

CLMC Bulletin 444 – 15/12/20

COVID-19 vaccination programme (CVP) national guidance

(CLMC provided specific legal advice on the generic Collaboration Agreement document via email on Friday to all GPs and PMs). As always this area of work is fast moving so the information is as out of date as quickly as it is written. Please ensure you keep up to date via the NHSE, PHE and GPC websites.

The following information was correct as of 4.30pm Friday 11 December!

COVID-19 vaccination programme (CVP) implementation

After such a terrible year, it is really good news to see the COVID-19 vaccination programme up and running. This is a massive achievement and GPC wish to thank all those involved in getting to this stage, not least the many hundreds of practices working through over 200 designated wave 1 practice group sites that start vaccinating their patients next week. They will be rapidly followed by wave 2 and 3 in the coming days enabling thousands of our most vulnerable patients to begin to be protected from this dreadful infection.

NHSE/I has [written to the initial sites](#) to set out the requirements, and have said they will be given full support to mobilise within the timescale. They have also outlined all the equipment that will be provided free to designated sites, in addition to the £20m provided to cover other additional costs. This followed the publication of an updated version of the [Enhanced Service Specification](#) for the delivery of the CVP, to include modifications following discussion with MHRA and to ensure patients from non-participating practices can be provided vaccinations. There will be further updates to reflect the new requirement by MHRA for a 15 minute observation period following giving the vaccine. GPC would expect CCGs to work with and support practice groups should there be a need to review the premises arrangements to accommodate this new requirement.

NHSE/I has published a [collaborative agreement](#) for the use by practice groups, which the GPC legal team has reviewed further. GPC are liaising with NHSE/I to make amendments to the data sharing and indemnity sections of this agreement so that they provide more security for practices, and it will therefore be re-published very shortly. It remains a template that practices could adapt further if they wanted to, but GPC hope that following the legal review this will not be necessary. *(Please see specific email from CLMC dated 11 December 2020 around the CLMC legal review of this document and subsequent guidance).*

In addition, NHSE have also produced a document outlining the [legal mechanism for the administration of COVID-19 vaccines](#) as it was necessary for the hospital sites to use a Patient Specific Direction rather than a Patient Group Direction to support the initial vaccination process. However, NHSE/PHE have now issued a [PGD](#) which practice groups can use, and, therefore, will not need to use the PSD. There are also accompanying [letters](#) that respond to many of the issues that have been raised, giving details of the [wave 1 mobilisation](#) of vaccinations. A [SOP for the management of COVID-19 vaccination clinical incidents](#) has also been published. Access all details [here](#).

In order for vaccinations to be delivered promptly and as matter of priority, practices will need to re-prioritise other work and NHSE/I have now been clear that they can offer an urgent-only service whilst vaccinating practice teams are involved in the programme. *CLMC are clarifying as to what this will mean for practices in terms of delivery.*

The CVP is a voluntary scheme. Whilst it's very positive that so many practices have stepped up to take part in such a short period of time, when so much of the programme was in development and subject to change, no practice should be pressured in to doing this, nor should any commissioner be placing unreasonable pressure on them to do so. In addition, should practices feel that the new requirement for 15 minute post-vaccination observation makes their model of working no longer possible, they should firstly discuss this with their CCG to see what alternative arrangements could be made, but ultimately they could withdraw from the programme if they wished, providing vaccine has not already been dispatched to their site. NHSE/I will only send vaccine to sites that are ready and able to use it.

Public Health England has published a range of [resources \(leaflets and posters\) about the CVP](#)

Read the full GPC [message about the vaccination programme](#) sent last weekend.

Read the GPC [guidance](#) about the COVID-19 vaccination programme, and the newly published [guidance on how practices can utilise extra workforce](#) to deliver the programme.

COVID-19 vaccination programme precautionary advice

As noted above, the MHRA has produced urgent precautionary advice for healthcare professionals following two case reports of anaphylactoid reactions associated with administration of Pfizer BioNtech COVID-19 vaccine:

- Any person with a history of a significant allergic reaction to a vaccine, medicine or food (such as previous history of anaphylactoid reaction or those who have been advised to carry an adrenaline autoinjector) should not receive the Pfizer BioNtech vaccine.
- Vaccine recipients should be monitored for 15 minutes after vaccination, with a longer observation period when indicated after clinical assessment.

The new requirement to monitor patients for 15 minutes will have an impact on primary care plans for the clinics and if this raises issues relating to premises capacity and patient flow practice groups should discuss this with their CCG and seek their support to resolve this.

Read the [statement by Chaand Nagpaul, Chair of BMA Council](#), about the roll out of the programme.

University of Oxford / AstraZeneca Covid-19 vaccine trial data

The [data from Phase III of the University of Oxford / AstraZeneca Covid-19 vaccine trial](#) has been published which provides further good news in that it suggests that this vaccine could prevent asymptomatic disease, and we look forward to the trial to be completed. The data is promising, particularly as we know that this vaccine can be stored at fridge temperature and can be more easily be delivered in primary care. Read the Wellcome Trust statement [here](#).

Ethnicity data

The GMS regulation (England) amendments for recording of ethnicity information have been laid and will come into force from *1 January 2021*. This follows the significant impact COVID-19 has had on BAME people and the need to have better quality data to support the most effective healthcare planning.

This amendment places a requirement on practices to record ethnicity data provided by a patient when a practice ask for this. Read the Statutory Instrument and the Explanatory Memorandum [here](#).

2019/20 annual allowance charge compensation scheme

Following significant pressure by the BMA, NHS England and NHS Wales introduced the annual allowance repayment scheme last year, which guarantees that any annual allowance tax charge in 2019/20 for eligible clinicians will be compensated for at the time of retirement.

If an eligible clinician who is a member of the NHS England and Wales pension scheme incurs an annual allowance tax charge, they must elect to pay this via scheme pays. The formal scheme pays deadline is 31 July 2021, however, members are encouraged to complete the forms as soon as possible, preferably by 31 December 2020 (to minimise any interest applicable).

As the deadline is fast approaching, and to help members, the BMA has produced a [template letter](#), to be submitted alongside the [scheme pays election form](#). You will then need to complete the [2019/20 Annual Allowance Charge Compensation Policy Form](#). Find more information on how to apply, as well as resources for employers, FAQs and infographics, on the [NHSE/I website](#).

Read more in this [update from the BMA's Pensions Committee](#) and the [guidance on annual allowance repayment scheme on the BMA website](#).

CLMC has received the following message from NHS Pensions
NHS England and NHS Improvement: 2019/20 Pensions Annual Allowance Charge Compensation Policy

In November 2019, NHS England and NHS Improvement (NHSEI) announced that clinical staff who go over their annual allowance for the 2019/20 tax year and who use Scheme Pays to pay the tax charge can be compensated in retirement for any reduction to their NHS Pension Scheme benefits.

The announcement gave assurance to clinicians that they could undertake any combination of clinical roles for the NHS during the 2019/20 tax year, including additional work relating to the coronavirus response, without suffering any financial loss at retirement as a result of any annual allowance charges for 2019/20, including where members have a tapered annual allowance.

Clinicians in England who receive a pensions saving statement for the 2019 /20 tax year or think they may have an annual allowance charge in respect of their NHS Pension Scheme benefits, can find more information about the 2019/20 Pension Annual Allowance Charge Compensation Policy and how to apply on the [NHSEI website](#).

We have today also published resources for employers, FAQs and infographics explaining the 2019/20 Pension Annual Allowance Charge Compensation Policy application process on the [NHSEI website](#).

Christmas parties and gifts – accountancy advice

Accountancy advice from James Gransby, Partner at RSM Accountants, Vice Chair AIMSA

With the traditional style Christmas party unlikely to be going ahead this year, what can practices do as an alternative? [RSM accountants](#) advises the following for practices:

Tax efficient options can be gifts or a remote get-together; normally there would be a £150 allowance per employee per year which would cover the cost of a Christmas party, but this isn't transferable into other options such as gift vouchers where the limit is £50 per person.

Gift vouchers - When giving vouchers up to £50 you are keeping within the HMRC 'Trivial Benefits' exemption limits. One of the conditions of this is that the gift must not be a reward for work or performance, therefore if the gift card comes with a message of "thank you for all your work over this challenging time" then HMRC could look to tax it, but a simple "season's greetings" will avoid this issue (the same advice applies for other times of celebration such as Diwali, or in Easter). Read more in the HMRC tax guidance on [trivial benefits](#)

Reward for service - If you want to give over and above a £50 voucher or if you do want to reward for service or performance then this should go through the payroll in the normal way as overtime or a bonus would do, and then be subject to PAYE in the hands of the staff member.

Remote parties - If you are planning a remote Christmas party then there is some good news, as HMRC has confirmed that the £150 per head exemption still applies. (There had been some concern that a virtual event would not meet the definition of an annual event and that food and drink sent to employees to consume during the party might be considered a separate gift which would therefore not be covered by the exemption). Note that this would be subject to the usual conditions:

- the event is available to all employees (there may be separate parties for different departments or branch surgeries)
- a record is taken of attendees, to ensure that those receiving food presents are at the party
- if costs exceed £150 per head the full cost of the party, not the excess cost, is taxable on the employee.

For further advice please contact your practice accountant.

Medical Aid Films community language COVID-19 resources

Medical Aid Films, supported by BMA Giving, have produced community language versions of their [informative COVID-19 animation](#) 'Getting the help you need', which offers important patient information on medical rights, where and how to access services, as well as self-care strategies. The animations are available in English, Punjabi, Urdu and Arabic.

This resource is intended to aid doctors and health care professionals to better support their patient communities who may be lacking access to COVID-19 information and messaging in their own language. Additional languages versions will be available from next month.

In addition, the charity is inviting healthcare workers fluent in Punjabi, Urdu and Arabic to take part in an online screening and Q&A session that will review the animation and highlight information needs and preferences around COVID-19 for non-English speaking communities. If you are interested in this opportunity, Medical Aid Films are able to cover small project expenses. Contact meghan@medicalaidfilms.org for more information or fill out the [online feedback survey](#).

EU Exit update – medicines supply continuity letter

The NHSE/I has published a [letter](#) from Dr Keith Ridge, Chief Pharmaceutical Officer for England, with an update on EU Exit on 31 December 2020, specifically on medicines supply continuity. The letter sets out that:

The DHSC guidance is that it is not necessary for local providers, whether in hospitals or primary care, to stockpile medicines or for clinicians to write longer prescriptions for patients. Unnecessary stockpiling puts more pressure on the supply chain and can risk additional pressure on the availability of medicines in other parts of the country. Prescribers and pharmacists should explain to patients that they should continue to order their prescriptions as normal.

Workforce data reminder

A reminder that NHS Digital will extract the latest general practice workforce data from the [National Workforce Reporting System \(NWRS\)](#) on Thursday 31 December. Practices and PCNs should review their records and make any updates, including recording GP locums (practices) or commissioned services (PCNs), before then. This is a contractual requirement and a prerequisite for access to the Covid Capacity Expansion Fund, and important for planning for workforce supply, data which the BMA also uses in lobbying. Information on how to register and the latest [workforce statistics](#) are available on the [NHS Digital website](#).

Investment and Impact Fund 2020/21 – reminder to sign up to PCN CQRS service

The Investment and Impact Fund represents a significant source of income for PCNs and to calculate this, NHSE/I measures PCN performance against indicators defined in the [2020/21 Network Contract DES](#), by using data extracted from practice systems via the [Calculating Quality Reporting Service](#).

In order for practices to record their performance against these indicators, commissioners must have offered them the PCN service on CQRS. If they do not, PCNs containing these practices risk not receiving IIF funding this year, *so if your practice is not signed up to this service, please contact your CCG as soon as possible to ensure that it is offered.*

More information can be found on [NHS Digital's website](#) and for any questions about the service, please contact england.gpcontracts@nhs.net.

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

Leadership Support Circles (National Autumn Offer 2020-2021)

Leadership Support Circles are part of the National Health and Wellbeing response to Covid19 to support the wellbeing of #OurNHSpeople. They provide evidence-based guidance and tools in a series of short, themed and interactive online sessions based on 10 principles for leading compassionately. Leadership Support Circles are a reflective space for managers at all levels to come together in a multi-disciplinary setting to share their experiences and be heard. Further information and how to register click the link [here](#)

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. It will remain in place until at least 1 April 2021.

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](#).

GPC GP Bulletin

See this week's GP bulletin [here](#)