and do not need to seek formal approval for moving the vaccine in line with the arrangements set out in the letter. It also advises that once moved, the vaccine should either be administered or immediately put in a refrigerator at a practice site within the PCN grouping, and ideally administered within 24 hours or as soon as practical over the following days.

Care homes

NHSE/I have written a [letter thanking colleagues in adult care homes for the progress in delivering vaccinations and information about the next steps by 31 January](#). In order to be included in the February payment to the lead practice within your PCN Grouping, all activity relating to vaccinations administered between 14 December 2020 and 31 January 2021 should be recorded within the Outcomes for Health (Pinnacle) system no later than 23:59 on 31 January 2021.

NHSE/I has also published guidance on [Access to National Workforce Supply Routes for Primary Care Network \(PCN\) Groupings](#). All NHSE/I guidance for primary care about the COVID-19 vaccination programme is available [here](#)

The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Medicine have published a [statement](#) responding to misinformation around COVID-19 vaccine and fertility. RCOG has also published [information and advice for pregnant women about the COVID-19 vaccine](#), including an updated Q&A section.

Read our [guidance on the COVID-19 vaccination programme](#) which includes information about avoiding vaccine wastage, and other information about what is expected of practices support available to enable practices to prioritise vaccine delivery.

We were pleased to see the [joint letter](#) from Secretary of State Matt Hancock and Nadhim Zahawi, the minister with responsibility for the covid vaccination programme, recognising and praising the significant role GP practices have played in the successful roll-out of the vaccination programme. They wrote: “We are enormously impressed with how readily primary care teams have come forward to play such a vital role in the vaccination programme, under truly unique circumstances.”

Coronavirus vaccination figures (UK and England)

Coronavirus vaccination figures are now produced on a daily basis. As of 27 January, approximately **7.45 million** people **in the UK** had received their first dose of the Covid-19 vaccine, while **476,298** people had received their second dose.

[NHS England data](#) shows that a total of **79.7%** of over 80s have had their first dose of the Covid-19 vaccine, an increase of **20%** on the figures published last week. There remains quite a large regional variation in the proportion of over 80s vaccinated; **only 65%** of Londoners aged over 80 have received their first dose, compared to other regions where the proportions vary between **78.3% (South East) - 83.7% (North East)**. This data is reflective of last week’s figures - the North East continues to have the highest proportion of over 80s vaccinated, although other regions appear to have caught up, for instance East of England which previously had the lowest proportion of over 80s vaccinated (along with London) across the regions but now the data shows that **79.9%** of the over 80s have been vaccinated compared to **53%** last week. Thank you to all practices that have made this possible.

Until now, weekly figures published by NHS England have contained information based on region and age group. Going forward, these figures will be supplemented by ethnicity and occupational data to understand vaccination uptake in high-risk groups (BAME, people living in deprived areas) in order to tackle health inequalities. Data according to site of administration, i.e. mass vaccination centre, hospitals hubs, GP practices are not yet published but we understand that in England over 70% of vaccinations are given by GP sites.

Covid-19 mass vaccination programme in Wales

On 11 January 2020, Welsh Government published their [national COVID-19 vaccination strategy](#) which sets out the aim to vaccinate the first four priority cohorts with first dose by 14 February. Health Boards have ultimate responsibility over all vaccination planning and delivery - according to JCVI advice. This delegation to individual HBs has led to significant variation in approach across Wales. Wales has a mixed delivery model using Mass Vaccination Centres (MVCs), GP practices and some community pharmacies, as well as a *‘bespoke and robust digital infrastructure’* across all settings known as the Welsh Immunisation System (WIS) for booking appointments and recording activity. GPC Wales has raised issues with the WIS system with Welsh Government and NWIS regarding the lack of ‘write back’ to GP patient records; discussions are ongoing.

A Primary Care Covid-19 Immunisation Service (PCCIS) underpins the delivery of the AZ/Oxford vaccine across primary care contractors with an item of service payment of £12.58 per jab as per other UK nations. Welsh Government had a desire to involve all primary care contractor services in

providing vaccination, despite the historic track record of GP practices in delivering vaccination campaigns and GPC Wales' suggestion of a National Enhanced Service. As a result, Local Medical Committees are engaged with their respective HBs to discuss implementation and negotiate local arrangements under the PCCIS.

Rollout of the AZ/Oxford vaccine to primary care from mid-January has been hampered by supply issues, but the input of general practice within the last week has seen Wales' vaccination statistics significantly improve after an [initial slow start](#). More recently, Health Boards have been discussing LES agreements with their health board to enable the delivery of Pfizer vaccine in general practice, after some initial small scale cluster pilots.

GPC Wales

GPC Wales met for the second meeting of the 20/21 session on 28 January 2021 and I was pleased to be able to join the meeting. As expected, members discussed the ongoing pressures due to the second wave of COVID-19 and the challenges of delivering the vaccine programme. Other items discussed included the outcomes from Welsh conference of LMCs, ongoing issues with Indemnity and GP Locum Hub Wales. Members were advised of the decision by UK Council to postpone ARM until September 2021 which meant an additional meeting for the 20/21 session will be held in July.

NIGPC meeting update

NIGPC also held a meeting this week, which I was pleased to attend. We heard that the Covid-19 vaccination programme in Northern Ireland is changing rapidly and becoming increasingly challenging. On 21 January, the Department of Health decided to remove a cohort from general practice, the 65-69 group and vaccinate them in Trust centres via an online booking system which went live on 27 January which would run in parallel with GPs vaccinating the over 70s group. This change has caused confusion with the public and resulted with large numbers of queries to practices. There are also ongoing problems with the supply of the AstraZeneca vaccine to practices making it extremely difficult to plan clinics and move ahead with vaccinating the next priority group. The Vaccine management system is due to go live in early February.

GMS contract negotiations

The contract freeze introduced at the start of the pandemic has been extended to the end of the year. The Chair and deputy chairs are meeting with the Department of Health and Health and Social Care Board to discuss re-starting the GMS contract and agree priorities going forward. The roll-out of multi-disciplinary teams remains a priority for NIGPC. The Health and Social Care Board has advised of dire financial constraints in next year's budget.

Troubles Permanent Disablement Payment Scheme

NIGPC has been in discussion with the Department of Justice about the introduction of The Troubles Permanent Disablement Payment Scheme. NIGPC has informed the DoJ of serious concerns that medical evidence required to inform eligibility could potentially lead to a significant increase in GP workload. 40,000 people were injured which equates to 122 victims per GP. NIGPC is working with the DoJ to try to minimise the impact on general practice and to devise a template proforma.

New Planning Model

The NI health minister endorsed the commencement of a programme of work to develop a new planning model for Northern Ireland. The proposed closure of the HSC Board in March 2022 will have a direct impact on existing processes and structures in terms of service planning and delivery. The DoH Director of Organisational Change gave a presentation on proposals post-closure to replace these structures and processes. NIGPC has representation on the Project Board which has been established to oversee the progression of the associated programme of work.

New to Partnership Scheme (England)

The New to Partnership Scheme was launched in England in July 2020 (backdated to April 2020). So far about 400 applications have been approved and many more are being processed. NHSE/I has now finalised the S96 contract for GMS practices, which forms the agreement between the practice, the new partner and NHSE/I. This contract has been agreed with the BMA.

Contracts are now being sent out to applicants from GMS practices to sign and seek their partners' signatures, within 4 weeks. The funding will then be released to the practice to pass onto the new partner. Contracts for PMS practices are expected to follow shortly.

Thank you for bearing with us while we get this right – we hope this development will now speed up the process and encourage even more new partners to apply for the scheme.

Read our guide to applying for the [GP partnership scheme](#), which will help you navigate what can be a complicated application process.

NHS Pension Scheme Access for ARRS staff (England)

There were potential issues with access to NHS pension scheme access for ARRS staff employed by GP Federations who might lose their APMS contract as a result of the Extended Access changes (and which cease, therefore, to be an Employing Authority under the NHS pension scheme).

The delay to the formal handover of the Extended Access arrangements to Primary Care Networks (PCNs) until April 2022 means this issue is probably less pressing for many GP Federations than it was a few weeks ago. Nevertheless, the provisions for GP Federations without a GMS/PMS/APMS contract to apply for temporary access to the NHS pensions scheme for its staff has now been extended until March 2023. That position has now been confirmed in the updated NHS BSA guidance on access to the NHS pension scheme for PCNs – see scenario 3 in [this document](#)

We will continue our work on a more permanent provisions for this group of staff and will keep you updated.

GP appointment data (England)

The [GP Appointment data for December](#) has now been published. The data shows that there was a drop of just over 1.25 million appointments from November to December (from 25 million to 23,7 million) but that is a significantly smaller drop than for November – December 2019 (26.8 million to 23.5 million), and there was an increase of around 170,000 appointments in December 2020 compared to the previous year.

Waiting times also appear to have dropped compared to the same period in the previous year, with the number of appointments within 7 days up by 1.9 million in December 2020 compared to December 2019, and appointments over 8 days down by 1.76m.

This shows the incredible achievement of general practice with 100% of appointments in December 2020 as December 2019 in addition to launching and running the vaccination programme.

Updated PCN vaccine planning and progress tracking tool (England)

A new version of the [PCN vaccine planning and progress tracking tool](#) has been launched on the LVS workspace in Foundry. The updated version helps PCNs to plan their COVID-19 vaccination programmes for the AZ and Pfizer vaccines and users to calculate weekly vaccination capacity for each vaccine based on site and workforce scenarios. The tool also enables users to track progress

with vaccination, including filters for different cohorts, delivery at each site against plan and progress with cohort coverage for PCNs, grouping population across different delivery methods (LVS, Hospital Hubs, Vaccination Centres). [A user guide is also available \(log in required\)](#)

CQC activity in Primary Care

Following our update on [CQC's regulatory approach](#) provided on 15 January, and the lobbying on this issue that we have been doing, CQC has written to all CCG primary care leads and NHSE/I regional directors confirming that it will only inspect GP practices in response to significant risk of harm and when it cannot seek assurances through other routes. If an inspection is necessary, it will carry out as much activity off-site as possible. Full details are available in the attached letter.

GP referrals into CPCS

The PSNC (Pharmaceutical Services Negotiating Committee) has published an [animation](#) to explain how GP practices can refer patients with minor illnesses to local pharmacies, by using the referral pathway of the Community Pharmacist Consultation Service (CPCS), which is in the process of being rolled out to include GP referrals.

The CPCS enables the safe referral of patients from other parts of the NHS to community pharmacies and frees up other healthcare providers to provide more appointments for patients with more complex or higher acuity needs whilst improving access for those with lower acuity conditions.

Before the service can be rolled out in an area, there must be local discussions between the PCN, general practices and community pharmacies to agree how the referral process will operate – and practices are encouraged to begin those local conversations now. Read more on the [PSNC website](#)

GP Retention Scheme Webinar

A [webinar on the GP Retention Scheme](#) will be taking place on Thursday 25 February from 7pm – 8.15pm. We will be looking at how the GP Retention Scheme works for both employees and employers, tackling some of the common misconceptions about the scheme and hearing from GPs who are currently on the scheme. There will a Q&A session at the end and you can submit any questions in advance to cscott@bma.org.uk. A full list of speakers will be confirmed shortly. Click [here](#) to sign up

LMC UK Conference 2021 – submitting motions and registering

Please reminded that the deadline for [submitting motions](#) to the LMC UK conference (to be held virtually on 12 and 13 May) is midday *Friday 19 February 2021*). The deadline to [register](#) for the conference is Friday 26 March 2021. More information will be provided nearer the time on how to access the virtual conference, and will be added to the [LMC page](#) on the BMA website. For further information please email info.lmconference@bma.org.uk

LMC Secretaries Conference

The LMC secretaries conference will be on Thursday 4 March 2021, and will be held virtually. If you require any further information, please contact info.lmconference@bma.org.uk

LMC England Conference

The annual conference for England LMCs will be held on Friday 26 November 2021. Save the date and look out for further information on the [BMA website](#).

GPC regional elections

Nominations for seats for GPC UK in the following regions are open and successful nominees will take their seat for a three-session term from 2021-24, commencing after the ARM 2021:

- Norfolk/Suffolk/Great Yarmouth & Waveney
- Enfield & Haringey/Camden & Islington/ Barnet/Kensington & Chelsea/Westminster
- Merton, Sutton & Wandsworth/Kingston & Richmond
- Sefton/Liverpool/Wirral
- Salford & Trafford/Manchester/Stockport
- Durham/Cleveland
- Northern Ireland
- Grampian/Highland/Orkney/Shetland/Western Isles
- Glasgow & Clyde
- Forth Valley/Fife /Lothian/Tayside
- Somerset/N & E Devon
- E Sussex/W Sussex
- Derbys/ Notts
- Gwent/Bro Taf/Morgannwg
- Herefordshire/Worcs/Warks/Coventry
- Birmingham/Solihull

The below seat is a by-election for a two-session term from 2020-22, commencing once this election concludes. Please hold the next date of GPC UK, 18 March 2020, in your diary if you are standing for this seat.

- Barnsley/Doncaster/Rotherham/Sheffield

Nominations are also open for a *Prison GP representative* on GPC UK – this seat is for a three-year term from 2021-24.

Please note that in previous years there was a requirement that only GPs who paid the voluntary level could nominate themselves for election. That requirement has now been removed.

To submit your nomination please visit <https://elections.bma.org.uk/>. The deadline for all nominations is **12pm Friday 12 February**: Voting will take place from 12pm 19 February to 12 March for the by-election and 19 March for all other seats.

We can confirm that mass emails regarding the elections have been sent to almost 13,000 GPs in the regions that are open for election. We are aware that some colleagues have not received the mass email, and we will check with the comms team to ensure that all emails are correctly targeted. If anyone is aware of colleagues who have not received communications, can you let the election team know (elections@bma.org.uk) and we will update the comms team to ensure they are included.

The elections have also been advertised in the all member GP newsletter last week and again yesterday and **we ask that colleagues in the relevant regions circulate through their networks as well.**

We will also be pushing election comms through our social media accounts and ask that you share as widely as possible when you see them.

For any questions relating to the role or GPC please contact info.gpc@bma.org.uk. If you have any queries regarding the election process, please contact elections@bma.org.uk.

Read more, including link to the BMA committee profile, on the [BMA website](#)

COVID-19 media

The BMA wrote a [letter](#) (link to twitter) on Friday calling on the Chief Medical Officers to review the current guidance which delays the second dose of Pfizer to 12 weeks, despite Pfizer suggesting the second dose should come within 3 weeks. In the letter it was argued that the gap could reduce the effectiveness of the vaccine, and that while we understood the rationale behind the decision to delay the second dose, the UK should follow “best practice” and reduce the wait time to six weeks.

I was interviewed about the letter on Sky News and it was referred to in BBC news on Friday, and the BMA council chair, Chaand Nagpaul, was interviewed on BBC Radio 4 [Today programme](#) (8.40am), [BBC Breakfast](#) (7.30am), ITV News and [Sky](#). It was also covered by [Channel 4 News](#), [Guardian](#), [Telegraph](#), [Sunday Times](#), Mirror, Metro, Mail, [BBC online](#), [ITV online](#), and the Independent. It was also widely covered by international media including [TIME](#), [Los Angeles Times](#), [ABC news](#), [Washington Post](#), and CNN.

David Bailey, Chair BMA Welsh Council, was featured [on BBC Radio Five Live](#) (from 2h43min) to talk about the proposed delay between first and second vaccinations of the Pfizer vaccine, and said: “We’re concerned that there is no published scientific basis for the 12 week wait for the second dose with the Pfizer vaccine, we’re completely out on a limb and the WHO, the EMA and the FDA in America are all saying we should be sticking to 21-28 days gap, as are Pfizer themselves.” He was also quoted, along with Phil White, Chair of GPC Wales, calling for the delay to be halved by [the BBC](#): “There’s been considerable disquiet among BMA members across the country regarding this decision to extend the gap to 12 weeks. We’re looking for a half-way house, say 42 days, which is six weeks, which is halfway to what the government propose.” Dr White also appeared on [BBC Radio Cymru’s Post Prynhawn](#) (from 12 min) to discuss vaccine rollout and the importance of frontline health care workers receiving their second Pfizer dose as promised.

I was interviewed on [BBC Radio 4 Today Programme](#) (from 02.45) where I addressed the efforts of GPs to prevent vaccine dose wastage, and explained that GPs have a list of people they can call to offer the vaccine at short notice, which is a particular problem with the Pfizer vaccine which has to be used within three and a half days of arriving at the practice. I said “The number one, top priority is not to waste the vaccine. This is a precious resource and we must use that resource as effectively as we can.” I also told [BBC News online](#) that the overriding principle will be to avoid wastage, and that all vaccination sites should have a reserve list so they can call people at short notice. This morning I spoke to BBC Radio Leeds, a year after the first case of COVID-19 was reported in York.

[GP online](#) reported that limited supplies of COVID-19 vaccine have forced local GP vaccination sites to operate below maximum capacity, whilst several new mass vaccination sites have opened, to which I argued that more supplies should be directed to local GP-led sites, which are better suited to deliver vaccines to those in the first eligible cohorts. I also said: ‘It is frustrating for practices who are ready and able to deliver vaccines, to see these centres opening and in receipt of consistent supplies of vaccine, when their own deliveries are so unreliable.’”

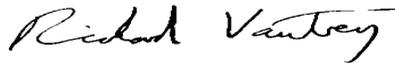
Northern Ireland GPC chair Alan Stout was interviewed across several BBC Northern Ireland news outlets ([BBC News NI online](#), [BBC Newsline](#) (15:50), [Good Morning Ulster](#) (1:09:38)) about the roll-out of the covid vaccination programme to the 65-69 cohort in local vaccine centres. During his Good Morning Ulster interview, Alan was also asked about the news that the SEHSCT has emailed staff to offer early covid vaccination slots to friends and family falling under the 65-69 cohort. His comments were included in a [BBC News NI online](#) piece. Dr Stout was also interviewed on [The Nolan Show](#) (47:07) and on [The View](#) (27:33) where he was asked about vaccinating teachers.

NIGPC deputy chair Frances O'Hagan was interviewed on [Good Morning Ulster](#) (piece starts at 42:19 and Frances' interview starts at 43:53). Dr O'Hagan spoke about the delay in vaccine supplies to some GP surgeries for the over-75 cohort as the covid vaccination programme continues.

Read the latest GP bulletin [here](#)

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee