

### **Extension of the pandemic regulations**

The new Secretary of State for Health has announced that the three [pandemic regulations 2020](#) relating to general practice have been extended to 30 September 2021.

GPC are concerned about the implications of DHSC's extension of the pandemic regulations, which includes three particular elements of eRD, Friends and Family Test and NHS111, and have told NHSE this. The experience of general practice in England has been that these regulations have led to a command and control approach by NHSE/I through their various letters, guidance and SOPs, and most recently with the latest NHSE/I target to increase appointment numbers outlined in their [board paper](#) on NHS metrics for 2021/22 at a time when general practice is already overwhelmed. These directives provide less flexibility and whilst we have been clear that they are only guidance they have led to many practices feeling that they must operate in a specific way.

As recently and repeatedly highlighted the government and NHSE/I are failing abysmally to deliver on another government commitment of an increase in 6000 GPs and if they were really serious about both improving the workforce's wellbeing and improving quality of care for patients they'd be setting this as the metric for general practice not the narrow and misguided focus on appointment numbers. This is their target not that of general practice, and whilst including the appointments done by the additional PCN-related workforce will mean this is delivered, what we all know is needed is for individual workload pressures to be reduced, and rather than suggesting all work harder the goal should be for GPs to do fewer not more appointments. GPC described the importance of this in their [previous workload paper](#).

GPC have, therefore, called on the Secretary of State to direct NHSE/I to end their restrictive and prescriptive direction of the profession and allow general practice to return to the way it operated in line with existing contracts, and support GPs and practices to provide the care they know their patients need.

Given the current state of general practice, with workload and appointments being at an all-time high, the impact of the ongoing respiratory epidemic across the country, alongside rising COVID cases, NHS care backlog and other patients who have not come forward during the pandemic now coming forward, we would again advise practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract.

### **JCVI and NHSE/I guidance on COVID-19 booster vaccine programme**

The [JCVI \(Joint Committee on Vaccination and Immunisation\) issued interim guidance advising that any potential COVID-19 booster programme](#) should be offered in 2 stages from September, starting with those most vulnerable, including care home residents, people over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Having so effectively led the COVID-19 vaccination campaign, and with their proven track record of delivering flu jabs every year, GPs and their teams must be enabled to play a pivotal role in the booster programme, delivering both vaccinations directly to local communities from their practices.

Following the guidance issued by JCVI on the need for a COVID-19 booster programme alongside the annual flu vaccination programme, NHSE/I have now issued [guidance on COVID-19 Vaccination Autumn / Winter \(Phase 3\) planning](#). It highlights that local systems should prepare to deliver booster doses of COVID-19 vaccine to the individuals outlined in the JCVI interim guidance between 6 September and 17 December 2021 (15 weeks), as quickly and safely as possible in two stages using supply available to us over that period. It suggests doing this through community pharmacy, vaccination centres and general practice but suggests that whilst practices delivered the majority of vaccines in phase 1, in phase 3 local plans should be for a minimum of 40% of COVID-19 booster vaccination through general practice and a maximum of 75%.

GPC are seriously concerned that this may be interpreted as a cap on general practice involvement in the winter vaccination campaign and, whilst historically local pharmacies have played a role in delivering flu vaccinations, they believe that most practices will, as part of their annual planning, be already making plans for the delivery of flu vaccination as usual this winter. It's imperative, therefore, that local systems and NHSE/I enable local practices that want to take part in this programme to receive sufficient COVID vaccination in order to provide this to their patients and do not place barriers in the way of them doing this. Furthermore, adding an additional 1000 community pharmacy sites in the run-up to September should not be done in such a way as to undermine practice involvement in this crucial phase of the pandemic. Read the full GPC statement [here](#)

### **Covid vaccine second doses**

Further to the [letter](#) from NHSE/I dated 15 June setting out that second doses of the COVID-19 vaccine should be brought forward from 12 to 8 weeks for the remaining people who have not yet had their second dose vaccination, those who have not had one after 70 days will be contacted and encouraged to arrange an appointment as soon as possible. Vaccination sites have also been told not to give second vaccinations earlier than 8 weeks.

[Chapter 14 of the Green Book](#) has been amended to reflect this advising that for all COVID-19 vaccines there is evidence of better immune response and/or protection where longer intervals between doses are used, and that JCVI recommends an interval of 8 to 12 weeks between doses of all the available COVID-19 vaccines.

### **Covid vaccine data**

Nearly [78 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and 33 million people have also received their second dose.

### **Home delivery of medicines and appliances during the COVID-19 outbreak**

The Medicines Delivery Service for self-isolating patients was commissioned from community pharmacies and dispensing doctors in March 2020 and commissioned until 30 June 2021. The DHSC has now announced the medicine delivery service will be extended until 30 September 2021

Read the [letter on home delivery of medicines and appliances during the COVID-19 outbreak](#), which explains that to help provide support to people who have been notified of the need to self-isolate by NHS Test and Trace, the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service will be extended from 1 July 2021 to 30 September 2021 for anyone living in England who has been notified by NHS Test and Trace to self-isolate.

### **Improving the NWRS (National Workforce Reporting Service) including webinar opportunity**

NHS Digital has [improved the way they collect primary care workforce data](#) and replaced the former NWRS tool, which was decommissioned on 1 July. The new NWRS aims to be easier to use and has been designed with direct feedback from users. The aim is to make the task as simple and efficient as possible to help minimise the burden placed upon practices and primary care networks. From July, users should access the new NWRS via the [Strategic Data Collection Service](#) (SDCS) - using the same login you use to complete other data collections, such as the General Practice Annual Electronic Self-Declaration, also known as eDEC. Please visit the [SDCS Data Submission site](#) to check that you have access to the new system. If you have never used SDCS, [you will need to register for an account](#). This process only takes a couple of minutes.

Understanding staff capacity in the health service is more important than ever before. It is this information that helps shape GPC's negotiating strategy and how investment, training and resource is directed across the primary care workforce — ensuring the right support goes to the right place at the right time. It is therefore critical that the information you submit to NHS Digital about your staff is accurate and complete. Provision of workforce data is also a contractual requirement for practices and PCNs as it is crucial for understanding changing capacity across the primary care workforce.

To find out more about the changes to the NWRS, Practice and PCN Managers can [join one of NHS Digital's webinars](#) which are running twice weekly.

### **Tees Valley Primary Care Training Hub Newsletter**

The latest [Tees Valley Primary Care Training Hub Newsletter](#) includes some exciting training opportunities. Please note the Reception/Call Handling dates are included along with the signup links. Please cascade to your teams.

### **LAUNCH - NENC Primary Care Training Hub Webpage**

The North East and North Cumbria Primary Care Training Hub have launched a dedicated page on the Made in HEENE website. This has been designed to be a one stop shop to share information and resources with stakeholders and wider primary care, [Primary Care Training Hub Website](#)

The webpage has been developed initially to include:

- Introduction to the Primary Care Training Hub
- Membership
- New Roles in Primary Care Resource
- GP/GPN Fellowship Toolkit and Application Process
- Upcoming Training Dates
- Reports
- Contact details

The webpage will continually be developed to include more information and resources as they are developed and implemented.

### **LAUNCH - New Roles in Primary Care Web Resource**

During 2020, the Primary Care Training Hub engaged with stakeholders and identified a need to develop local resources to promote and embed the new roles available to PCNs. Stakeholders requested that any such resources incorporate those roles listed in the NHS England/Improvement (NHSE/I) Additional Roles Reimbursement Scheme via the GP Contract and roles which have been developed by HEE.

The Primary Care Training Hub worked with various local and national stakeholders to develop an excel resource which provided further information about an agreed number of such 'new roles'. The first draft of this resource was circulated to PCNs in June 2020 and quarterly updates have been made available.

This resource has now been adapted into a user-friendly, web-based resource and will be updated on a quarterly basis. [New Roles in Primary Care Resource](#)

The resource incorporates 2 functions:

1. *New Roles Overview* including:

- activities undertaken
- skills and competencies
- training and development
- supervision requirements
- education providers
- funding
- job descriptions
- case studies
- additional resources

2. *Skill Mix Matrix* – an overview of tasks conducted in general practice mapped against the competencies, including costings. A user guide has also been developed to support the use of the matrix.

The Primary Care Training Hub would welcome any feedback to allow continuous improvement of this resource, particularly around:

- a. Do you find the resource helpful?
- b. What additional information would you welcome, to help you with your planning?
- c. Do you have any information you are willing to be shared in these resources, which could help others?

The Hub is receiving additional resources and feedback on an ongoing basis from other organisations, professional leads and bodies.

Feedback via [WorkforceTransformation.NE@hee.nhs.uk](mailto:WorkforceTransformation.NE@hee.nhs.uk)

### **One career, endless opportunities #Choose GP**

Final applications for 2021 GP specialty training, opens on the 27 July – 18 August 2021. Please 'like' and follow the #Choose GP [Facebook](#) and [Instagram page](#) to keep up to date with news and views. Please forward this information to any doctors who may be thinking about career options. The [GP National Recruitment Office](#) (GPNRO) website is the place to go for more guidance or there are a number of GPs and trainees who can help with local or general enquiries. Email Daryl [gprecruitment@hee.nhs.uk](mailto:gprecruitment@hee.nhs.uk) to be put in touch.

### **ICS framework document**

NHS England's [ICS Design Framework](#), sets out how ICSs are expected to develop in the coming years and to prepare for statutory status, in line with the Government's [Health and Care White Paper](#). The framework includes key detail around the roles and responsibilities ICSs are set to take on ahead of April 2022 – including managing NHS funding, commissioning, and co-ordinating services. The framework will shape how GP and primary care services are planned and organised, as well as the role clinicians take in delivering system transformation. So, it is essential that all doctors – and GPs in particular – are aware of and engaged in this process.

General practice will have a seat on the ICS board but must also be fully involved in local place-based integrated care partnership arrangements. The framework says that "Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level". LMCs will play a crucial role in this and it is vital that discussions are taking place now to ensure the voice of general practice is heard. The GPC [summary](#) provides a comprehensive overview of the key details of the framework to help support this.

CLMC has previously circulated a number of ICS briefings and held discussions upon this. If you would like a refresh, please contact [Janice.foster@nhs.net](mailto:Janice.foster@nhs.net). Additionally, the whole of primary care across Tees Valley (including dental, pharmacy and optometry colleagues alongside federations, PCNs and the LMC) have united to form a Tees Valley Primary Care Collaborative (working title!) to ensure that primary care is in the best possible place to share, develop and work together to provide 'whole primary care system' input into discussions.

### **NICE shared decision making guideline**

NICE has published a new [shared decision making guideline](#), which aims to help people using healthcare services feel more confident in discussing care and treatment options with their healthcare teams.

NICE has collaborated with NHSE/I to develop a [standards framework](#) to determine whether the quality of shared decision-making support tools, including patient decision aids, is sufficient. In addition to this, as part of a package of resources to accompany the shared decision making guideline, NICE has worked Keele University to develop a [learning package](#), aimed at healthcare professionals, to help with implementing these recommendations. You can find out more about the guideline, standards framework and learning package [here](#).

### **New Secretary of State for Health and Social Care**

Following the resignation of Matt Hancock MP, [Sajid Javid MP](#) has been appointed Secretary of State for Health. Dr Chaand Nagpaul, BMA chair of council, commented: "Sajid Javid has a huge and urgent task ahead. He must ensure completing the roll-out of the adult vaccination programme at rapid pace to control spiralling infection rates. He must also put forward a credible plan to tackle a backlog of care of unprecedented scale whilst at the same time rebuilding the trust of doctors and the wider healthcare workforce.

Frontline doctors and other staff have gone above and beyond time and time again over the course of the last 18 months, with many suffering from burnout and mental ill health as a result. The new Secretary of State must show he understands this challenge and must also be willing to listen to the voice of the frontline on the government's plans for sweeping changes in the running of the NHS in the upcoming Health and Care Bill."

Read the full BMA statement [here](#)

Dr Nagpaul has since had a discussion with the secretary of state, in which Sajid Javid specifically asked that his thanks be passed on to GPs and their teams for their work in the vaccination programme.

### **Praise for general practice**

Despite the continued concerns as outlined above, we were pleased to hear praise of GPs, and acknowledgement of the significant activity and related workload pressures in general practice, from senior executive directors of NHSEI attending the [NHSE/I board meeting](#), when they specifically praised the role of GPs and their teams over the last year. NHSE/I's Chief Operating Officer Amanda Pritchard said: "really big thank you to primary care - working well beyond pre-pandemic activity – (they are) really really working at an astonishing rate".

The National Director for Primary Care, Community Services and Strategy Ian Dodge also said: "In general practice it has never been busier, our colleagues in general practice have been working incredibly hard and not just with the vaccination programme." He added that PCN recruitment was ahead of schedule with 9100 FTEs additional staff employed so far and that "we need all the capacity we can get in general practice". He also highlighted that "despite the busyness of general practice, there has been a huge recognition of the critical importance of providing better healthcare to people with learning disabilities and despite all the other pressures the goal of 67% annual health checks was exceeded by achieving 73.5%. That is a testimony that general practice has also wanted to focus on these priority areas that do not always receive the same headline attention."

### **LMC Buying Group - Summer Update for LMCs**

The summer edition of our LMC e-update is now available [here](#). Please take a moment to read through as there are some key changes that you and your practices need to be aware of.

### **BMA COVID-19 guidance**

Read the [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#)

### **GPC UK and GPC England committee pages**

Read more about the work and priorities of [GPCUK](#) and [GPC England](#) in the newly updated committee pages, which also includes surveys undertaken, membership of the committee, meeting dates and a link to the [GP practices page](#). You can also follow on [twitter](#)

### **GPC GP Bulletin**

Read the GP bulletin [here](#).