

LMC Update Email
19 March 2021

Dear Colleagues

£120m additional funding for general practice (England)

Following significant pressure from GPC England we have now secured an additional £120m for general practices from April. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The extension of the General Practice Covid Capacity Expansion Fund will be from 1 April to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September.

Please share the attached letter widely to help practices consider their options about their involvement in the vaccination programme phase 2.

COVID-19 vaccination programme (England)

People [over 50](#) (JCVI cohort 9) are now being invited to book an appointment via the [National Booking Service](#) to receive a COVID vaccination. Practices groups should continue to focus on vaccinating patients in the lower cohorts first, in particular those with underlying health conditions (cohort 6).

If some practices within the local vaccination group want to continue delivering vaccinations to group 10-12 but others do not, the group should discuss with their local vaccination leads how this can be managed with modified supplies to enable some continuation in the programme.

Reduction of vaccine supply in April

NHSE/I published [a letter](#) yesterday setting out the next steps on uptake and supply of the COVID vaccinations, over the next six weeks. Although vaccination supplies are increasing this week and next, there will be a reduction of supply from the week beginning 29 March for about four weeks due to reductions in national inbound vaccines supply. The letter also encourages vaccination sites to continue their efforts in maximising uptake in cohorts 1-9.

Deadline to opt out of second phase of the CVP

As we reported last week, we have agreed amendments to the [CVP Enhanced Service Specification](#), including an extension to allow practice sites to administer vaccinations to patients between the age of 18 and 50. Existing practice sites will be able to opt-out of delivering the second phase of the vaccination programme.

Following significant lobbying based on concerns from practices, we have secured an **extension to the previous deadline** for practices to inform their commissioner of their intention to opt-out of this second phase of the programme. If necessary, practices now have a few more days, and if necessary beyond the weekend, to decide whether to opt out of the second phase.



Practices that wish to vaccinate cohorts 10-12 should advise their local commissioner how many vaccinations they could administer each week, to ensure local capacity is in place. There will continue to be a choice of provider for the local populations and no expectation that practices or PCN grouping has to deliver vaccinations to its entire population in cohorts 10-12.

PCN grouping could also amend its Collaboration Agreement if individual practices within that PCN grouping wanted to increase or decrease their involvement in the administration of vaccinations to cohorts 10-12.

[Additional workforce](#) remains in place to support practice site to deliver the vaccination service, and local commissioners are encouraged to consider their approach to local service commissioning and take appropriate steps to release capacity to support with COVID-19 vaccinations.

Read more about the latest changes, including the delivery of phase 2 of the programme, and what practices need to do and the support available in our updated [guidance page about the COVID-19 vaccination programme](#).

[MHRA confirms that people should continue to receive the AstraZeneca vaccine](#)

The [MHRA made a statement](#) yesterday confirming that the available evidence does not suggest that venous thromboembolism is caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP records. The MHRA's advice remains that the benefits of the vaccines against COVID-19 continue to outweigh any risks and that the public should continue to get their vaccine when invited to do so.

[Vaccine dose data](#)

Over [25 million people in the UK](#) have now received their first dose of the COVID-19 vaccine, and the latest [data report](#) shows that as of 18 March 23.2 million doses of the COVID-19 vaccine have been given in England.

Ongoing support for general practice

We have continued to encourage NHSE/I to maintain the vital ongoing support for practices from April onward, with a renewed call for ongoing income protection for QOF, DESs/LEs and other contract elements. We are pleased therefore, as highlighted above, to have today secured the continuation of funding (£30m per month since November 2020) to support practices to continue with their pandemic response.

Without these protections and support, many practices are telling us they may no longer be able to deliver the vaccination programme, let alone take on the second phase (for patients in cohorts 10-12).

We also believe CCGs should maintain income protection arrangements for local enhanced service and other local schemes. This is crucially important to enable practices to continue with the successful delivery of this nationally important vaccination programme.

We therefore hope that CCGs will do all they can to support practices in this way for the coming months.

Shielding for clinically extremely vulnerable to end

It has been announced that [clinically extremely vulnerable \(CEV\) people in England will no longer need to shield from 1 April 2021](#).

The Department of Health and Social Care are writing to CEV patients informing them of this and that they can begin to follow the national restrictions alongside the rest of the population. However, the letter does advise to continue to take extra precautions to keep themselves safe, even after they receive both doses of the COVID-19 vaccine.

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the [NHS Digital website](#).

VAT removal for primary care

We have written the attached letter to the Financial Secretary to the Treasury, Jesse Norman MP, about VAT removal for primary care, following the consultation on [VAT and the Public Sector: Reform to VAT refund rules](#) published last year.

We called on the Financial Secretary, whose ministerial portfolio includes VAT, to make costs for patient facing services exempt for practices and PCNs, and we also emphasised that this approach would allow practices and Primary Care Networks to use the 20% VAT normally spent on hiring practice staff to instead directly support patient services.

GPC UK meeting

GPCUK met yesterday morning where we had updates from each of the four nations on COVID related work and on contractual issues, and also from the Sessional GPs Committee and Trainees Committee. There was a presentation from the Chair of the Pensions Committee, Vishal Sharma, and Deputy Chair Krishan Aggarwal, about life time allowance and other current pension issues affecting doctors. We hope that elements of their very successful webinars will shortly be available on the BMA website.

The BMA's President, Sir Harry Burns, gave a very interesting presentation about his project looking at how doctors can take local action to reduce health inequalities. This is something we will be working on in the coming months.

Bruce Hughes, Representation policy lead, gave an update about proposals to set up a task and finish group to review future of GPC UK, and proposals to widen the electorate for elections from GPC UK to include Sessional GP Committee members. The committee voted and agreed to the proposal to set up a task and finish group, and also to widening the electorate for elections from GPC UK to other bodies.

GPC England meeting

GPC England met in on Thursday afternoon, where I highlighted that we had written to NHSE/I regarding the need for ongoing support for general practice. I also gave an update on the contract negotiations in England, and about the agreed amendments to the Covid Vaccination Programme Enhanced Service Specification, including an extension to allow practice sites to administer vaccinations to patients between the age of 18 and 50.

There was a valuable and important discussion on the Integrated Care Systems (ICS)/White Paper proposals, and the BMA health policy team introduced a briefing paper about the proposals.

Ben Molyneux, Chair of the Sessional GPs Committee, outlined the enhanced shared parental leave offering to salaried GPs. The committee welcomed and voted to accept these proposals.

Sarah Westerbeek, Sessional GPs committee member, introduced a paper on the gender pay gap for general practice which set out proposals on how practices can be supported to publish gender pay gap information.

General Medical Services (GMS) Ready Reckoner 2021/22 (England)

We have been working with NHSE/I on the production of a [ready reckoner](#) which has now been published and is intended to provide an indication of the changes in income streams that may affect a GMS practice and primary care network (PCN) from 1 April 2021.

Implementing the 2021/22 GP contract changes to personal medical services and alternative provider medical services contracts (England)

NHSE/I have published [this document](#) which sets out the approach to the funding changes that we will apply to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts. Commissioners will update local PMS and APMS contracts as soon as possible, applying the funding changes identified in this guidance with effect from 1 April 2021.

Overworked doctors must be allowed to rest and recover so we can keep patients safe, BMA warns

Doctors must be allowed to rest and recuperate from the exhaustion of working throughout the pandemic if we want to have safe patient care in the future.

In a new report, *Rest, recover, restore: Getting UK health services back on track*, the BMA argues that the pandemic has left the health service running on empty, with staff burnt out, disillusioned, and even considering leaving the NHS as a result of the intense pressures and stress of the past year. The report points out that pushing doctors to 'get the NHS back to normal', without giving them the respite and support they need, will not only result in increasingly high absence rates and staff reducing their hours, but also threaten patient care and safety.

Against a backdrop of current workforce shortages, patient demand outstripping staffing levels, and tens of thousands of clinical and non-clinical vacancies in hospitals and a shortage of GPs, the need for a strong and healthy workforce is obvious. As a result, the BMA has set out a series of recommendations to UK Governments to ensure that services resume safely for both staff and patients, including:

1. All Governments and system leaders across the UK to have an honest conversation with the public about the need for a realistic approach to restoring non-Covid care, and support for systems to tackle the backlog.
2. Health, safety, and mental wellbeing of the workforce to remain a top priority.
3. Additional resourcing to help tackle the backlog.
4. Measures to expand system capacity.
5. Measures to expand the workforce and retain existing staff.

The report and press statement can be found [here](#).

Welsh health and social care staff to receive one-off payment

The Welsh Government has [announced that a one-off bonus payment of £735 will be made to all health and social care staff in Wales](#), to recognise their extraordinary contribution during the COVID-19 pandemic. In response to this BMA Cymru Wales chair Dr David Bailey said: “We welcome this gesture as an acknowledgement of the hard work and dedication demonstrated by doctors and other NHS workers in Wales who have been stretched to the very limits during the COVID-19 pandemic. We are pleased to see their tireless commitment has been recognised.”
Read the full press statement [here](#)

Wales easing out of lockdown

Wales started easing out of lockdown on 13 March, with the [stay-at-home restrictions being replaced by a new interim stay local rule](#). Most of these actions follow the BMA’s [Taking a cautious approach for easing lockdown document](#), and feedback from the Minister indicated that opening early years (under 7) had gone well, with very low positive results among teachers.

Weekly COVID-19 data update

The BMA’s Health Policy team has started producing a weekly summary of key data on various aspects of the pandemic. The data is from external published sources (with links to the relevant data/study) and can be shared. The latest summary is attached.

Medicine Delivery Service (England)

A Community Pharmacy Home Delivery Service during the COVID-19 outbreak was originally commissioned throughout England from community pharmacies (and a similar service from dispensing doctors) on 10 April 2020 to ensure delivery of medicines to eligible patients who should not present in the pharmacy. This service may continue to be commissioned as necessary nationally or for patients living in local outbreak areas. Read more [here](#), including the revised Service Specifications.

NHS Digital Research Session Request – NWRS (National Workforce Reporting System) (England)

NHS Digital is currently carrying out research focused on improving the NWRS and wishes to engage with users to understand current experiences and potential opportunities. The workforce data GP practices and PCNs share via the NWRS is absolutely essential to ensuring there is an accurate national primary care workforce picture, prudent workforce planning can take place and General Practice can ultimately recruit sufficient and safe levels of staffing. NHS Digital staff would like to speak to people who use NWRS in both practices and Primary Care Networks.

Participants would be asked to join a Microsoft Teams meeting for 30-60 minutes and tell NHS Digital colleagues about your job, work practices and what that entails in relation to NWRS. They would also find it helpful if you could share your screen, and talk them through how you use NWRS and comment on some design ideas they have.

There will be two NHS Digital staff on the call with you: a User Researcher and a Designer. They are ready to speak to willing participants now, so we urge willing GP practice and PCN staff to get in touch and assist NHS Digital with this vital research via Katherine.tyte@nhs.net

LMC UK Conference – change of date

As we reported last week, due to the oversight which allowed us to schedule UK LMC conference on Eid, the conference has now been re-scheduled from 12-13 May to 11-12 May, with the closing of conference at mid-afternoon on 12 May, to hopefully further minimise impact on Eid celebrations.

In careful collaboration with BMA staff from across several teams we have looked at a number of potential other options and dates, and this seems to be the best course open to us. As this is a virtual conference, it might seem relatively easy to reschedule to a different date. However due to the complication involved in organising these sorts of large scale events, not least the availability of key staff and contractors, and clashes with other events, this is not as straightforward as it might first seem.

We know that this is a far from perfect solution (e.g. with many colleagues fasting during the conference), but in the hope that it will have the least impact on the plans already made to attend, and will also impact on colleagues' Eid celebrations as little as possible.

The deadline for registrations remains the 26 March 2021 via [this link](#)

If you need to change the names of any of your attendees can you please email Karen Day at kday@bma.org.uk rather than reregistering.

BMA's Annual representative meeting 2021

The BMA has confirmed that this year's ARM (annual representative meeting) will take place Monday 13 and Tuesday 14 September. [Find out more about this year's conference](#)

Senior female GPs Leadership webinar

In celebration of International Women's Day this month, we are pleased to present senior female GP leaders, talking about their leadership and career journeys, in a [webinar to be held 7– 8.30pm on Thursday 25 March](#).

A lack of females in senior medical leadership positions is recognised as one of the underlying factors contributing to the gender pay gap, and this latest webinar forms part of a series of work from the GPC education, training and workforce policy group. Speakers include:

Dr Samira Anane (GPC Education, Training & Workforce Policy Lead)

Dr Nikki Kanani (Medical Director for Primary Care, NHSE/I)

Dr Helena McKeown (Chair of the BMA's Representative Body)

Dr Farah Jameel (GPC England Executive Team, GPC Negotiator and Chair Camden LMC)

Dr Margaret Ikpoh (RCGP Council, Associate Director of Primary Care Hull Medical School)

Dr Katie Bramall-Stainer (CEO Cambs LMCs, Deputy Chair UK LMC Conference, BMA Council)

Click [here](#) to sign up

Please submit advance questions for the Q&A session to Cscott@bma.org.uk

Media

Today I have done interviews for Sky News and BBC Look North on the continued successful roll-out of the vaccination programme.

[GP online](#) reported on the vaccination plans for cohorts 10-12, and I commented that I thought most practices would choose to remain involved in vaccinating these cohorts. However, I added that a longer opt-out window would have been preferable after practices were given just a week to decide.

I was interviewed on [BBC Radio Leeds](#) (from 1hr 5mins) about the NHS backlog. I said: "It's really important that we give our hospitals and community services the necessary resources not just to cope with the Covid crisis but also to cope with the crisis of the backlog of care that's built up over the last 12 months."

Chair of GPC Wales, Phil White, appeared on BBC Radio Cymru to discuss the Oxford-AstraZeneca vaccine, where he explained the importance of vaccination in the pandemic and the fact that medical bodies have deemed the vaccine safe for use. The full Welsh language interview is available at [BBC Radio Cymru](#) (12 mins).

GPC member Brian McGregor was interviewed on [BBC Radio York](#) (from 2hrs 11mins) about the decision of several European countries to pause the rollout of the AstraZeneca vaccine over links to blood clots. He said: "There's still no link definitively to the vaccine. It may well be the case there has been other things going on and other reasons for [patients developing clots]. But there is no confirmed link between the blood clots in the vaccine as yet."

GPC member Peter Holden was interviewed on [BBC Radio Derby](#) (2hrs 15mins) on delays to vaccine supplies. Reassuring patients that there were sufficient doses available to mean no vaccine appointments should be cancelled he said: "It is a big nuisance but not a disaster. GPs are very used to flexing to daily demand... as soon as we can see [the vaccine] in the country we can start going again." Speaking about the easing of lockdown he said: "We've said it's got to be driven by data, not dates. The issue is data on infections, hospital occupancy and in ITU - not the number of people who have been vaccinated."

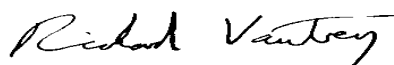
Northern Ireland GPC chair Alan Stout was interviewed on the [Nolan Show](#) (5:39), [UTV Live](#) and [BBC Newsline](#) (2:45) about concerns over covid vaccination supplies. He said: "We know we're going to get bumps along the road and this is not going to be the only bump in the road and the key thing is we work through this and we get our priorities right and we get the planning and communications right."

Read the latest GP bulletin [here](#)

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

Best wishes

Richard



Richard Vautrey

Chair, BMA GPs committee