

CLMC Bulletin 456 – 23/03/21

£120m additional funding for general practice

Following significant pressure, GPC England 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 [this letter](#) widely to help practices consider their options about their involvement in the vaccination programme phase 2.

COVID-19 vaccination programme

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](#) 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

GPC and NHSE 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, 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 was secured. If necessary, practices now have a few more days, until Tuesday, to decide whether to opt out of the second phase.

Practice 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 groupings can also amend Collaboration Agreements 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 the GPC updated [guidance page about the COVID-19 vaccination programme](#).

CLMC provide a helpful summary sheet to practices to aid consideration of the extension and we have also been involved in many 1 to 1 and PCN grouping discussions. We continue to be available to support as

needed as we appreciate the all or nothing approach NHSE has taken with this is quite divisive and is causing much unneeded additional stress and tension.

MHRA confirms that people should continue to receive the AstraZeneca vaccine

The [MHRA made a statement](#) 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

GPC 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/LESSs and other contract elements. GPC are pleased, as highlighted above, to have 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).

GPC 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.

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

Within Tees, the CCG is supporting practices with the protection of the GP LIS chapter 1 elements, encouraging practices to focus on the appropriate clinical need aspects, and have agreed to flexibility in extended hours usage to support the Covid vaccination programme as well as continuing to support in hours with the 'repurposing' of improved access. All arrangements are agreed for quarter 1 only but the CCG will review on a quarterly basis in order to continue to best support practices.

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

GPC have written [this 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.

GPC called on the Financial Secretary, whose ministerial portfolio includes VAT, to make costs for patient facing services exempt for practices and PCNs, and, 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.

General Medical Services (GMS) Ready Reckoner 2021/22

GPC 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

NHSE/I have published [this document](#) which sets out the approach to the funding changes that 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](#).

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 [here](#).

Medicine Delivery Service

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.

Webinar: BMA Law, New GP Partners – What To Consider

As always we do not recommend any particular professional organisations and cannot vouch for this webinar but given the increase of questions we have been receiving about partners and partnership agreements we wanted to bring this webinar to your attention. A sound partnership agreement is vital in general practice and we continue to stress the importance of have a current, signed agreement. This includes reviewing and updating the agreement each time a partner leaves or joins your practice.

In this 45-minute webinar on Tuesday 30 March (1 – 2pm) with BMA Law solicitors will take you through the key things for GPs to think about when joining a partnership, and what practices need to do when bringing on a new GP partner. They will discuss various topics including mutual assessment periods, profit sharing, and the New to Partnerships Payment Scheme. There will also be 15 minutes at the end to address any question you may have.

You may also find this BMA Law [guidance](#) useful for some information on when you should review your partnership agreement.

Training opportunity through Primary Care Training Hub: Video Group Consultations

The Primary Care Training Hub have sourced some Video Group Consultation training for your SPLW or Care Coordinator and a clinical member of staff per PCN. Information was circulated by Cat last week but please see the information again below. if you have not had the opportunity to respond or would like more details please contact Cat on 07436248950 or catrina.lowe@nhs.net as soon as possible.

Primary care teams have to find innovative new ways of delivering routine care in general practice that simultaneously save time and improve quality.

As you may or may not know, Video Group consultations have the potential to play a major role in transforming primary care. Well-run group consultations can improve outcomes for patients, help resolve the time pressures facing busy, backlogged clinicians and bring back some joy to the practice of primary care medicine. For all these reasons, expect to see group consultations playing an increasingly important role in the delivery of high quality, efficient and cost-effective mainstream primary care in the future.

Given the recent release of the amended QOF guidance this will be extremely beneficial in hitting those larger target groups.

I would really appreciate it if you could forward me a name of your nominated Clinician and Social Prescribing Link Worker as soon as possible for us to start the ball rolling.

Once we have received those names, the trainers will be tailoring the training package based on the requirements of the clinicians or SPLW's.

Webinars: Circulated by the Primary Care Training Hub and provided by Nuffield Health

Weds 24 March: 6.30pm – Transgender Awareness (guest speaker Ellie Lowther)

Guidance & Advice will be given on the administrative challenges within a GP surgery setting for patients identifying as trans, support groups for patients at all stages of their LGBTQ journey and variances between gender dysphoria and sexuality.

Weds 14 April: 6.30pm – Emergency Contraception Update (guest speaker Dr Anagha Nadgir)

Includes the management of heavy menstrual bleeding & abnormalities in Primary Care

Tues 20 April: 6.30pm – Protecting your Practice from Cyber Attacks (Cleveland Police Cyber Protection Unit)

Cyber crime is up 46%. The Cyber Protection Unit at Cleveland Police have designed a session suitable for GPs, Practice Managers & Pharmacies, covering the basics of a cyber attack, how hackers get in to systems and the importance of knowing how to protect the organisations for whom we work

Please send all RSVPs to tees.events@nuffieldhealth.com

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

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

Mental health and wellbeing – looking after you and your practice team

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary, and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to [offer wellbeing services via Validium](#) for **ALL working in general practice** within Tees (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA continues to offer [wellbeing services and confidential 24/7 counselling and peer support](#) for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of the Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of NHSE provided [support available](#) to you and your team including a **wellbeing support helpline, a 24/7 text alternative, peer to peer, team and personal resilience support, free mindfulness apps and the #LookingAfterYouToo coaching offer.**

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.

BMA COVID-19 guidance

The BMA [COVID-19 toolkit for GPs and practices](#) includes updates in the COVID-19 vaccination programme section and protecting clinically extremely vulnerable (CEV) patients section. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

GPC GP Bulletin

Read the latest GP bulletin [here](#)

GPC Sessional GP Bulletin

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