

LMC Update Email  
13 November 2020

Dear colleagues

## **COVID-19 vaccination programme (England)**

It was encouraging to hear [the news](#) of the successful Pfizer Covid-19 vaccine trial which brings widespread protection of the population against COVID-19 a step closer. This is the first of a number of potential vaccines that could become available in the coming months. There is though much that needs to be done to ensure any vaccine is safe and effective.

This only serves to increase the importance of successfully administering the vaccine when it potentially could be available for some patients from December onwards. Once we have a safe and effective vaccine, we need to ensure it is given as soon as practically possible to our most vulnerable patients. We have therefore negotiated [arrangements](#) for general practice to be given the opportunity to lead delivery of the vaccination programme.

Practices are now in discussion with colleagues in their area and considering whether their practice can take part and if so how this will be implemented, as well as considering the impact on non-COVID patient demand as we prioritise services. Our newly published [guidance](#) aims to answer as many questions as we can and directs you to further resources and links. It will be regularly updated. The guidance covers:

- What the service involves
- How the service will operate
- Safety and risk
- Funding and workload
- Timeline
- Practical considerations for practices and PCNs

We realise that this will be a huge undertaking for practices already struggling to cope with the impact of the pandemic and supporting the large number of patients with other healthcare concerns, but by combining new funding for additional capacity and deploying the workforce to align with appropriate clinical prioritisation, including use of locums to provide the additional capacity, practices and community teams can work together to successfully deliver the service.

Following our lobbying we have secured [£150m of further support](#) from NHSE/I for additional practice workforce capacity, ringfenced for general practice until the end of March 2021. This sits alongside the CVP (COVID-19 vaccination programme) service and the funding will be made directly from CCGs to practices. LMCs should discuss arrangements, which should be simple and have minimal bureaucracy with their CCG.

Attached is a template letter that LMCs can, if they would find it helpful, forward on to their respective CCG leads, laying out our expectations for support to be provided to practices at this critical time. I have also attached a letter to LMCs to thank you all for the extraordinary work you are continuing to do to support practices and the profession throughout this unprecedented year.

The CVP requires practices to work together to deliver vaccines initially with [one designated vaccination site](#), which would be determined by the practices involved and will therefore vary



depending on the area. The reason for the designated site is because of the characteristic of the first vaccine which has a limited shelf life and is difficult to move once defrosted, but it will also depend on patient demand and vaccine supply. As different vaccines are approved and supply increases there will be more opportunity to adapt these arrangements. Practices will determine how they work together, for instance using each practice's immunisation team on a rota basis, so whilst the overall service will need to be prepared to vaccinate 7 days a week if vaccine is available, individual practice teams would only need to cover their sessions.

### **COVID-19 vaccination programme contractual arrangements**

Following the announcement of the Covid vaccination programme, I would like to confirm that this will now take the form of an Enhanced Service Directed by NHSE/I under [Section 7a of the 2006 NHS Act](#). Whilst discussion with NHSE/I had initially been on the basis of a Directed Enhanced Service to ensure binding national agreement, and the full details that we had at the time were provided to GPC England for agreement and then announced to LMCs and practices, NHSE/I has since advised that S7a arrangements would provide the most appropriate contractual vehicle for the programme.

S7a delegates powers from the Secretary of State to NHSE/I and allows it to exercise all the powers that the Secretary of State would have in terms of a DES, but it cannot be called a DES as that refers to a Direction from the Secretary of State. Similarly, this is not a NES, as many people understand it from 2004.

Commissioning under S7a provides flexibility for necessary amendments to the Specification to be made swiftly, by national agreement between NHSE/I and GPCE only. This is crucial in such a fast moving environment where we will need to add in new information without delay as more vaccines are supplied with different requirements.

To be clear:

- the content of the Specification has not changed due to it being an Enhanced Service Directed by NHSE/I rather than a Directed Enhanced Service
- programmes commissioned under this route are a 'reserved function' of NHS England, and cannot be changed or varied by local commissioners
- NHSE/I is offering this, through CCGs, to every practice in England – CCGs cannot prevent this and must do this
- Any amendments to the Specification will be done through agreement between GPCE and NHSE/I only

In these respect there is no difference to a DES and is in line with other public health vaccination programmes already delivered by general practice as Enhanced Services Directed by NHSE/I, such as [shingles catch-up](#), [pertussis for pregnant women](#), [freshers meningococcal](#) and [childhood flu](#).

The process has not been ideal, it has clearly caused confusion, and I apologise for this. This was in large part due to the necessary speed with which we have had to develop these proposals and begin implementation as details about potential vaccinations became clearer.

We have been advised by our legal team that this change in contractual mechanism makes no difference to the details we have agreed. They should not alter national or local plans to implement the substance of what has been agreed, and must not prevent practices that wish to engage in this vitally important programme from discussing this with their colleagues and making the immediate preparations that are required to ensure our patients can access the vaccine as soon as it becomes available.

## Media

I wrote an op-ed article in [inews](#) outlining why GPs are the right people to deliver the Covid-19 vaccine. Farah Jameel, GPC England executive member, and I also gave multiple interviews for BBC News 24, BBC Look North, Greatest Hits Radio, Sky News, Radio 5 Live, ITV news, Channel 5 news and BBC Radio York. The CVP was also reported in [Pulse](#), [GP online](#), Yorkshire's [Telegraph and Argus](#), BBC regional outlet, Times Radio, [ITV news](#), [Sky News](#) and [Mail online](#).

The BMA [responded](#) to the [news](#) that Pfizer and BioNTech have developed what could be the first effective coronavirus vaccine which was reported by [BBC](#) national and regional outlets as well as LBC and Times Radio and local print outlets including the [Shropshire Star](#). In response to this I said: "GPs and their teams know how vital a safe, effective vaccine will be in defeating Covid-19, and we are all encouraged by this breakthrough – which brings widespread protection a step closer."

### **Letter to CQC on supporting general practice during a period of unprecedented pressure**

We have written the attached letter to the CQC again urging them to immediately halt all non-essential inspections and practice monitoring to allow GPs and their teams, currently under immense pressure, to focus on the job at hand during the pandemic.

We made clear to the CQC that, in addition to delivering flu vaccinations to 30 million patients in England this year (and also leading the upcoming COVID-19 vaccination campaign), GPs and their teams must be supported and enabled to provide care that best serves the needs of their patients, in a way that adds most clinical value and keeps patients, clinicians and staff safe - it is imperative that they are not distracted from their primary focus of ensuring the ongoing care of their patients.

### **Guidance for doctors who are isolating and those in vulnerable groups**

With new national restrictions in place, the Government is [advising](#) people who are clinically extremely vulnerable to work from home. The BMA has now published some FAQs explain what this means for doctors in that group, or who live with someone who is. [See our guidance >](#)

As we reported last week, patients who are on the shielding list will receive a [letter](#) directly from government about what they should do, and a copy of the letter is sufficient to give to an employer as evidence for Statutory Sick Pay purposes – and patients should therefore not need a fit note issuing by the practice. Read more in our guidance for practices on [protecting clinically extremely vulnerable patients](#).

### **GP workforce figures**

The latest [GP workforce figures](#) were published last week showed an overall increase in number of GPs including trainees which is good news. Recruiting new GPs is a crucial factor in turning around our workload pressures. However there is still a continued and worrying decline in the number of FTE GPs and GP partners specifically over the last year.

Recent schemes aimed at improving recruitment and retention, such as the partnership premium, the GP fellowship scheme, and the expansion of GP training places may help in the longer term, but the Government must do much more to turn these figures around, to show that GPs are valued and make general practice a genuinely attractive place to work again.

### **Updated Directed Enhanced Service Specification for flu**

Following the announcement and the recent publication of guidance, an updated [DES Specification for the seasonal flu and pneumococcal vaccination programme 2020/21](#) has been published to reflect practices now being able to access central flu vaccines supplies.

**Influenza immunisation call and recall error**

We are aware of some practices being approached by concerned patients after mistakenly having been sent letters from NHSE/I telling them they should book a flu vaccination. We raised this with NHSE/I, and we have now been informed that this was in response to an error made by NHS Digital.

In developing a cohort of people at greater risk from influenza for NHSE/I, NHSD mistakenly included those who had a diagnosis of glandular fever at some point in the past. Although current glandular fever causes people to be immunosuppressed, past glandular fever does not. As a result, a number of people we had incorrectly added to that cohort received letters from NHSE/I encouraging them to have a flu vaccination. When the mistake was discovered, the process of sending letters was stopped, and the misidentified people removed from the cohort. NHSD has written the attached letter to GPs to inform them of this mistake and provide information that can be used within practices to advise patients in this situation if necessary. They are also, as of today, writing to the misidentified patients, in three cohorts depending on their age and hence what further action, if any, they should take. An example of the letter to patients is also attached for information.

**The early implementation of PCNs - evaluation study**

The University of Birmingham has published a new research report: [Early evidence of the development of primary care networks in England: a qualitative rapid evaluation study](#).

Their findings show that PCNs were swift in successfully establishing organisational structures, recruiting to new roles, and providing services as required by the national specification. Effective management and leadership were critical to enabling early progress of PCNs, particularly with respect to having a committed clinical director, and constructive relationships between primary care networks and clinical commissioning groups. However, in rural areas, there was some perceived lack of fit of the PCN policy with aspects of the national network service specification. Read more [here](#)

**PCN Clinical Director survey**

A reminder that the BMA's second edition of its [annual survey of PCN Clinical Directors](#) is open until 20 November. This aim of the survey is to fully understand the situation on the frontline, by asking clinical directors for their unique insights into the recruitment of the new workforce, the delivery of services throughout the pandemic and the future of PCNs.

We have already received a good number of responses to the survey but please encourage your local CD to complete it as it will contribute to our ability to respond to the issues and challenges PCNs are experiencing, and will help to support the long-term development of PCNs and help inform the BMA for its annual negotiations with NHS England and NHS Improvement.

Please encourage your PCN clinical director to complete the survey [here](#)

**Avoidable harm in Primary Care in England**

BMJ Quality has published a [national study on avoidable significant harm in primary care in England](#), which showed that the frequency of incidents of significant avoidable harm in primary care, and also important new details. According to the research the main causes are diagnostic error (more than 60%), medication incidents (more than 25%) and delayed referrals (nearly 11%).

**Parental leave webinar and workshop**

We have published [guidance for GPs on parental leave](#) and will be hosting a webinar and workshop for more in depth guidance on these issues:

2 December from 12.30pm – 2.00pm – *Webinar - 'GP Maternity and Parental leave Guide: launch and introduction to the guide'*. Register [here](#)

9 December from 12.30pm – 2.30pm – *Workshop - 'GP maternity'*. Register [here](#)

If you would like to submit questions in advance to be covered at either session, please contact Christopher Scott via [cscott@bma.org.uk](mailto:cscott@bma.org.uk)

**GMC virtual conference**

The General Medical Council is holding a virtual conference, *Delivering change together*, from Monday 30 November to Wednesday 2 December. Lord Victor Adebawale, Chair of the NHS Confederation, will be joining day one of the event and will discuss the role of healthcare system leaders in tackling inequalities, and what closing the gap means for health outcomes. If you are interested in attending or finding out more about the programme, you can register your interest [here](#). There is no cost to attend, but places are limited.

If you have any questions, please contact the GMC at [events@gmc-uk.org](mailto:events@gmc-uk.org)

**BMA COVID-19 guidance**

Read our [COVID-19 toolkit for GPs and practices](#), to help answer questions on a large range of topics relating to COVID-19. 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](#)

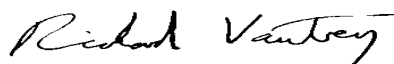
**COVID-19 media**

GPC Wales chair Phil White spoke to [BBC Radio Cymru](#) (9 mins 43 seconds in) in a Welsh language interview about the importance of maintaining hygiene measures, along with social distancing and masks when the Covid-19 vaccine is introduced. He also spoke to [BBC Radio Cymru](#) (17min in, also in Welsh) about long COVID, where he stated, as per a recent BMJ article, that long COVID may not be a single disease and can occur in people who have not been in hospital.

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

Have a good weekend

Richard



**Richard Vautrey**

Chair, BMA GPs committee