

LMC Update Email
9 April 2021

Dear colleagues

HRH Prince Philip, Duke of Edinburgh

We are saddened to hear that HRH Prince Philip, Duke of Edinburgh, has died. He passed away peacefully this morning at Windsor Castle. The BMA has today passed on the organisation's deepest condolences to Her Majesty the Queen and the Royal Family on the death of Prince Philip today. He was a dedicated public servant, and among his many other roles over the years kindly served as a past president of our association in 1959.

COVID-19 vaccination programme

[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.



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.

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.

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.

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 our updated [guidance page about the COVID-19 vaccination programme](#).

Vaccinations and immunisations guidance (England)

The BMA has 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 flu 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.

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

We 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. We took this up directly and after our 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.

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.

QOF 2020/21 year-end recalculation

An error has been identified with the QOF year-end calculations, which is related to additional point allocations for cervical screening and flu immunisation. This issue impacted the total number of available points, with the maximum value of 538 instead of the planned 567. The resolution has been identified, tested and validated. The resolution will be applied and the QOF calculation will be rerun overnight, with no action required from practices or commissioners today (7 April 2021).

It is expected that declarations and approvals can recommence on the morning of 8 April 2021. All previous declarations and approvals will be automatically reset within CQRS to support this. The CQRS team will issue further communications on the morning of 8 April to provide an update to commissioners.

The approval window for submission of payment requests to PCSE has been extended until close of play on Monday 12 April, allowing three working days for practice declaration and all commissioner approvals to be completed. This issue has not impacted PCN declarations or approvals, which can be actioned. Additional checks have been applied to validate the calculation of the PCN service, as previously communicated.

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.

Salaried GPs vaccination reimbursement

We 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.

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.

Delayed applications to New to practice partnership scheme (England)

NHSE/I have informed us that they 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.

BMA moral distress survey (UK)

The BMA has launched a [survey on moral distress](#), open to all UK doctors, including retired doctors, although it is not aimed at medical students. The survey will remain open until *Sunday 11 April*.

The survey asks about your understanding of moral distress and moral injury, whether you have come across these terms before or have experienced them. The impact of COVID-19 and potential solutions are also considered. The findings will be used to make recommendations and allow the BMA to help mitigate this problem throughout the UK's medical workforce.

Take the survey, and read more about moral distress and how it impacts doctors, [here](#).

BMA Scotland manifesto for the 2021 Scottish Parliament elections

BMA Scotland have published their [manifesto for the 2021 Scottish Parliament elections](#). The proposals for the future of the NHS and crucially its staff, can be read here – and a shorter Pocket Edition [here](#). Key points include:

- A call to put party politics aside and unite to depoliticise the debate around the NHS.
- A national conversation on the future of the NHS, what it should provide and how it should be funded.
- Transforming and improving how we measure performance in healthcare
- A comprehensive and effective workforce plan
- Finally tackling bullying and harassment in the NHS and improving workplace culture

The document also sets out a range of measures to help improve the working lives of doctors and help them feel valued once again. Read the BMA press release [here](#).

GPC UK 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.

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 is **12pm, 19 April**. If you have any queries regarding the election process, please contact elections@bma.org.uk.

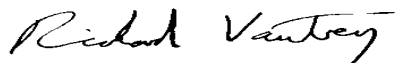
Media

Dr Chaand Nagpaul, BMA council chair, spoke to [Sky News](#) following the announcement relating to the AstraZeneca vaccine saying: "The risk of blood clots has occurred in people with having had the first dose, but not a risk after the second dose, so the advice according to the regulator - according to the evidence - is that you should proceed to having your second dose and be properly protected from what is a deadly virus." I was interviewed on [BBC York](#) yesterday morning (around 7am), and Dr Rob Barnett, deputy chair of the north west regional council, spoke to [BBC Merseyside](#) (also around 7am). Dr Christine Clayton, south east coast regional council chair, appeared on [BBC Sussex](#) at 7.15am, and Dr George Rae, chair of the north east regional council, spoke to [BBC Tees](#) at 8.15am.

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

Best wishes

Richard



Richard Vautrey

Chair, BMA GPs committee