

LMC Update Email
5 February 2021

Dear Colleagues

COVID-19 vaccination programme (England)

Vaccination of JCVI cohorts 1-4

NHSE/I wrote a [letter to LVS sites](#) yesterday, to remind them that everyone in JCVI cohorts 1-4 should be offered the opportunity to be vaccinated by *Monday 15 February*, and to try to minimise any inequalities in vaccine uptake between different patient groups in those cohort wherever possible. NHSE/I are asking each PCN site to confirm that they have made an offer to all patients in cohorts 1-4 by the 15th by filling in the form in this [link](#) by close on **Monday 8 February**.

If a vaccination site does not believe they have sufficient vaccine to complete this, they should contact NHSE/I through their local system as soon as possible so that additional supplies can be provided.

The letter also included details about a welcome additional supplement of £10 per visit to a housebound patient to administer the COVID-19 vaccinations. This supplement is on top of the £12.58 Item of Service fee. The supplement applies retrospectively to any first dose vaccinations since 14 December 2020, and second doses within the arrangement.

National call/recall letters to Clinically Extremely Vulnerable people

As of 3 February, people aged 18 and over in the clinically extremely vulnerable (CEV) cohort (as identified through the [Shielded Patient List](#)) will receive letters from the national call/recall service informing them that they are now eligible to receive their COVID-19 vaccine. The letters make it clear that people have a choice of where to get vaccinated and can choose to wait for their GP services to contact them directly, if they haven't already, or book into a vaccination centre or community pharmacy. A copy of the letter and a PCN letter template are available in the letter pack on the [FutureNHS platform](#) (sign in required) and are also attached.

It is concerning that these letters are not directly linked to a patient's local GP vaccination service, nor the stage at which the local area has reached in terms of vaccination coverage, and we are continuing to discuss how to improve this with NHSE/I.

Movement of AstraZeneca vaccines

Moving the AstraZeneca/Oxford vaccine between locations across a single PCN grouping is both encouraged and legal if it will help minimise inequalities, maximise access and ensure timely vaccine usage. We believe the delivery of vaccination from local practices will enable more patients to access and receive the vaccine and would expect local systems to support this. The [Standard Operating Procedures](#), outlines the cold chain arrangements which need to be adhered to do this. See more information in the NHSE/I letter of [7 January 2021](#).

NHSE/I has also published a [position statement for the vaccination of care home residents using COVID-19 Vaccine AstraZeneca \(AZ\)](#), recommending that when planning a vaccination session for local care homes, a risk assessment should be undertaken to identify the risk factors associated with the transfer of the vaccine for administration to remaining care home patients.



Annex B of the recent NHSE/I document [Mutual aid and the transfer of COVID-19 vaccines between Hospital Hubs, Vaccination Centres and Local Vaccination Services](#) sets out that as long as the relevant guidance is followed, local commissioners should be offering a supportive role in facilitating the movement of the AZ 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 over the following days.

Second doses

[Chapter 14a \(on COVID-19\) of the 'The Green Book'](#) has been updated for patients due to start immunosuppressive treatment, so that for example, if prior to cancer the patient has had therapy or a solid organ transplant they could be offered a vaccine prior to starting treatment, if clinically recommended. This includes potentially having the second dose at 3 or 4 weeks after the first.

Last week, we raised with NHSE/I the need for practice sites to be able to start planning giving second doses by booking appointments. On Friday, LVS (Local Vaccination Service) sites were sent a message about the scheduling about preparing for the second dose vaccination clinics for cohorts 1-2 which should go live as of week commencing 1 March 2021. The allocated quantity of vaccines will be based on quantity of first dose delivered by site (full pack unless a pack-down option was provided). The second dose clinics will take place 11 weeks post first dose clinics so the 12 week lead time between doses is achieved. Practice sites should be provided with scheduled delivery day of second dose volumes by the end of this week, and are asked to schedule clinics up to the end of March once delivery schedule by day has been communicated.

We also believe it would be reasonable for GP sites to now give all those patients who have received the AstraZeneca vaccine an appointment for a second dose, and to do this for these patients when the first dose is given to reduce the workload involved in contacting patients at a separate time.

New vaccination information helpline and alternative point of care systems

A new COVID-19 vaccination information web resource and helpdesk has been set up for practice managers to help you find out answers to questions about records of vaccinations.

New assured point of care systems for recording COVID-19 vaccinations will also be available soon for practices which can be used as an alternative to Pinnacle. This provides greater choice and reduces reliance on any one supplier. As currently happens, all the data will flow into the GP record within 48 hours. These developments are in direct response to requests from GPC England on behalf of general practice.

Find out more information about your COVID-19 vaccination queries, how the vaccinations are recorded, common errors or difficulties and how to get help in these [FAQs by NHS Digital](#).

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

Vaccine doses data

This week, we are celebrating the milestone of over 10 million COVID-19 vaccination doses having been [given in the UK](#), which has risen to almost 11 million today, and the latest [data report](#), show that as of 3 February a total of 9,126,930 doses have been given in England. This is an enormous achievement, in particular when practices have also provided millions of flu and childhood immunisations this year. Thank you to all those who have made this possible so quickly.

The most recent [BMA vaccine survey](#), which aims to track the roll out of first and second vaccine doses among members UK wide, shows that as of 29 [January](#):

- 93% have received one or both doses
- 13% have received both doses
- 5% have are still to receive a single dose
- Almost half (46%) of those who have received their first dose have a date for a second dose - the majority expect this to be in 10-12 weeks' time.

The survey also showed that with regards to ethnicity and being at higher clinical risk, there is no difference in one or both vaccine dose rate by ethnicity (BAME doctors 94%, white doctors 93%) or by being at a higher clinical risk (higher risk 94%, not at higher risk 94%).

Contract agreement webinar for 2021/22 (England)

Following the recent [contract agreement for 2021/22](#), we will be holding two contract virtual roadshows/webinars on the following dates:

24th February – 19.30-20.30
25th February – 12.30-13.30

Look out for the registration details next week.

Government backs BMA proposal to fix unlawful age discrimination of the NHS Pension scheme

The Government has backed the main proposal from the BMA to fix the unlawful age discrimination that resulted when transitional protection was offered to older but not younger members when the 2015 NHS pension scheme was introduced. However, BMA pensions committee chair Vish Sharma warns the overall changes do not go far enough. Read more [here](#)

The BMA's pensions committee will be holding webinars at 7pm on 17 and 23 February discussing in detail the changes and what they mean to members. More details will be sent next week.

Flu vaccine reimbursement 2021/22

NHSE/I has issued [guidelines on vaccines for use during the 2021/22 flu programme](#), following the publication of [JCVI advice](#). The vaccines recommended for use are:

Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)

At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available).

Practices should read the guidelines and submit vaccine orders as soon as practical.

Staff with long COVID (England)

CCGs should now have fully allocated their share of the £150m funding to practices maintain capacity in general practice. This funding can be used when staff are off sick with Long COVID, both for paying extended sick leave for staff that are off with Long COVID and to fill any shortfall to maintain a service when staff are off sick.

Freedom of Information requests for practices' Gift and Hospitality register

Practices were this week sent an email by St Andrew's University, asking for copies of their Gifts and Hospitality register and Declaration of Interests Register for 2019/20, following a [recommendation by NHS Employers](#) to request and annually publish declarations of interests in the NHS.

This caused significant concern when practices are so busy focusing on the pandemic and the COVID vaccination programme, and after we raised this issue urgently with the University they apologised for the concern caused and we were pleased that they immediately agreed to withdraw their request.

SSP for levothyroxine 12.5 mcg tablets (England, Scotland and Wales)

The Department of Health and Social Care have informed us that a Serious Shortage Protocol (SSP) for levothyroxine 12.5 microgram (mcg) tablets has been issued, commencing 3 February 2021 with an expiry date of 5 March 2021.

The SSP will enable community pharmacists in England, Scotland and Wales to supply patients with 1 x levothyroxine 25 microgram tablet to be taken on alternate days. The SSP form has now been placed, along with endorsement guidance and supporting QA on the NHS Business Services Authority's [dedicated SSP website](#).

If you have any questions regarding the SSPs please contact the NHS Prescription Service (Email: nhsbsa.prescriptionservices@nhsbsa.nhs.uk; Tel: 0300 330 1349; Textphone: 18001 0300 330 1349")

GPC UK 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
- 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.

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](#)

Recruitment of GPC England Executive Team members

As you are aware, the GPC England Executive team is made up of an elected chair and three appointed members. A maximum of one non-GPC member (who could also be a non-doctor) could be included within that membership. Responsibility for the appointment of these three members lies with the GPC England chair working with senior BMA staff and with external expert advice.

Terms of office for the executive team are aligned with the GPC England chair's term of office and end in summer 2023; there is no limit to the number of terms of office for executive team members. These are senior roles in which post holders will be accountable for leading, developing and representing the views of GPC (England) on all policy matters affecting GPs working in England, and will work with the rest of the team taking forward negotiations on all aspects of GP contracts in England.

Under normal circumstances the process to appoint the GPC England Executive team would have commenced with the election of the chair of GPC England in July 2020 and ended with appointments by the end of the year. However, due to the postponement of the BMA ARM (which marks the end of one BMA session and beginning of the next session) as a result of the COVID pandemic, I was not re-elected until October 2020. In consultation with senior BMA staff a decision was taken to undertake the appointment process when interviews and assessments could take place in person. However it is now increasingly clear that meetings in person will not be a possibility for some time to come. We have therefore decided not to delay this further and to open the process now.

The roles require an experienced professional, with extensive experience of influencing policy or negotiating contracts/terms and conditions, either for independent GP contractors or on behalf of employees or employers. Candidates should be confident communicators, able to demonstrate evidence of leading and motivating teams, as well as possessing personal resilience and significant influencing skills. A detailed role profile is attached.

A remuneration and support package will be available commensurate with these requirements. Applications are now invited for three members of the GPC England Executive team. This notification is being sent to current members of GPC and circulated to LMCs.

In order to apply, candidates should submit their CV and covering letter, together with their answers to the following three questions (the answer to each question should not exceed 400 words):

1. How do your skills and experience meet the GPC England executive team role profile?
2. What do you think are the main challenges facing the GPC England executive team over the next 12 months, and how would you deal with these?
3. Explain what you think the role of the GPC England Executive is in improving equality, diversity and inclusion for GPs and improve the working culture in primary care?

Applications should be sent to Richard Pursand (rpursand@bma.org.uk) by **26 February 2021**.

BAME Forum launch

The BMA launched its first national [BAME \(black, Asian and minority ethnic\) member forum](#) last week. The forum aims to unify and empower the voices of our BAME members and influence positive change in the pursuit of race equality, in our association and across the NHS. The event was chaired by BMA council chair Chaand Nagpaul, with talks from Baroness Doreen Lawrence, Doyin Atewologun and Roger Kline. A recording of the launch event can be found [here](#).

A recent [BMA survey also](#) showed that, a year on, Black, Asian and other minority ethnicity doctors still don't feel protected from Coronavirus in the workplace.

Scottish GPC LMC update

Please find attached SGPC-LMC Update -February 2021 for your information. We would also like to use this opportunity to ask for some feedback on the update and whether you find it useful and if there are any improvements you would like for us to consider. Please email Andrea Ma (ama@bma.org.uk) with any feedback.

LMC UK Conference 2021 – submitting motions and registering

Please be 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

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

COVID-19 media

A [BMA survey of doctors](#) has revealed that, one year on, Black, Asian and other minority ethnic doctors still don't feel protected from Coronavirus in the workplace. The survey findings, alongside comments from Dr Chaand Nagpaul, were covered in [The i](#), [Mail Online](#), [ITV news](#), [The Independent](#) and The Sunday Express. GPC member Gaurav Gupta was interviewed on [Times Radio](#) and on LBC on the same issue.

In a piece by [the Telegraph](#), comparing the AstraZeneca and Pfizer vaccines, I commented: "We have concerns over the logistical challenges the Pfizer vaccine has left us with. It's been hugely difficult to manage - the deep freeze conditions, the rapid timeframe it needs to be used in. It's been a mammoth task for practices... We hope the AstraZeneca vaccine will remove many of these problems because it can be stored in a standard fridge and there are going to be more doses available."

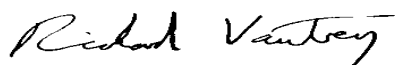
Brian McGregor (GPC member and BMA Yorkshire Regional Council Chair) told [BBC Radio York](#) that the current lockdown should only be lifted when it is safe to do so. He said: "We have seen a significant drop off in numbers, but it's more of a plateau. We're not getting the very low figures that we were getting previously, but we're hopeful that by the time the lockdown finishes we will be back down to less than three figures per one hundred thousand."

NIGPC chair Alan Stout was interviewed in the [Sunday Times](#) about concerns over residents in the south of Ireland booking covid vaccination appointments in the north. NIGPC deputy chair Frances O'Hagan was interviewed on RTÉ Radio One [Good Morning Ireland programme](#) about vaccine roll-out in Northern Ireland as well as falling numbers of Covid-19 cases.

Read the latest GP bulletin [here](#)

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee