

LMC Update Email
12 March 2021

Dear Colleagues

COVID-19 vaccination programme (England)

Amended COVID-19 Vaccination Programme specification

We have now agreed amendments to the [CVP Enhanced Service Specification, including an extension](#) to allow practice sites to administer vaccinations to patients between the age of 18 and 50, which are not currently covered in the ES. Existing practice sites will be able to opt-out of delivering the second phase of the vaccination programme if they want to do so.

Practices will need to inform the Commissioner of their intention to opt-out of this second phase of the programme, **by 23.59 on Friday 19 March 2021** (but sooner if possible). This is to enable them to be ready to move on to the next phase of the vaccination programme as soon as it is announced.

There are three main criteria, which practices will need to fulfil before they can be approved to deliver this second phase:

1. That each practice in the PCN grouping can fulfil their wider contractual requirements as set out in to the [contract letter](#)
2. A brief description of its plan for additional workforce utilisation (with no requirement or expectation for ongoing reporting)
3. The PCN grouping has invited all eligible patients in cohorts 1-9 for their first dose, and made significant progress to vaccinating them; and that they PCN grouping can deliver second doses for all those patients that have already received their first dose

Practices will need to carefully consider these three criteria when deciding whether they are prepared to undertake this second phase, and also decide what “business as usual” looks like for them, bearing in mind the ongoing pandemic and their experience over the last year. Sites will continue to receive the £12.58 item of service fee for each vaccine administered.

NHSE/I is also offering for PCN groupings to express interest in trialling use of the national booking system (to replace their own booking systems) – sites should carefully consider the conditions of signing up for this.

We have agreed with NHSEI that the new PCN Services and additional IIF indicators (above what was included last year) will not be introduced before October 2021 and importantly we have secured continuation of the additional payments for PCN clinical directors for a further quarter.

We have also agreed a change to the full ES Specification that practices will use the national naming conventions for coding appointments for vaccinations.

Read more about the amendments and the role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme [here](#)



Vaccinating cohort 8

This week, [people aged 55-59 \(JCVI cohort 8\)](#) are being invited to book an appointment via the [National Booking Service](#), to receive a COVID vaccination. Practice groups should continue to focus on vaccinating patients in cohorts 6 and 7 first.

As set out in the NHSE/I [letter on the next steps and key priorities for vaccine deployment plans](#) published last week, from 11 March, vaccine supply will increase substantially and be sustained at a higher level for several weeks. Therefore, as from next week, vaccination sites are being asked to deliver around twice the level of the limited vaccine supply available this week.

Other guidance

NHSE/I has published a [Standard Operating Procedure \(SOP\), to help identify and enable carers](#) to be invited quickly for vaccination, as well as making provision for those unpaid carers who may not already be known to the health and social care system to come forward.

NHSE/I has also published a [position statement on vaccinating people registered with a GP in Wales in COVID-19 vaccination sites in England](#)

Vaccine dose data

The latest [data report](#) shows that as of 10 March 20.5 million doses of the COVID-18 vaccine have been given in England.

Read our [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.

Guidance for QOF payments

We have now published [guidance about QOF payments for 2020/21](#). Due to the pandemic, these payments will be calculated differently to normal. Some indicators are based on achievement, some are awarded in full and some will be income protected.

Income protection is based on achievement in previous years but uprated for the 2020/21 QOF point value, prevalence and list size adjustment. Therefore, it is not the case that practices will have a floor for payments equal to payments in previous years – it will be a different calculation.

Read the NHSE/I letter and QOF guidance for 2021/22 [here](#)

The Department of Health and Social Care has published the [amended QOF SFE for 2020/21](#).

Vaccination and Immunisation guidance

NHSE/I has published a [letter confirming the changes to the provision of routine vaccination and immunisation \(V&I\) in general practice](#) from 1 April 2021, which includes:

- 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, including where additional doses are required to meet clinical need and where children are vaccinated outside the routine schedule.
- The Childhood Immunisation Target DES will be retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework introduced for 2021/22.

We will publish further guidance on this shortly.

Workload prioritisation

We would like to remind practices about our joint [guidance with RCGP on workload prioritisation for primary care](#), which sets out what practices should consider doing are in a national lockdown.

Our guidance references the need for local conversations about approach to local enhanced services taking into account pandemic state.

As with the national agreement to delay implementation of PCN service specifications and new IIF indicators, it is important that LMCs and CCGs agree the continuation of local income protection arrangements whilst the pandemic and vaccination programme continues.

Locum income support

The recent budget announcement included an extension of the Self-Employment Income Support Scheme (SEISS) to provide self-employed individuals with a grant (up to a total of £7,500) to cover lost earnings due to COVID-19 through February, March and April of this year. If you've been operating as a locum during this time and have seen your income impacted by the pandemic you may be eligible for this grant.

Applications will open in April. To check your eligibility, the full list of criteria and details on how to apply is available on the [gov.uk website](#)

Everyday sexism survey

On Monday, we celebrated International Women's Day and its theme this year of 'choose to challenge'. The BMA has launched a new survey which aims to tackle sexism in medicine by exploring what doctors have experienced or witnessed. Sexism, sexist practices, gender bias and discrimination have a negative impact on the whole workforce. The results of the survey will be used to support the BMA's work in creating a fair and inclusive culture which gives doctors and medical students equal access to opportunities, free from prejudice and discrimination. Doctors of all genders are invited to complete this [survey](#). Read more in Dr Chelcie Jewitt's [blog](#)

The latest BMA tracker survey showing gender disparity

We are already aware that gender inequality exists in medicine and the latest BMA [survey](#) found that 27% of women and 23% of men had undertaken additional hours of work over and above their contractual requirement as part of the response to COVID within the last month.

In addition, 44% of women and 35% of male doctors responding to the survey considered themselves to be currently suffering from depression, anxiety, stress, burnout, emotional distress, or other mental health conditions relating to or made worse by their work or study, compared with 31% of women and 25% of men in the survey in April 2020.

While an increase in levels of burnout and emotional distress are to be expected for all doctors, the disparity between the sexes is marked and growing. Read more [here](#)

Senior female GPs Leadership webinar

In celebration of International Women's Day this month, we are pleased to present senior female GP leaders, talking about their leadership and career journeys, in a [webinar to be held 7– 8.30pm on Thursday 25 March](#).

A lack of females in senior medical leadership positions is recognised as one of the underlying factors contributing to the gender pay gap, and this latest webinar forms part of a series of work from the GPC education, training and workforce policy group.

There will be advice, insights and inspirational stories shared to help guide and motivate the future leaders of tomorrow of all genders, as well as an opportunity to submit questions as part of the Q&A panel discussion. Speakers include:

Dr Samira Anane (GPC Education, Training & Workforce Policy Lead)
Dr Nikki Kanani (Medical Director for Primary Care, NHS England and NHS Improvement)
Dr Helena McKeown (Chair of the Representative Body of the BMA)
Dr Farah Jameel (GPC England Executive Team, GPC Negotiator and Chair Camden LMC)
Dr Margaret Ikpoh (RCGP Council, Associate Director of Primary Care Hull Medical School)
Dr Katie Bramall-Stainer (CEO Cambs LMCs, Deputy Chair UK LMC Conference, BMA Council)

Click [here](#) to sign up

Please submit advance questions to Cscott@bma.org.uk

BMA briefs peers ahead of committee stage of Domestic Abuse Bill

The BMA has briefed peers ahead of two amendments at committee stage of the Domestic Abuse Bill. The amendments 66c and 71 if voted for will prevent GP practices from charging for template forms used by victims to access legal aid. While the BMA's guidance currently advises against charging for these forms – we do not believe that these amendments address the root cause of the problem.

Instead we have called on peers to empower victims of domestic abuse by removing the need for medical evidence when applying for legal aid entirely. Moreover, if evidence from a third party to obtain legal aid is required this should be obtained from others who may be better placed to provide this rather than GP practices.

We will keep you updated on the progress of the Bill.

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 attached.

NHS Pension scheme webinar for sessional GPs and locums

The BMA's Sessional GPs Committee recently held a webinar about navigating through the NHS Pension scheme, to guide through the process and highlight the key things you need to know and do.

You can now watch the webinar [here](#) to learn about Locum A and B forms, Type 2 forms, how to access PCSE, how to raise complaints and how to raise escalations amongst other key topics. We also provide practical advice to guide you through the process.

The BMA's Pensions committee also held four webinars last month about [the unlawful age discrimination](#) that resulted when transitional protection was offered to older but not younger members when the 2015 NHS pension scheme was introduced. Guidance about this will be published in due course. Read more about pensions [here](#)

School absence note requests

The Department for Education (DfE) has published [operational guidance for reopening schools](#) reminding schools they should not encourage parents to request unnecessary medical evidence i.e. doctors' notes from their GP when their child is absent from school due to illness.

Parents can use other evidence such as prescriptions, appointment cards, text/email appointment confirmations, and input from GPs should only be sought for complex health needs or persistent absence issues.

The guidance also confirms the procedure for clinically extremely vulnerable children, and for those absent from school due to COVID-19 and self-isolation.

Patients ordering PCR tests without symptoms

Patients are now able to order a PCR test without having any symptoms, and the [COVID-19 PCR test booking webpage](#) includes an additional reason for getting a test, to make it easier for patients to book a test when recommended by a GP.

This aims to support patients in accessing testing where they have been instructed to by a GP, no matter what their symptoms are. No referral is required to book a test under this option.

Covid-19 Assisted Lateral Flow Device test results to GP records

Positive assisted lateral flow device (LFD) test results will shortly be sent to GP records, including historic results (assisted refers to LFD test results being interpreted and reported by a trained operative at a test site).

This does not apply to unassisted LFD tests which are self-administered, interpreted and reported by the individual, such as LFD tests that primary care staff are regularly undertaking twice weekly. Negative and void assisted LFD tests and all unassisted tests will not be flowed to GP records.

There is no action for practices following receipt of these LFD results and no need for GP practices to report them to PHE as a notifiable disease.

Discharge Medicines Service

The Discharge Medicines Service (DMS) became a new essential service within the Community Pharmacy Contractual Framework (CPCF) on 15 February 2021. NHS Trusts are now able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy.

Read more about its introduction and implications for general practice, in a [briefing by the PSNC](#) (Pharmaceutical Services Negotiating Committee)

LMC UK Conference – change of date

Due to an unfortunate oversight which has allowed us to schedule UK LMC conference to clash with Eid al-Fitr on 13 May this year, the chair and agenda committee of Conference have decided that in these circumstances it is, of course, right to reschedule conference and will announce a new date as soon as possible. We are sorry for the inconvenience this may cause.

Note that registrations remain open while they are rescheduling the conference
<https://events.bma.org.uk/uk-lmc-conference-2021/registration/Site/Register>.

If you have any queries please email info.lmcconference@bma.org.uk

Managing environmental impact of prescribing webinar

The BMA's Committee of Medical Managers has organised a series of online events this year. The first webinar looks at [*How medical leaders can manage the environmental impact of their prescribing*](#), and will be held on *Tuesday 16 March 2021, 6.30pm - 8.00pm*

For further details, please click [here](#)

This webinar is free to attend, but please note that registration is essential

GPC UK regional elections

The voting period is open until **12pm Friday 19 March** for seats to GPC UK in the following regions:

- Norfolk/Suffolk/Great Yarmouth & Waveney
- Enfield & Haringey/Camden & Islington/ Barnet/Kensington & Chelsea/Westminster
- Merton, Sutton & Wandsworth/Kingston & Richmond
- Salford & Trafford/Manchester/Stockport
- Forth Valley/Fife /Lothian/Tayside
- E Sussex/W Sussex
- Gwent/Bro Taf/Morgannwg
- Herefordshire/Worcs/Warks/Coventry

To submit your vote for any of the above seats please visit <https://elections.bma.org.uk/>

If you do not have a BMA web account?

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 in the by-election in Barnsley/Doncaster/Rotherham/Sheffield has passed.

The nomination period for Durham/Cleveland has reopened until **12pm Friday 19 March**. To submit your nomination please visit <https://elections.bma.org.uk/>

If you have any queries regarding the election process, please contact elections@bma.org.uk. Read more on the [BMA website](#)

GPC England Executive team

I am pleased to announce that following a recruitment process, Mark Sanford-Wood, Farah Jameel and Krishna Kasaraneni have been reappointed to the GPC England Executive Team. As I previously reported, this would normally have taken place following my re-election last year but had to be delayed. Thank you to all involved in enabling the recruitment and appointment process to take place at this time.

Media

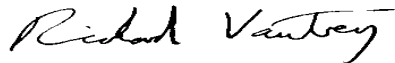
[GP online](#) reported on the Governments reform plans which should increase flexibility for commissioners, with statutory control over GP services shifting to regions to help break what are currently separate funding silos for different NHS services. In response to this I said that NHS England and the government must not renege on funding agreements made in the NHS long-term plan, and I called for 'transparency over spending decisions' and 'fair representation' for NHS providers impacted by decisions made under the reformed model.

Northern Ireland Council Chair Dr Tom Black was interviewed on [RTÉ Radio One Morning Ireland programme](#) about the covid vaccination programme in Northern Ireland. He said that slow supply of the vaccine had been frustrating but the rollout was going in the 'right direction'. Dr Black was also interviewed on [The Tonight Show on Virgin Media](#) about the NI Covid vaccination programme.

Read the latest GP bulletin [here](#)

Have a good weekend

Richard



Richard Vautrey

Chair, BMA GPs committee