

LMC Update Email
12 February 2021

Dear Colleagues

COVID-19 vaccination programme (England)

Last weekend we passed the first milestone for the COVID vaccination programme with over [15 million of the most vulnerable patients in the UK](#) getting their first dose of vaccine, which is a remarkable achievement. The latest [data report](#) also show that as of 18 February a total of 16.4 million doses have been given in England.

This has been achieved due to the considerable efforts of everyone involved in the general practice vaccination programme, for which I would like to give my heartfelt thanks. As such, I have [written](#) to thank everybody who has been involved in the vaccination programme and who have worked so hard to achieve this so quickly. However, as we all know this is just the start and GPs, our teams and many others will continue to do all we can to protect people as quickly as we can.

Read the [BMA statement](#) about the vaccine milestone, by the BMA's Chair of Council, and an [opinion piece](#) by the Deputy Chair of BMA Council, David Wrigley, comparing the vaccination roll out with the test and trace system, and commending those who have been involved in the vaccination programme.

The Prime Minister has thanked those involved in reaching the significant milestone – watch the video [here](#). Sir Simon Stevens, the chief executive of NHSE/I, has also [praised the extraordinary efforts of GPs, nurses, pharmacists and volunteers](#) as the COVID vaccination campaign enters a new phase.

Vaccinating cohorts 5 and 6

Practice sites are now already vaccinating an expanded group of clinically extremely vulnerable (CEV) people (cohort 6) and many will also be vaccinating those in those in cohort 5 (people aged 65 and over) who have chosen to receive their vaccination locally.

The NHSE/I letter [Vaccination of JCVI cohorts 5-6 and additional funding for vaccination in residential settings](#) outlines the next stage of the vaccination programme. It also contains information about an additional payment of £10 on top of the Item of Service fee for vaccinations given to all those in residential settings, such as care homes for people with learning disabilities or mental health problems, or hostel/hotel accommodation for the homeless, where it would not be possible for these patients to attend vaccination sites.

Vaccination sites are initially being asked to focus on the expanded group of cohort 6, which now includes those who will have been identified as at higher risk from COVID-19 using a new population risk assessment tool ([Q-COVID](#)) and if they are not already on the Shielding List they will be automatically added, so there is no need for practices to do anything. You can read the [NHSE/I letter to GPs](#) about this cohort and how they should be prioritised for vaccination and how they will be added to the Shielded Patient List. We have raised concerns with the Department of Health and Social Care about the impact this letter has had on some patients who have subsequently contacted their practice seeking more information. NHSD has also published specific guidance on gestational



diabetes [COVID-19 Population Risk Assessment - NHS Digital](#) under the metabolic, renal and liver conditions tab.

[JCVI priority Cohort 6](#) includes ‘all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality’. This also includes those who are in receipt of a carer’s allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. Cohort 6 is further defined in the newly updated [Green Book Chapter 14a](#) as “Adults aged 16 to 65 years in an at-risk group”.

Those in cohort 5 (those aged 65-69) will receive an invitation from the national booking service (NBS) to attend a local vaccination centre or community pharmacy setting. PCN sites may though still vaccinate patients in this cohort and be paid for doing so should a patient request an appointment.

Read the [BMA statement](#) on the inclusion of 1.7 million patients on the shielding list following the development on the new risk assessment model (Q-COVID)

National pool of Steward Volunteers

A national pool of Steward Volunteers is available to support non-clinical tasks at vaccination sites, including PCN and community pharmacy sites. These are ready-to-use, unpaid volunteers who are managed, trained and paid expenses by the NHS volunteer responders programme. Steward Volunteers can undertake any tasks which support the smooth running of vaccination sites and would not normally be filled by paid staff. These include managing queues, greeting and directing people, monitoring numbers and overseeing social distancing measures. Primary care sites can access these volunteers by request via their lead employer and volunteers will be provided free of charge to local sites. The maximum shift length is six hours. Read more [here](#).

COVID vaccination for healthcare workers

To support healthcare workers and community based social care workers in priority group 2 to receive their COVID vaccination, you now have the option to book your vaccination appointments in a vaccination centre or community pharmacy through the [NHS COVID-19 vaccination booking service](#).

You should try booking online first but if this is not possible, you can phone 119 free of charge, 7am to 11pm, seven days a week. As part of the booking process, eligible staff need to self-declare that they are a health or social care worker. You will be able to book this way for a limited period, until 28 February. At your appointment, you will be asked to verbally declare that you are a health or social care worker, the type of role/work you do and the name of your employer/ locum agency. You should also bring ID/proof of employment such as a staff ID badge, a recent payslip or recent letter/email from your employer (dated within the last three months) or a letter of confirmation of locum status from your locum agency.

If you are a self-employed locum, some evidence of being paid for the provision of frontline, patient-facing services, along with photo ID, should be provided.

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.

Contract agreement 2021/22 and webinars

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

24th February – 19.30-20.30

25th February – 12.30-13.30

Register [here](#)

A recording of the webinar will be available on the BMA website after the event.

Please note that we have now **confirmed the various contract values for 2021/22 as follows:**

Global sum will increase by £3.82 (4.1%) to £97.28

QOF point value will increase by £6.33 (3.3%) to £201.16

Out of hours adjustment will increase by £0.14 (3.0%) to £4.59

Retired doctors – return to practice to support the pandemic effort (England)

Given the intensity of current workload pressures and the mounting backlog of care exacerbated by COVID-19 in the NHS, the BMA has recently updated its online guidance for doctors considering or wishing to [return to clinical practice](#) in the short, medium or long term, and for those wishing to specifically [support the vaccination programme](#). This follows consultation with NHSE/I and NHS Professionals.

The NHS is still seeking registered healthcare workers and clinical supervisors for the programme. Doctors can either return to work through the national routes, e.g. NHS Professionals vaccination programme recruitment drive or the GP refresher scheme, or they can approach local employers, e.g. GP practices, primary care networks or their local Integrated Care System lead (usually a hospital / trust).

[The BMA would be glad to hear from and support members or LMCs](#) who know of application issues or delays, as we can work with stakeholders to overcome them as swiftly as possible.

BMA briefing on White Paper on NHS reform and Integrated Care Systems

The BMA has produced a new [member briefing](#) on the UK Government's White Paper on NHS reform - *Integration and Innovation: working together to improve health and social care for all* – published last week, which sets out a range of proposals that would see dramatic changes for the NHS in England.

The [briefing](#) provides a summary of those changes, the BMA's initial analysis of them, and outlines how the BMA is working to influence the proposed legislation on behalf of members.

The BMA also issued a press response to the publication of the White Paper, [highlighting the unfortunate timing of the proposals and saying clinicians must be front and centre in plans for NHS reform](#).

NHSPS- service charges dispute (England)

The BMA supported five GP practices to bring a legal challenge against NHSPS try to clarify the legal basis for NHSPS's dramatic increases in how service charges are calculated. The BMA now continues to support the same practices to defend legal proceedings brought against them by NHSPS in

response to their claims. It is extremely concerning that NHSPS- a company owned by the Department of Health and Social Care- are pursuing this course at a time when frontline doctors are facing a national health crisis.

Through the legal action, NHSPS have admitted that they cannot rely on the Charging Policy in isolation as a legal basis to increase charges- as we have said all along. As set out in a letter to practices [attached], the BMA now recommends that GP practices facing similar demands for increased service charges that have not been explained to these five practices should insist that NHSPS provide a full explanation of the legal and factual basis on which their charges have been increased. To assist practices, we have prepared a template letter [attached] for you to amend as appropriate and send to NHSPS

Protection for Healthcare workers

The BMA has [co-signed a coalition letter to the Prime Minister today](#), which escalates our concerns about protection for healthcare workers – asking for a more precautionary approach. This follows [our letter in January to PHE](#) and [associated comms](#), as well as work we have done with others to-date, including the RCN, the [AGP Alliance](#), and the [Shadow Health Secretary](#). The BMA also [sent recommendations directly to Trusts in England](#).

The press release for the letter has been [flagged by the BBC](#).

Lung cancer campaign launch (England)

Public Health England has launched the next phase of the [‘Help Us, Help You’ campaign](#), urging people to come forward and seek advice if they are worried about possible symptoms. This new stage of the campaign focuses on lung cancer, with the aim of raising awareness about its key symptom – a cough that lasts for three weeks or more. It is hoped that this will encourage those most likely to get lung cancer and who have this symptom, but do not have COVID-19, to contact their GP practice, reminding the public that cancer remains a priority and that the NHS is here to see them safely.

"A cough for three weeks or more that isn't COVID-19 could be a sign of cancer. Contact your GP practice. However, if you've got a new, continuous cough, contact Test & Trace. #HelpUsHelpYou"

A campaign toolkit and posters are available free of charge on the [Public Health England \(PHE\) Campaign Resource Centre](#).

Primary care in Scotland report

This week, the Scottish Parliament's Health and Sport Committee published its report into [primary care in Scotland](#). The report followed evidence gathering from the general public and committee sessions with key stakeholders, including the BMA. While the report did contain some useful recommendations around improved IT and expansion of multi-disciplinary teams, many GPs were left frustrated and angry by the suggestion that GP surgeries were only open between 9-5pm – and that longer surgery opening hours would solve long standing problems with primary care.

Dr Andrew Buist – Chair of SGPC – set out our concerns with the report in his latest blog – which you can read [here](#). In this, Andrew describes how he believes “the careless and frankly inaccurate depiction of GPs only being available from 9-5 will have left many feeling dispirited and undervalued”. Addressing the 9am-5pm point, he says “GPs core hours are from 8am-6pm – when surgeries are open, and GPs are available. As I saw one GP tweet – the news that we only open from 9am-5pm will come as a surprise to our families, who wave us off to work before 8am and welcome

us back after 6pm. Indeed, a great number of GPs regularly have to stay on beyond 6pm in order to complete paperwork, referrals and phone calls”.

This report will now be considered by Parliament, and the Scottish Government will respond – throughout this process BMA Scotland will continue to represent GPs interests and push back against inaccurate representations of the pressures and demands they are under.

NHS Discharge Medicines Service (England)

The [NHS Discharge Medicines Service](#) (DMS) launched this week and is available in all community pharmacies in England. The service has been established to ensure better communication of changes to a patient’s medication following discharge, with NHS trusts referring appropriate patients. It is hoped that this will improve outcomes, prevent harm and reduce readmissions.

NHSE/I has published some [resources for the DMS](#), including guidance, a cross sector toolkit and training and assessment materials to support clinical teams across community pharmacies, PCNs and hospitals to deliver the service.

The DMS does not replace the role of general practice in managing patients’ medicines on discharge. The [cross sector toolkit](#) includes a checklist for general practices and PCN pharmacy teams, which sets out how to work collaboratively, and provides examples of where the community pharmacy may require information, support and clinical expertise from practices.

Online fit note research help

The DWP is currently developing and improving the current fit note/sicknote uploading system for patients. They would like to give GPs the opportunity to have their say on what they like and don’t like in terms of the whole fit note/sicknote process. This will then allow the DWP to make some changes before the system goes Live at the end of March 2021.

Once the system goes live it will be difficult to implement further changes down the line. Hence, now is the time to speak out. [Take the survey here](#) – it will only take about 10 minutes to complete.

GP Retention Scheme Webinar

We will be holding a [webinar on the GP Retention Scheme](#) on *Thursday 25 February* from 7pm – 8.15pm, where 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. Speakers include:

- Samira Anane, chair (GP and GPC policy lead for Education, training and workforce)
- Naureen Bhatti (Health Education England)
- Katie Bramall-Stainer (Retained GP)
- Jonathan Rial (Retained GP)
- Paula Wright (Sessional GPs Committee)
- Tim Morton (GPC)

The session will be of interest to GPs who are considering applying to join the scheme or who would like to know more about it, GP employers and practice managers who would be interested in employing a retained GP and existing Retained GPs who have questions about the scheme or would like to hear some perspectives from other retained GPs and employers.

The webinar will be recorded and will be made available to view on the BMA website during the following week. There will be a Q&A session at the end and you can submit any questions in advance to cscott@bma.org.uk. Click [here](#) to sign up.

The BMA has also produced information on addressing misconceptions on the GP retention scheme. You can access the information [here](#).

Recruitment of GPC England Executive Team members 2021

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 chair of GPC England 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**.

GPC UK regional elections

The voting period is **now open** for seats to the General Practitioners Committee (GPC) UK in the following regions:

- Norfolk/Suffolk/Great Yarmouth & Waveney
- Enfield & Haringey/Camden & Islington/ Barnet/Kensington & Chelsea/Westminster
- Merton, Sutton & Wandsworth/Kingston & Richmond
- Salford & Trafford/Manchester/Stockport
- Forth Valley/Fife /Lothian/Tayside
- E Sussex/W Sussex
- Derbys/ Notts
- Gwent/Bro Taf/Morgannwg
- Herefordshire/Worcs/Warks/Coventry
- Barnsley/Doncaster/Rotherham/Sheffield (by-election, 2-year term only)

To submit your vote for any of the above seats please visit <https://elections.bma.org.uk/>

To vote in this election you must have a BMA web account, if you do not have one please click [here](#) to create one.

The deadline for voting are as follows:

- By-election: 12pm 12 March
- All other regional seats: 12pm 19 March

The nomination period for the **Durham/Cleveland** region will be reopening from 12pm today, 19 February to 12pm Friday 19 March. To submit your nomination please visit <https://elections.bma.org.uk/>

If you have any queries regarding the election process, please contact elections@bma.org.uk. Read more on the [BMA website](#). Please share as widely as possible through your networks where applicable.

COVID-19 media

On Monday I spoke to Radio Leeds ([here](#) at 1hr 7min) about successfully delivering 15 million vaccinations. On Tuesday I was interviewed on BBC Radio 4's The World at One ([here](#) at 27 mins) about the inviting priority groups, including those with learning disability, for vaccination.

Long Covid

Yesterday, the BMA joined with 65 MPs and 7 Peers from 7 parties in a call for a compensation scheme for healthcare workers suffering with long-Covid. 65 MPs and 7 peers signed a letter to the Prime Minister urging the Government to launch a compensation scheme for frontline and key workers living with Covid-19. The story ran as an exclusive on BBC Breakfast yesterday morning, and RB chair Dr Helena McKeown was interviewed live – with clips used on the BBC throughout the day. The story was then additionally reported by [BBC News online](#), the [Mirror](#), the [Daily Mail](#), the [Guardian](#) and across regional outlets. BMA deputy council chair Dr David Wrigley was interviewed on the BBC News Channel and the appeared on various BBC regional radio stations' drivetime shows, including BBC Bristol, Berkshire, Lancashire and Cumbria. Dr Christine Clayton, BMA south east coast regional council chair, appeared on BBC Radio Kent.

Vaccine rollout (Wales)

BMA Welsh council chair David Bailey was featured in a [BBC Wales](#) story celebrating Wales as the first UK nation to hit the February Covid-19 vaccination target. Dr Bailey said: "People are really making an effort to make the thing go as smoothly as possible, and it is a credit to the Welsh public, as well as everyone who has actually been delivering the vaccine, because it has gone smoothly and everyone has been trying to do their part."

Northern Ireland

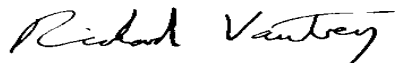
Chair of BMA's Northern Ireland Council, Tom Black, was interviewed on the [RTÉ Radio One Today with Claire Byrne Show](#) about the differences in the covid vaccine rollout north and south of the border. NIGPC chair, Alan Stout, was quoted in [Belfast Live](#) in a piece about the launch of a new interactive map showing where in Northern Ireland you can access GP-led counselling services. The map was launched by the 'Participation and the Practice of Rights' organisation.

Read the latest GP bulletin [here](#)

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

Have a good weekend

Richard



Richard Vautrey
Chair, BMA GPs committee