

CLMC Bulletin 452 – 1702/21

COVID-19 vaccination programme

Last weekend we passed the first milestone for the COVID vaccination programme with over [15 million of the most vulnerable patients in the UK](#) getting their first dose of vaccine, which is a remarkable achievement. The latest [data report](#) also show that as of 18 February a total of 16.4 million doses have been given in England.

This has been achieved due to the considerable efforts of everyone involved in the general practice vaccination programme, for which I would like to give my heartfelt thanks. As such, Richard Vautrey, GPC Chair, has [written](#) to thank everybody who has been involved in the vaccination programme and who have worked so hard to achieve this so quickly. However, as we all know this is just the start and GPs, our teams and many others will continue to do all they can to protect people as quickly as we can.

Read the [BMA statement](#) about the vaccine milestone, by the BMA's Chair of Council, and an [opinion piece](#) by the Deputy Chair of BMA Council, David Wrigley, comparing the vaccination roll out with the test and trace system, and commending those who have been involved in the vaccination programme.

The Prime Minister has thanked those involved in reaching the significant milestone – watch the video [here](#). Sir Simon Stevens, the chief executive of NHSE/I, has also [praised the extraordinary efforts of GPs, nurses, pharmacists and volunteers](#) as the COVID vaccination campaign enters a new phase.

Vaccinating cohorts 5 and 6

Practice sites are now already vaccinating an expanded group of clinically extremely vulnerable (CEV) people (cohort 6) and many will also be vaccinating those in those in cohort 5 (people aged 65 and over) who have chosen to receive their vaccination locally.

The NHSE/I letter [Vaccination of JCVI cohorts 5-6 and additional funding for vaccination in residential settings](#) outlines the next stage of the vaccination programme. It also contains information about an additional payment of £10 on top of the Item of Service fee for vaccinations given to all those in residential settings, such as care homes for people with learning disabilities or mental health problems, or hostel/hotel accommodation for the homeless, where it would not be possible for these patients to attend vaccination sites.

Vaccination sites are initially being asked to focus on the expanded group of cohort 6, which now includes those who will have been identified as at higher risk from COVID-19 using a new population risk assessment tool ([Q-COVID](#)) and if they are not already on the Shielding List they will be automatically added, so there is no need for practices to do anything. You can read the [NHSE/I letter to GPs](#) about this cohort and how they should be prioritised for vaccination and how they will be added to the Shielded Patient List. GPC have raised concerns with the Department of Health and Social Care about the impact this letter has had on some patients who have subsequently contacted their practice seeking more information. NHSD has also published specific guidance on gestational diabetes [COVID-19 Population Risk Assessment - NHS Digital](#) under the metabolic, renal and liver conditions tab.

[JCVI priority Cohort 6](#) includes 'all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality'. This also includes those who are in receipt of a carer's allowance, or those who are the main carer of an elderly or disabled person whose welfare may be at risk if the carer falls ill. Cohort 6 is further defined in the newly updated [Green Book Chapter 14a](#) as "Adults aged 16 to 65 years in an at-risk group".

Those in cohort 5 (those aged 65-69) will receive an invitation from the national booking service (NBS) to attend a local vaccination centre or community pharmacy setting. PCN sites may though still vaccinate patients in this cohort and be paid for doing so should a patient request an appointment.

Read the [BMA statement](#) on the inclusion of 1.7 million patients on the shielding list following the development on the new risk assessment model (Q-COVID)

National pool of Steward Volunteers

A national pool of Steward Volunteers is available to support non-clinical tasks at vaccination sites, including PCN and community pharmacy sites. These are ready-to-use, unpaid volunteers who are managed, trained and paid expenses by the NHS volunteer responders programme. Steward Volunteers can undertake any tasks which support the smooth running of vaccination sites and would not normally be filled by paid staff. These include managing queues, greeting and directing people, monitoring numbers and overseeing social distancing measures. Primary care sites can access these volunteers by request via their lead employer and volunteers will be provided free of charge to local sites. The maximum shift length is six hours. Read more [here](#).

COVID vaccination for healthcare workers

To support healthcare workers and community based social care workers in priority group 2 to receive their COVID vaccination, you now have the option to book your vaccination appointments in a vaccination centre or community pharmacy through the [NHS COVID-19 vaccination booking service](#).

You should try booking online first but if this is not possible, you can phone 119 free of charge, 7am to 11pm, seven days a week. As part of the booking process, eligible staff need to self-declare that they are a health or social care worker. You will be able to book this way for a limited period, until 28 February. At your appointment, you will be asked to verbally declare that you are a health or social care worker, the type of role/work you do and the name of your employer/ locum agency. You should also bring ID/proof of employment such as a staff ID badge, a recent payslip or recent letter/email from your employer (dated within the last three months) or a letter of confirmation of locum status from your locum agency.

If you are a self-employed locum, some evidence of being paid for the provision of frontline, patient-facing services, along with photo ID, should be provided.

Read the GPC [guidance on the COVID-19 vaccination programme](#) which includes information about what is expected of practices and the support available to enable practices to prioritise vaccine delivery.

Retired doctors – return to practice to support the pandemic effort

Given the intensity of current workload pressures and the mounting backlog of care exacerbated by COVID-19 in the NHS, the BMA has recently updated its online guidance for doctors considering or wishing to [return to clinical practice](#) in the short, medium or long term, and for those wishing to specifically [support the vaccination programme](#). This follows consultation with NHSE/I and NHS Professionals.

The NHS is still seeking registered healthcare workers and clinical supervisors for the programme. Doctors can either return to work through the national routes, e.g. NHS Professionals vaccination programme recruitment drive or the GP refresher scheme, or they can approach local employers, e.g. GP practices, primary care networks or their local Integrated Care System lead (usually a hospital / trust).

Updated GMC guidance on prescribing

As many are doing more and more remote consultations, it is important to highlight that the GMC has published [updated guidance on prescribing](#), to support doctors who are increasingly seeing patients via remote and virtual consultations.

Key updates include:

- New advice for doctors not to prescribe controlled drugs unless they have access to patient records, except in emergencies.
- Stronger advice on information sharing, making it clear that if a patient refuses consent to share information with other relevant health professionals it may be unsafe to prescribe.
- Alignment with the GMC's updated Decision making and consent guidance, highlighting the importance of good two-way dialogue between patients and doctors in all settings.

BMA briefing on White Paper on NHS reform and Integrated Care Systems

The BMA has produced a new [member briefing](#) on the UK Government's White Paper on NHS reform - [Integration and Innovation: working together to improve health and social care for all](#) – which sets out a range of proposals that would see dramatic changes for the NHS in England.

The [briefing](#) provides a summary of those changes, the BMA's initial analysis of them, and outlines how the BMA is working to influence the proposed legislation on behalf of members.

The BMA also issued a press response to the publication of the White Paper, [highlighting the unfortunate timing of the proposals and saying clinicians must be front and centre in plans for NHS reform](#).

Protection for Healthcare workers

The BMA has [co-signed a coalition letter to the Prime Minister](#), which escalates concerns about protection for healthcare workers – asking for a more precautionary approach. This follows [the BMA letter in January to PHE](#) and [associated comms](#), as well as work have done with others to-date, including the RCN, the [AGP Alliance](#), and the [Shadow Health Secretary](#). The BMA also [sent recommendations directly to Trusts in England](#).

NHSPS- service charges dispute

The BMA supported five GP practices to bring a legal challenge against NHSPS try to clarify the legal basis for NHSPS's dramatic increases in how service charges are calculated. The BMA now continues to support the same practices to defend legal proceedings brought against them by NHSPS in response to their claims. It is extremely concerning that NHSPS- a company owned by the Department of Health and Social Care- are pursuing this course at a time when frontline doctors are facing a national health crisis.

Through the legal action, NHSPS have admitted that they cannot rely on the Charging Policy in isolation as a legal basis to increase charges- as GPC have said all along. As set out in this [letter](#) to practices, the BMA now recommends that GP practices facing similar demands for increased service charges that have not been explained to these five practices should insist that NHSPS provide a full explanation of the legal and factual basis on which their charges have been increased. To assist practices, GPC have prepared this template [letter](#) for you to amend as appropriate and send to NHSPS

GPDF: Advice note on Criminal Finances Act 2017 and Corporate Criminal Offences

This Advice [Note](#), prepared by Mazars at GPDF request, concerning Corporate Criminal Offences (CCOs) and the associated Criminal Finances Act 2017.

Mazars spoke to Sam Dean, the CCO lead at HMRC but did not share the note with him. He was unable to provide any sector specific information due to HMRC's confidentiality policy but reiterated that companies and partnerships ought to bear in mind that CCO enquires could (and would likely) initiate from HMRC investigating other matters within a business and/or the affairs of other entities. Consequently, HMRC does not need to have a focus on the medical profession for it to identify CCO issues. For example, HMRC undertaking a PAYE enquiry of a company or partnership could identify irregularities which result in a CCO offence being investigated; also whilst undertaking a VAT review of a third party, HMRC could identify that the businesses with which it is working have allowed the facilitation of tax evasion.

He emphasised that organisations in the medical sector should keep in mind that the CCO legislation applies to an entire supply chain, and in particular, care should be taken to assess how each associated person could facilitate tax evasion, even if the organisation within the medical profession itself does not.

This piece of legislation is likely to create anxiety for several reasons not least because, where tax evasion is being investigated, HMRC's powers in relation to fraud allow them to assess the position going back 20 years. As the position has not yet been tested in Court, the current directors of a company or members of a partnership or an LMC may not be exempt simply because they were not in post at the time of an offence.

Lung cancer campaign launch

Public Health England has launched the next phase of the '[Help Us, Help You](#)' campaign, urging people to come forward and seek advice if they are worried about possible symptoms. This new stage of the campaign focuses on lung cancer, with the aim of raising awareness about its key symptom – a cough that lasts for three weeks or more. It is hoped that this will encourage those most likely to get lung cancer and who have this symptom, but do not have COVID-19, to contact their GP practice, reminding the public that cancer remains a priority and that the NHS is here to see them safely.

"A cough for three weeks or more that isn't COVID-19 could be a sign of cancer. Contact your GP practice. However, if you've got a new, continuous cough, contact Test & Trace. #HelpUsHelpYou"

A campaign toolkit and posters are available free of charge on the [Public Health England \(PHE\) Campaign Resource Centre](#).

NHS Discharge Medicines Service

The [NHS Discharge Medicines Service](#) (DMS) launched this week and is available in all community pharmacies in England. The service has been established to ensure better communication of changes to a patient's medication following discharge, with NHS trusts referring appropriate patients. It is hoped that this will improve outcomes, prevent harm and reduce readmissions.

NHSE/I has published some [resources for the DMS](#), including guidance, a cross sector toolkit and training and assessment materials to support clinical teams across community pharmacies, PCNs and hospitals to deliver the service.

The DMS does not replace the role of general practice in managing patients' medicines on discharge. The [cross sector toolkit](#) includes a checklist for general practices and PCN pharmacy teams, which sets out how to work collaboratively, and provides examples of where the community pharmacy may require information, support and clinical expertise from practices.

Online fit note research help

The DWP is currently developing and improving the current fit note/sicknote uploading system for patients. They would like to give GPs the opportunity to have their say on what they like and don't like in terms of the whole fit note/sicknote process. This will then allow the DWP to make some changes before the system goes Live at the end of March 2021.

Once the system goes live it will be difficult to implement further changes down the line. Hence, now is the time to speak out. [Take the survey here](#) – it will only take about 10 minutes to complete.

GPC Durham/Cleveland elections

Nominations have **now reopened** to a seat on the General Practitioners Committee (GPC) in our region. The deadline for nominations is **12pm Friday 19 March**. This seat is for a three-year term, 2021-24 sessions, subject to governance structure review. Voting will take place from 22 March to 19 April.

To submit your nomination please visit <https://elections.bma.org.uk/>

Please find further information about the GPC [here](#) and more information about sitting on a BMA committee [here](#).

For any further questions relating to the role or the GPC please contact info.gpc@bma.org.uk. If you have any queries regarding the election process, please contact elections@bma.org.uk.

Tees Valley Primary Care Training Hub Newsletter

Welcome to the first edition of the Primary Care Training Hub [newsletter](#) where you can learn about some of the exciting innovations we have been working on as well as some of the upcoming opportunities we have available to your PCN's within the next couple of weeks.

GMS Contract Agreement 2021/22 webinar

Following the recent [contract agreement for 2021/22](#), GPC will be holding two contract virtual roadshows/webinars on the following dates:

24th February – 19.30-20.30

25th February – 12.30-13.30

Register [here](#). A recording of the webinar will be available on the BMA website after the event.

Please note that the various contract values for 2021/22 have been confirmed as follows:

- Global sum will increase by £3.82 (4.1%) to £97.28
- QOF point value will increase by £6.33 (3.3%) to £201.16
- Out of hours adjustment will increase by £0.14 (3.0%) to £4.59

GP Retention Scheme Webinar

A [webinar on the GP Retention Scheme](#) will be taking place on *Thursday 25 February* from 7pm – 8.15pm. GPC will be looking at how the GP Retention Scheme works for both employees and employers, tackling some of the common misconceptions about the scheme and hearing from GPs who are currently on the scheme. Speakers include:

Samira Anane, chair (GP and GPC policy lead for Education, training and workforce)
Naureen Bhatti (Health Education England)
Katie Bramall-Stainer (Retained GP)
Jonathan Rial (Retained GP)
Paula Wright (Sessional GPs Committee)
Tim Morton (GPC)

The session will be of interest to GPs who are considering applying to join the scheme or who would like to know more about it, GP employers and practice managers who would be interested in employing a retained GP and existing Retained GPs who have questions about the scheme or would like to hear some perspectives from other retained GPs and employers.

The webinar will be recorded and will be made available to view on the BMA website during the following week. There will be a Q&A session at the end and you can submit any questions in advance to cscott@bma.org.uk. Click [here](#) to sign up

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.

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](#)