

LMC Update Email
8 January 2021

Dear Colleagues

National lockdown, workload prioritisation and vaccination of healthcare professionals (England)

The [BMA believes the right decision was made to introduce](#) the third national lockdown in England, [announced by the Prime Minister](#) earlier this week, 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. We have now agreed with NHSE/I further measures that help with this, and which are outlined in a [letter](#) published yesterday, and which I 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 LESs 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 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 yesterday 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. LMCs should work with other contractor bodies, such as their respective LPC, LDC and LOC, as well as their 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.

Lockdown in Scotland

Lewis Morrison, Chair of BMA Scotland, has written a [blog](#) about the new [lockdown restrictions](#) in Scotland that were introduced from 5 January. Mainland Scotland will move from Level 4 to a temporary Lockdown, with [new guidance to stay at home](#) except for essential purposes.



COVID-19 vaccinations programme

This week I have 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. We 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.

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 released last week](#), and in conversations with NHSE/I, I 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 my 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.

Vote on future negotiations on the PCN DES (England)

Following a resolution of LMC England conference in November, we 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 19th 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 we've published this attached short briefing on the vote and the [PCN DES](#).

PCN Clinical Director Survey Results

At the end of last year we conducted our second annual survey of PCN clinical directors. We have now published the results of the [survey of PCN Clinical Directors](#).

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 this week of additional funding for clinical directors involved in the COVID-19 vaccination programme is therefore a welcome step in recognising this.

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. We 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 we continue to make clear through our 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.

Home delivery of medicines and appliances (England)

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.

BMA Law partnership webinar

BMA Law's specialist solicitors hosted a webinar in December covering 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 attached the 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.

GP Trainee by-election

The GP Trainee Committee are seeking nominations for the position of Lancashire representative. To be eligible to stand in this election you must be training in the Lancashire region. Please email elections@bma.org.uk if you are training in a different region to where you are listed on the member register.

To submit your nomination, please login to the BMA's [election system](#). The deadline for nominations is **12pm Tuesday 19 January 2021**.

To find out more about the committee please visit their [webpage](#) or contact gptrainees@bma.org.uk with any specific queries. If you have any queries regarding the election process, please contact elections@bma.org.uk

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](#).

Condolences

On behalf of the profession I would like to offer our condolences and pay tribute to two dedicated and courageous GPs who have died in the last month. Dr Augustine Obaro, was a GP in Walthamstow, and died on New Year's Day, and Dr Abdul-Razaq Abdullah, 68, was a GP in Rainham, and died on 8 December. They will be missed not only by their family, friends and colleagues, but also by their patients to whom they dedicated many years of service and care.

COVID-19 media

In response to the news about the Oxford AstraZeneca vaccine and that doctors would be expected to cancel appointments for patients to have their second dose of the Pfizer vaccine, the BMA re-issued our [call for radical action to speed up vaccine delivery](#). Chaand Nagpaul, BMA Chair of Council, was interviewed on Sky News (see a clip on [Twitter](#)), [The Independent](#) and [The Telegraph](#). I have spoken to Times Radio, [the Daily Telegraph](#), [BBC Online](#), [MailOnline](#), The i paper, [the Metro](#), [The Standard](#), [Management in Practice](#), and [Medscape](#). I also appeared on LBC where I said: "The chief concern we had was that on New Year's Eve we were given this indication that there would be a change in the arrangements just a few days before our patients were expecting their second dose and there was simply not enough time nor the important information available to us to understand the change and then to inform our patients appropriately."

I responded to news that the NHS will have to deliver at least two million vaccines a week from next week if the Government's pledge to vaccinate all four high-priority groups (13.8m people) by mid-February is to be achieved. My comments were picked up by [BBC News](#) and the [Guardian](#), where I said: "As long as we have the vaccines we can give it to them in a matter of days so [delivery] is primarily down to the supply. Within weeks we should have supplies to get the first dose into all care home residents." This was also reported by the [Guardian](#), [twice](#), [Sky News](#), [Telegraph](#) (behind a paywall), [Daily Mail](#), [Guardian](#), and [Telegraph](#).

I spoke about the vaccine rollout on [BBC Leeds](#) (around 7.10am), [talkRADIO](#) (starting around 7.10am), [BBC 4 Today](#) (starting around 1h20 mins in), and [BBC Look North](#). In a statement, I said: "To focus on the huge task at hand of vaccinating millions of people over the next few weeks and months, and at time of rising Covid-19 prevalence, GPs need to be given the flexibility to prioritise their workloads, and we are glad that NHS England has listened to and worked with the BMA by releasing guidance clarifying what services can be paused, and making further commitments for income protection to ensure practices can focus on the most important priorities." The story was also covered by [GP Online](#) and [Pulse](#).

Dr Nagpaul was also quoted by the [Daily Mail](#) and [GPonline](#) about the need to vaccinate healthcare professionals.

David Bailey, GP and Chair BMA Welsh Council, appeared on [BBC Radio Wales](#) to discuss the latest developments in the Covid-19 pandemic. He said: "It's important that people do listen to the rules, when we can see some light at the end of the tunnel and a vaccine in the coming months it's just selfishness to continue to break the rules. We'll start to come out of this crisis over the next few months, but there is a new mutant virus out there and we know it is more transmissible so we need to continue to protect the NHS and make sure we don't overwhelm our intensive care units."

Sara Bodey, member of GPC Wales, took part in a panel discussion on [BBC Radio Wales Sunday Supplement](#) (from 33 mins) to talk about a year of online consultations and the upcoming vaccine rollout. She said: "In Wales it's been left to health boards to organise the vaccine programme, GPs undoubtedly will be involved but the exact way that will work isn't fully clear on the ground yet."

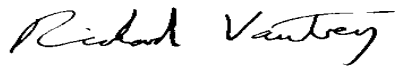
We're juggling our normal workload, combined with staff health concerns, so there are definitely capacity issues and concerns over the rollout in the next couple of weeks."

In response to the gap between the first and second dose of the Pfizer vaccine, BMA Scotland council chair, Lewis Morrison, said there was "clearly disagreement" among experts on the decision to delay the second dose, with his comments picked up by the [Mirror](#) and [BBC News](#). The importance of delivering the vaccine in Scotland was also covered by the [Telegraph](#), as GPs urge the public to help the rollout by limiting non-urgent appointments.

Read the latest GP bulletin [here](#)

Have a good weekend

Richard

A handwritten signature in black ink that reads "Richard Vautrey". The signature is written in a cursive style with a horizontal line underlining the name.

Richard Vautrey
Chair, BMA GPs committee