

## **CLMC Bulletin 446 – 12/01/21**

### **National lockdown, workload prioritisation and vaccination of healthcare professionals**

The [BMA believes the right decision was made to introduce](#) the third national lockdown in England, [announced by the Prime Minister](#), which comes at a time of immense workload for doctors. Practices must continue to be supported, in particular with shielding having been reintroduced, and all healthcare professionals must receive the COVID-19 vaccine as soon as possible to be protected so that they can continue to provide a service to patients.

As the workload pressures caused by the pandemic grow, and as practices engage in the COVID vaccination programme practices will need to prioritise their work. GPC have now agreed with NHSE/I further measures that help with this, and which are outlined in this [letter](#), and which Richard Vautrey referred to in an interview this morning on the [BBC Radio 4 Today Programme](#) (starting 1 hour 21 mins in). This includes income protection for QOF QI and prescribing indicators, meaning the vast majority of QOF is now income protected, income protection for minor surgery for this quarter, a direction to CCGs to suspend LISs and to take a supportive pragmatic approach to contract management, and crucially, providing additional funding to support the work of PCN clinical directors and those who have worked so hard in the initial delivery of the COVID-19 vaccination programme, with an increase in payments from 0.25 WTE to 1 WTE for those PCNs where at least one practice is taking part in the vaccination programme. This follows the additional £150m secured in November to support practice workforce expansion.

In a direct and immediate response to this, Tees Valley CCG wrote to all practices (8 January) to advise on plans/prioritisation/workload position in relation to the LISs in place in a bid to support practices at this difficult time. One of the key, national, elements of workload prioritisation is the removal of the pressure on PCNs to take on the improved access as of 2021. This is a welcome decision as mid pandemic is not the time to make wholesale changes to commissioning pathways and service provision. CLMC will work with the CCG and the current improved access providers to support delivery for the next contractual year.

In addition, the [BMA and RCGP published guidance on workload prioritisation for primary care](#), published earlier in the pandemic, continues to be a useful resource and sets out what practices should consider doing now that we are in a national lockdown. This guidance followed the joint guidance with the RCGP published at the start of the pandemic, on workload prioritisation for clinicians in general practice during COVID-19.

The [JCVI](#) and [NHSE/I](#) have advised in their recent communications, that vaccinating all healthcare professionals is a priority and whilst hospital hubs have been tasked with doing this practice sites can also do this when asked alongside those in their 80s (or those 75 and above once that older cohort has been covered). NHSE/I also published an update which provides [additional operational guidance on the immediate requirement to vaccinate frontline health and social care workers](#). Practices should ensure locum GPs they are in regular contact with are invited for vaccination either via hospital hubs or by the practice itself. Additionally, any healthcare staff who self-identify with their own registered GP practice should be vaccinated as per the JCVI guidance above.

CLMC will work with other contractor bodies, such as the LPC, LDC and LOC, as well as the CCG, to ensure all community based healthcare workers are given the opportunity to be vaccinated as soon as possible. It is essential that this is now operationalised and for the vaccine to be readily available to all healthcare staff in primary care.

### **COVID-19 vaccinations programme**

Richard Vautrey, GPC Chair, met with the CMO in England, Prof Chris Whitty, Sir Simon Stevens and Prof Steve Powis, NHSEI medical director, to discuss the crucial role general practice is already playing in the COVID vaccination programme. It was good to see, following the [MHRA authorisation of the AstraZeneca \(Oxford\) COVID-19 vaccine](#) for use in the UK, the vaccine rolled out to practice sites this week, following the initial use in hospital hubs. GPC are also pleased to see [NHSE/I confirm](#) that this vaccine can, with appropriate cold-chain requirements, be transported from designated sites to other practices. We believe this will both improve access to vaccinations for our patients and significantly speed up the delivery of the programme, particularly as more vaccine becomes available. It is imperative though that once vaccine is available it is given to patients as quickly as possible.

NHSE/I stated in a letter on the 30 December on the [next steps for COVID-19 vaccination](#) that the second dose of the Pfizer BioNTech vaccine should be given 12 weeks after the first dose. This followed a [letter to the profession](#) by the four CMOs in the UK. The [JCVI has also published a statement](#) about prioritising the first dose. Subsequently, [this letter](#) has been published to make it clear that the 12 week interval for Pfizer is now an instruction to practices rather than a request for consideration. CLMC circulated a letter provided by your Regional LMC to support practices; a copy has been provided on the email with this bulletin.

This decision has had a significant impact for many practice sites, with staff working hard to re-book the appointments of thousands of elderly patients and at-risk healthcare workers. This was in addition to the need to reschedule many vaccination sessions due to changes in vaccination delivery for some sites. In a [statement](#), and in conversations with NHSE/I, GPC made it clear how difficult this would be at such short notice not least over the New Year Bank Holiday weekend. NHSE/I have subsequently put in place a national call centre that can be used to support practices with rebooking appointments and provided £1000 for sites in recognition of this additional workload. Read the GPC recent message about the COVID-19 vaccination developments [here](#).

The COVID-19 local vaccination services deployment in community settings [Standard Operating Procedure](#) has been updated to reflect the addition of the AstraZeneca vaccine and the change to the second dose.

NHSE/I has also amended the [Enhanced Service specification](#) to permit the vaccination of unregistered frontline health and social care workers as well as those who are registered with a practice outside of the PCN grouping and to reflect the JCVI guidance on administration of the second dose, with the item of service payment now to be paid per dose.

The [Patient Group Direction](#) for the Pfizer vaccine has been amended to permit the drawing of 5 or 6 doses from the vial, and the administration of a potential sixth dose is now covered within the PGD. All the NHSE/I guidance about the COVID-19 Vaccination programme can be accessed [here](#).

NHSE/I has started publishing [weekly data report showing the number of COVID-19 vaccinations](#) provided by the NHS in England. The latest figures (7 January) show that a total of 1,112,866 people have received an NHS vaccination since 7 December when vaccinations began.

The [PGD for the AstraZeneca \(Oxford\)](#) vaccine and guidance about the [movement of the AZ/Oxford vaccine](#) have now been published. The [Green Book chapter about COVID-19](#) has also been updated to include advice about the AstraZeneca (Oxford) vaccine. Unlike with the Pfizer/BioNTech vaccine, there is no requirement for 15 minutes observation after administering the AZ/Oxford vaccine unless this is indicated after clinical assessment.

The [BMA's guidance on the COVID-19 vaccination programme](#) has been updated to include information about the changes to the dosing schedule, transitional arrangement for second dose appointments, approval of the Oxford AstraZeneca vaccine and the ability for practices to transport and administer it from sites other than the designated site, access to vaccines for all frontline health and social care workers, and further support to enable practices to prioritise vaccine delivery.

### **Home delivery of medicines and appliances**

Following the announcement of the national lockdown, NHSE/I will be commissioning the Home Delivery Service of medicines and appliances again for those identified as clinically extremely vulnerable (CEV) on the shielded patient list until 21 February. If friends and family are not able to collect medicines for CEV people, and it is not possible to arrange a volunteer, then CEV patients will be eligible for free medicines delivery.

Read more in the [letter announcing the service](#) published this week.

### **Vote on future negotiations on the PCN DES**

Following a resolution of LMC England conference in November, GPC have [emailed the profession](#) to vote as to whether GPC England should continue negotiations on the PCN DES. The ballot has been designed with the agreement and in careful collaboration with GPC England and the LMC England conference chair and agenda committee, as well as in consultation with the BMA's internal experts on survey design.

We know that this is currently an extremely busy period for all in general practice, however, we would encourage as many GPs as possible to participate as this will have a direct influence upon negotiations and funding available for the 2020/21 contract and beyond. **The vote will run until 23:59 on Tuesday 19<sup>th</sup> January and is open to all GPs in England**, regardless of contractual status (partner/sessional/trainee) or BMA membership status. Read more about the vote [here](#)

To help inform your decision GPC published this short [briefing](#) on the vote and the [PCN DES](#).

### **PCN Clinical Director Survey Results**

Following their second annual survey of PCN clinical directors, GPC have now [published the results](#) .

A significant number of clinical directors responding were confident that by 2023/24 PCNs will have contributed to providing better support for patients in care homes (66%), increasing the wider GP workforce (59%), improving the quality of prescribing (57%), delivering new services (49%), and better collaborative working between general practice and community care (49%). 44% of clinical directors think that provision of adequate funding is the most important condition for the success of PCNs with the second most highly ranked option being the availability of the GP workforce (20%), followed by the need for adequate premises (17%).

The results of the survey also revealed that, not surprisingly, both PCN clinical directors and member practices are still facing a high level of workload which they are managing with increased difficulty, and which is also having an impact on workforce morale across their network. 59% of clinical directors class their workload as manageable with difficulty while 27% have indicated that their workload was not at all manageable. The announcement of additional funding for clinical directors involved in the COVID-19 vaccination programme is, therefore, a welcome step in recognising this.

### **Lloyd George envelope digitisation project**

All practices have received an update from PCSE to remind on the change to the production and distribution of new patient paper Lloyd George envelopes which is happening in January.

The Lloyd George envelope digitisation project aims to digitise the historic paper patient records held by practices. As part of this project the way you manage medical records for new patient registrations is changing. The production and distribution of new patient paper Lloyd George envelopes will be stopping in January.

The aim of the digitisation project is to reduce the burden associated with the movement of paper records and free up space in practices that is currently used for storage of these records. At some practices this may provide additional office or clinical room capacity, improving patient experience.

Not only will these changes help us to become one step closer to a digital NHS, it also has environmental benefits too. Both NHSEI and PCSE are committed to being responsible organisations and are working together to reduce the carbon footprint for the services they deliver. This change will result in over 16 less tons of paper being produced and distributed across the country, which is the same weight as ten cars and equates to the felling of 200 trees!

What does this change mean for practices?

From January practices will no longer receive a new paper Lloyd George envelope for a first time registration such as a baby or new entrants to the NHS.

You can find more information on this, including frequently asked questions [here](#).

If you have any further questions you can contact [pcse.gpengagement@nhs.net](mailto:pcse.gpengagement@nhs.net).

### **BMA Law partnership webinar**

Whilst CLMC does not recommend any particular legal advisor and always recommends members source their own legal advice, we have been made aware of a webinar hosted by BMA Law in December which covered every aspect of partnership agreements and why they are vital to protecting your partnership. From the perils of partnership at will to last man standing and green socks clauses, this webinar outlines why you need a partnership agreement, how often you should update it, and the common pitfalls to avoid when drafting one. Access a recording of the webinar [here](#)

### **GPDF response to ICS Consultation**

Please see this [response](#) to the [Integrated Care Systems Consultation](#) together with the initial letter sent to NHSE/I and the reply received on 31 December. The BMA response will be available shortly. CLMC and your regional LMC have responded to this ICS engagement exercise and will be discussing this at the next board meeting.

### **Domestic abuse letters**

The BMA believes that there is no need for medical involvement in the process for gaining access to legal aid for domestic abuse victims. They feel that such requests can compromise the relationship between doctor and patient, and that legal aid agencies should take the word of victims without needing to consult a GP – who themselves may not be best placed to confirm whether domestic abuse has occurred. This is a position CLMC have made clear (locally) in the past and GPC continue to make clear through their input into the Government's ongoing [review into bureaucracy in General Practice](#).

While these letters are not funded by the NHS contract and practices are able to charge patients a fee for their completion, the BMA recommends that they do not. Ultimately, however, this is at the practice's discretion.

### **The GP International Induction and Return to Practice Programmes**

The GP Induction & Refresher Scheme has been rebranded as two separate programmes. All the features of the previous scheme have been retained but are now divided into distinct programmes:

- The GP International Induction Programme (IIP) offers a route into general practice for doctors who qualified overseas and who have no previous NHS general practice experience.
- The Return to Practice Programme (RtP) offers a route back to general practice for doctors who have previously been on the GMC register and NHS England's medical performers list.

For more information and to apply, please visit the [Health Education England website](#).

### **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](mailto: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](mailto: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**

Read the latest GP bulletin [here](#)