

CLMC Bulletin 458 – 13/04/21

GMS/PMS regulations - pandemic amendments

NHSE/I has confirmed that the temporary changes to the GP contract under the [pandemic regulations](#) which were due to lapse at the end of March have now been extended until 30 June 2021.

As with previously, this means a continued suspension of the Friends and Family Test requirement; a continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD); and a continuation of the amendment to NHS 111 direct booking with sufficient slots available for NHS 111 to refer into a triage list; for most practices offering 1 per 3000 as per the pre-pandemic arrangement is likely to be sufficient but this can increase to 1 per 500 if demand requires.

Read more about what services practices should be providing, and what should be prioritised during the pandemic, in the GPC [COVID-19 toolkit for GP practices](#).

SFE and global sum calculation

An official consolidated version of the [SFE](#) (Statement of Financial Entitlements) has been published for 2021. This updates the SFE from the last fully consolidated version from 2013 and includes the amendments made up to the current 2021/22 contract year. The global sum figure has now been finalised for 2021/22 (£96.78) and amended from early figures we shared as it now takes in to account the full impact of the final MPIG correction factor recycling. The global sum out-of-hours deduction will be 4.75% (£4.59).

DES directions and flu immunisations

The [DES \(Directed Enhanced Service\) Directions](#) have been published. NHSE/I has decided not to include the revised Influenza Immunisation Scheme in this set of DES directions. This is due to the possibility of a COVID-19 booster programme running alongside the flu programme, and the need to look at potential operational considerations for providers. NHSE/I has made a commitment to discuss delivery of COVID-19 boosters and the impact on the flu campaign with GPC England once further information is available.

Note that practices should continue to plan to deliver the 2021/22 flu programme as per the [letter from NHSE/I Medical Director Professor Steve Powis](#).

Flu vaccination 20/21 achievement and plans for 2021/22

On 1 April 2021, a [letter from Professor Stephen Powis](#) was published both commending the achievements of practices and developments made with regards to the NHS Annual Influenza Vaccination Programme during 2020/2021, referred to as 'the most successful in the history of the programme', especially considering the roll out took place during a pandemic, and outlining further details for the 21/22 programme in England. 81% of people aged 65 years and over were vaccinated and 52% of those under 65 years who are at clinical risk. This was a remarkable achievement and down to the hard work of many practices. The letter also outlines that practices should plan for the immunisation of 50-64 year olds again. We are seeking clarification on this as it has not been clearly stated before.

Vaccinations and immunisations guidance

The BMA have now published [guidance](#) about the recent changes to the [provision of routine vaccination and immunisation in general practice](#) which come into place from 1 April 2021. The changes include:

- The provision of V&I services becoming an essential service for all routine NHS-funded vaccinations with the exception of childhood and adult seasonal influenza and COVID-19 vaccinations.
- The introduction of five core contractual standards to underpin the delivery of immunisation services.
- A single item of service fee for all doses delivered in vaccination programmes funded through the GMS contract
- The Childhood Immunisation DES with its 70% and 90% targets was retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework introduced for 2021/22.

Network Contract DES 2021/22 and improving general practice appointment data

NHSE/I has published a suite of documents to support the updated [Network Contract DES 2021/22](#) from 1 April. These documents implement the changes set out in the NHSE/I letter of [21 January 2021](#), and include a cover not outlining the key changes, the updated Network Contract DES specification and guidance, and other supporting guidance, including a set of FAQs.

They have also published [guidance for practices on standard national general practice appointment categories](#) to support the mapping of local appointment slots to these new categories. This follows joint NHSE/I and GPC England guidance published in August 2020, which introduced an agreed definition of general practice appointment.

There is also new guidance on PCNs implementing the [Investment and Impact Fund](#) for their practices as per the requirements set out in the Network Contract DES.

Access all the guidance [here](#)

Improving GP appointment data

NHSE/I has published information aimed at improving the quality of [GP appointment data](#). This is to ensure that published general practice appointment data fairly represents the appointment activity carried out across practices and general practice providers in England. This year's PCN Investment and Impact Fund provides additional funding to support this through an indicator covering the mapping of appointment slot types to the new set of national appointment categories by all practices within the PCN. This should only require a short one-off exercise, mapping each slot type that the practice uses to one of the national categories. Practices should note that this only relates to appointments from 1 April 2021 onwards and shouldn't require changes to wider processes or appointment books.

NHS Standard Contract 2021/22 – New “interface” provision

Following reports from GPs regarding inconsistent implementation of NHS Standard Contract requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams.

The new provision published in the [contract](#), requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract.

The commissioners and providers will also have to agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs.

Providers and commissioners will finally have to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the relevant LMCs.

MHRA/JCVI and EMA statements on AZ vaccine

[MHRA](#), [JCVI](#) and [EMA](#) have all made announcements on serious thromboembolic events with concurrent thrombocytopenia associated with the use of the AstraZeneca COVID-19 vaccine. This includes a small number of life-threatening and fatal cases presenting as venous thrombosis, including unusual sites such as cerebral venous sinus thrombosis, splanchnic vein thrombosis, as well as arterial thrombosis, combined with thrombocytopenia that can rapidly progress. Multifocal venous and arterial thromboses have been reported in serious cases. The majority of the events occurred within the first 14 days following vaccination but have also been reported after this period. Risk factors have not been identified.

These serious, but rare, adverse events need to be seen in the context of over 4m COVID-19 infections since the start of the pandemic causing more than 120,000 deaths. Over 30m people have received their first dose of the COVID-19 vaccine since the start of the programme, which Public Health England (PHE) analysis indicates that [the COVID-19 vaccination programme prevented 10,400 deaths](#) in those aged 60 and older in England up to the end of March, an additional 4,300 since the previous update. Analysis of infection data since the introduction of the COVID-19 vaccines in the UK demonstrates that vaccination is highly effective and substantially reduces the risk of infection and severe COVID-19 disease.

JCVI is now recommending that 18- to 29-year-olds who do not have underlying health conditions putting them at increased risk of COVID-19 should be offered an alternative to the AZ vaccine where available. MHRA/JCVI confirmed that the [risk/benefit of getting the vaccine is favourable for the vast majority of people](#), but more 'finely balanced' in younger people. The under-30s in the UK will be offered an alternative to the Oxford-AstraZeneca vaccine, where available (but stated that they were not advising a 'stop' for any age group). The deputy CMO has suggested that there will be minimal impact on the timing of the vaccination programme as a whole.

NHSE/I has issued [advice to practices](#). The MHRA has produced [guidance for patients and healthcare professionals](#). PHE has also published a [leaflet](#) that may be useful when communicating with patients. The [BMA statement](#) provides further information.

Pinnacle now features reporting functionality

Pinnacle has now released reporting functionality in their platform. This move comes after lobbying from both GPC England and the Joint GP IT Committee, calling for a solution to support PCN-led vaccination sites with reporting. To support users with their service delivery Pinnacle have introduced several service reports that can now be accessed from the "Reports" tab. Only users with the "Site administrator – user management" permission will be able to see this tab. Please follow instructions sent out in LVS email. All requests for access to PID extracts will be subject to an approval from Pinnacle on behalf of NHS England. For further queries please contact the National Service Desk: Telephone: 0300 200 1000; Email: vaccineservicedesk@england.nhs.uk

COVID-19 vaccination programme

Vaccination sites are encouraged to continue their efforts in maximising uptake in cohorts 1-9 during April, focusing on those in the lower cohorts first, which are yet to be vaccinated.

The [JCVI is recommending that adults who are over 16 and living with adults who have weakened immune systems](#), such as those with blood cancer, HIV or those on immunosuppressive treatment including chemotherapy should be prioritised for the COVID-19 vaccine. NHSE/I has [written](#) to practices [about the](#) next steps, including a template letter practices can use to inform patients that their adult household contacts are eligible to have the COVID-19 vaccination, and also published [operational guidance](#) to vaccinate this cohort.

There will be very limited vaccine available for first doses in April and vaccination sites should now preferentially use spare vaccine from second dose clinics to give to other patients due a second dose, although they retain the clinical discretion to give it to others as a first dose, particularly those living with immunocompromised patients as set out in the [letter from NHSE/I](#).

We are expecting a statement from JCVI shortly on details relating to the next phase of vaccination for groups 10-12.

Read more about the latest changes, including the delivery of second doses, added funding, and what practices need to do and the support available in the updated GPC [guidance page about the COVID-19 vaccination programme](#).

Shielding for clinically extremely vulnerable to end

As of 1 April, [clinically extremely vulnerable \(CEV\) people in England no longer need to shield](#). CEV patients are still advised to continue to take extra precautions to keep themselves safe, even after receiving both doses of the COVID-19 vaccine. Read the government guidance [here](#)

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](#).

Read the GPC [guidance for practices](#) about arrangements for patients at high-risk of coronavirus.

The BMA also has guidance for [doctors isolating and those in vulnerable groups](#)

Maximising vaccine uptake in underserved communities

NHSE/I has published a problem-solving [framework to help maximise vaccine uptake in underserved communities](#), setting out best practice and practical guidance for implementing a range of interventions to ensure equitable access to COVID-19 vaccination and drive uptake.

Vaccine certificates

The Government confirmed that a COVID-19 status certification system will be developed over the coming months which could allow higher-risk settings to be opened up more safely and with more participants. Over the coming months, a system will be developed which will consider three factors: vaccination, a recent negative test, or natural immunity (determined on the basis of a positive test taken in the previous six months). Events pilots will take place from mid-April to trial the system. All pilots are checking COVID status, which will initially be through testing alone but in later pilots, vaccination and acquired immunity are expected to be alternative ways to demonstrate status.

GPC England has been discussing these proposals with the Government and NHS bodies to ensure there would be a minimal impact on GP practices, and this has been accepted. We need to avoid the expectation that people can secure evidence of vaccination or testing by obtaining a letter from their GP practice.

Vaccine dose data

The latest [data report](#) shows that as of 8 April, over 31m doses of the COVID-19 vaccine have been given their first dose and over 37 million doses have been given in total.

Read more about the latest changes, including the delivery of second doses, added funding, and what practices need to do and the support available in the GPC updated [guidance page about the COVID-19 vaccination programme](#).

Community pharmacy pandemic delivery service

You may be aware of the recent addition to the community pharmacy [pandemic delivery service](#) which allows pharmacy contractors and dispensing doctors to support the delivery of prescriptions to people who have been told to self-isolate by NHS Test and Trace.

Pharmacy contractors have reported that some people told to self-isolate, particularly the household contacts of COVID-19 positive patients, do not seem to be following the guidance and consequently are still presenting in pharmacies.

It is suggested all primary care providers flag the option to have prescriptions delivered when prescribing for COVID-19 positive patients, to try to ensure they stay away from all primary care premises.

Easing of restrictions and testing

On 5 April the Government in England announced that from 12 April there will be a further easing of COVID restrictions after the prime minister confirmed the [roadmap](#) is on track. From 9 April everyone in England will be able to [access free, regular, rapid COVID tests twice a week](#), including those without symptoms. Updates will be made to the NHS COVID-19 app in England to coincide with the universal testing offer. In response, [the BMA said it is vital that the public is made aware of the limitation and accuracy of these tests](#). Recent research into lateral flow tests suggests they can pick up around half of the people with symptoms but significantly fewer of those who have asymptomatic COVID. Further, there is evidence of an even lower detection of positive cases if people carry out the tests themselves.

[Confirmatory PCR testing has been reintroduced](#) (from 1 April). Current guidance in England specifies that all individuals who receive a positive LFD test result are encouraged to take a follow-up PCR, whether the LFD test was assisted or self-reported. Contact tracing will begin immediately after a positive LFD result (eg without waiting for the result of follow-up PCR). The tracing process will be stopped and self-isolation notices rescinded where there is a negative follow-up PCR test result obtained within 72 hours of the LFD test result. This is intended to reduce the number of people self-isolating unnecessarily because of false positives from antigen LFD tests at low population prevalence.

Free COVID-19 PPE scheme extended until the end of March 2022

The Government is extending the provision of free COVID-19 PPE to health and social care providers until the end of March 2022. Following the previous announcement of free PPE provision until the end of June 2021, the scheme will now be extended to the end of March 2022 as the expectation of clinical experts is that usage will remain high throughout the next financial year. This will ensure that general practice can continue to access rigorously tested and high-quality PPE. Providers should continue to access COVID-19 PPE via their current distribution channels.

Access to vaccination for parents with children

GPC were made aware of an incident where a parent was prevented from bringing their dependent children to their vaccination appointment at a hospital vaccination site. GPC took this up directly and after their intervention this matter has been addressed. They have published the following guidance:

“As we vaccinate the younger groups of patients, it may be the case that parents bring dependent children to their vaccination appointment. Colleagues are reminded that reasonable adjustments can be made for people in such circumstances, and every effort should be made to ensure that individuals can receive their vaccine at their stated appointment time.

Ultimately, the senior clinician on duty has the responsibility for patient safety and it is important that they are informed of any concerns that other colleagues may have about an individual, so that they can make a risk assessment at the time and that any necessary adjustments can be made.

Denying treatment/intervention, for any reason, is a clinical decision and it must be made by the most senior clinician on duty at the time. They will be able to assess the risks and make a clinical decision which will then be documented. All staff need to be aware of the need to escalate these situations to the senior clinician.

In the meantime, as a way of preparing for the younger cohorts, we are looking at ways of strengthening the guidance for parents at the point of booking. Patients booked in for vaccination are currently asked to attend on their own where possible to minimise the risk of COVID-19 infection. However, any individual is allowed to attend with another person, particularly if they need support, for example if they are in a wheelchair, are frail or have a learning disability. Parents with young babies or children need not be turned away, unless following a risk assessment by the senior clinician. They do need to be supported to receive the vaccine. As the cohorts move to younger populations, it is more likely that adjustments will need to be made to ensure no one is disadvantaged because they have dependents with them.”

The VC operational guidance has been updated to reference the above, along with the guidance for the National Booking Service including briefing notes for call handlers.

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](#).

Salaried GPs vaccination reimbursement

GPC have received reports of salaried GPs being asked by practices to volunteer for vaccination on a goodwill basis with no payment or time off in lieu from their practice. While any clinician can volunteer to support vaccination clinics, funding models should not rely on this, and employees should never be coerced into doing so. GP practices are paid to administer COVID vaccinations and payment of staff is included in the costing of this funding. Salaried GPs should be fully remunerated for any vaccination shifts and should not feel pressured to take these on a goodwill basis.

Delayed applications to New to practice partnership scheme

NHSE/I have amended the deadline for the individuals that sent through applications. Their team will be working through all the applications submitted so far and have advised that due to the pressures caused by the pandemic this year they will still accept their application. They have advised that that they will be reverting back to the six months deadline for any further applications.

New Roles in Primary Care Resource Updates - Version 4

The Primary Care Training Hub produced a resource to support the implementation of new roles in primary care which was circulated in excel format in June and an updated draft in September and December. They are continuing to work with a website developer to move this forward and hope to be able to launch a web based version this year. As an interim measure, the resource has been [updated in excel format](#) to ensure the most up to date information is available (version 4).

Race report BMA response

The much anticipated, but unfortunately, ultimately disappointing report from the independent [Commission on Race and Ethnic Disparities](#) has now been published.

The BMA responded to the report with [this statement](#) in which they made it clear that *'the BMA refutes the central argument in the report that structural race inequality is not a major factor affecting the outcomes and life chances of many of our citizens'* and highlighted *'the irrefutable evidence of discrimination faced by ethnic minority doctors'* in the NHS.

BMA Council chair Chaand Nagpaul also represented the BMA's views in an expert debate on ITV news on the day the report was published and contributed an immediate analysis of the report to [this week's Eastern Eye](#) (see page 6).

As many will have seen and read, the response to the report from numerous race equality and health organisations and experts has been highly critical.

While there are some findings and recommendations that the BMA can agree with, the report fundamentally fails to acknowledge that root structural inequalities have directly led to many ethnic minorities being more greatly affected by social detriments of health. This central flaw in the Commission's report is further compounded by the fact that, whilst it recognises the negative experiences of many people from ethnic minority backgrounds in the workplace, it fails to recognise that these experiences are a result of systemic racial discrimination.

This is particularly concerning considering the tragically disproportionate impact of COVID-19 on both ethnic minority communities and healthcare workers. The BMA's [own research](#) shows that ethnic minority doctors are significantly less likely than their white colleagues to feel adequately protected from Coronavirus in workplace, are [more likely](#) to feel pressured to see patients without adequate PPE, and are less likely to feel able to speak out about safety concerns for fear of recrimination or it affecting their careers.

The BMA has provided significant evidence to the Commission detailing the structural inequalities affecting ethnic minority doctors – our written submission of evidence can be found [here](#). Chaand additionally provided oral evidence to the health sub-group of the Commission in November. It is therefore deeply disappointing that the Commission has failed to take on board these concerns in its report.

In terms of next steps:

- In the coming days the BMA will be writing to the Commission chair, Tony Sewell, outlining their concerns and requesting an urgent meeting with him to discuss these.
- They will also be publishing a fuller response to the Commission's report in consultation with the national BAME Forum, which will examine structural racism in healthcare. This will feed into further work to develop specific recommendations for change.
- The BMA also hope to convene a roundtable of medical representative groups to discuss what steps now need to be taken to push back against the inaccurate, counterproductive and flawed narrative advanced by the report (and the government's communication of it) and to address healthcare inequalities.

The BMA has a long history of campaigning for race equality in the medical profession and healthcare. Their recently launched national BAME member forum for ethnic minority doctors and medical students – supported by regional and national networks across the UK – aims to unify and empower the voices of ethnic minority members to influence positive change in the BMA and across the NHS.

You can find out more about the forum and how to get involved on the [BMA website](#).

BMA summary: NHS Planning Guidance 2021/22 and NHS Mandate 2021/22

The BMA has [publicly responded](#) to the publication NHS England's latest Planning Guidance for 2021/22, which sets out its expectations for NHS commissioners and providers in England over the coming year and for the recovery from Covid-19.

The BMA have welcomed the focus on staff wellbeing, recruitment and retention in the guidance, which echoes some of the priorities set out in their recent paper [Rest, recover, restore: Getting UK health services back on track](#).

The BMA has also called for a realistic approach to tackling the growing backlog of care given the scale of the challenge facing the NHS. Although it is positive that the planning guidance sets out relatively cautious timescales for increasing non-COVID care in the NHS over the coming six months, we've warned that offering financial incentives to raise activity levels could be counterproductive if this leads to healthcare workers being put under pressure to ramp up services too quickly.

GPC Voting open for Durham and Cleveland regional elections

The voting period for seats to the General Practitioners Committee (GPC) UK in the *Durham and Cleveland region* has reopened. **To submit your vote please visit <https://elections.bma.org.uk/>**

If you live or work in the Durham and Cleveland region and do not have access to the voting, please contact elections@bma.org.uk and the team will be able to assist.

To vote in this election you must have a BMA web account, if you do not have one please click [here](#) to create one. Please follow the link to 'request a temporary non-member account' and email your temporary membership number to elections@bma.org.uk to get access to vote in this election. **The deadline for voting is 12pm, 19 April.**

If you have any queries regarding the election process, please contact elections@bma.org.uk.

Inspiring the female GP leaders of tomorrow

On March 25, the BMA held a hugely successful female GP leaders of tomorrow webinar chaired by Samira Anane (GPC education, training and workforce policy lead). More than 250 guests logged on to hear Nikki Kanani (medical director for primary care, NHS England), Margaret Ikpoh (RCGP council, associate director of primary care Hull Medical School), Farah Jameel (GPC England executive team and Camden LMC chair), Helena McKeown (BMA representative body chair) and Katie Bramall-Stainer (CEO Cambridgeshire LMCs, deputy chair UK LMC conference) discuss their personal leadership journeys, and share tips and advice. Please use [this link](#) to watch a recording of the event.

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

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

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.

GPC GP Bulletin

Read the latest GP bulletin [here](#).