



Beds & Herts LMC Ltd: Weekly Update for Practices, Friday 13th November 2020

1. Covid 19 GP Capacity report

As you will be aware, over the last couple of months, working with Cambs LMC, we have undertaken a piece of work to try and understand and quantify the additional workload that GPs have undertaken as a result of COVID-19. [Click Here](#) to view the report, which quantifies the amount of additional work GPs have delivered during the Covid pandemic, and makes recommendations to commissioners as to how they should support practices in addressing the burden of this unfunded work.

The report represents the culmination of a huge amount of work from both practices and the LMC team, and we would like to thank everyone who has been involved.

You may have already seen that the report has been picked up by the national GP media ([GP Online Article](#)).

We hope this will help to inform people of the true scale of the workload practices have undertaken over the last six months, and the impact that work has had on both patients and staff. We will be sharing the report with local commissioners and NHS England, and believe they need to give even greater consideration to the findings, given the expectation being placed on general practice to deliver the Covid vaccine (see below).

2. COVID 19 Vaccination programme

The details of the Enhanced Service (ES) which were published on 9th November can be found at:

<https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-vaccination-programme>

<https://www.england.nhs.uk/coronavirus/publication/preparedness-letters-for-general-practice/>

The only other official information BHLMC has is what was said in the NHSE COVID vaccination webinar on the evening of 12th November.

However we are also in constant touch with other LMCs and with the GPC and we are hearing reports of clarifications of certain terms within the ES. Some of these were confirmed in the webinar on 12th November. We will share these with you below, especially where they seem to be most germane to questions of how the programme might run. We are aware of the volume of information practices are receiving and we want to avoid duplicating information as much as possible.

We are also included in the ICS/CCG meetings about the primary care covid vaccination programme.

Until the formal ES specification comes out 'later in November', practices are not "signed up" to anything. Anything you submit to your CCG by the first deadline of 17th November is effectively still an expression of interest.

There are two distinct issues that it is worth setting out now.

1. **"Should** General Practice be involved in the vaccination of the patient population?"
All the feedback we have had from local GPs is that they believe that general practice should be part of the vaccination programme and that they are willing to play their part. There is already a strong relationship between general practice and patients, and general practice has the expertise and experience to deliver a vaccine to its patients efficiently. (You are already showing that this year with the flu vaccine, despite all the additional difficulties this year.)
2. **"How** should general practice be involved in the vaccination of the patient population?"
The feedback we have had from local GPs has raised a number of questions about the deliverability, practicality and deliverability of the ES, as it was published on 9 November.

In the rest of this paper we will try to set out our current understanding based on what we know (i.e. what is written in the ES documents published on 9 November) and what we have heard (i.e. since 9 November, what clarifications or explanations have been given so far, some of which were included in the webinar on 12th November).

Please note that this is a rapidly changing and developing situation so while we believe the information in this update to be correct at the time of being sent, the details may be subject to further change.

Issue	Our current understanding – or points to consider
Delivery by "PCN groupings"	<ul style="list-style-type: none"> • This is permissive wording that means that the service can be delivered by more than one PCN working together or by groups of practices working together outside of existing PCN structures. • When the ES is available it will be for individual practices to sign up to. There is no restriction on what groupings practices can work in to deliver the COVID vaccination. It does not just have to be within your PCN – it can be wider than that, if that makes sense to you locally. • As this is not a PCN DES, it is not down to the PCN CDs to do all the organisation and development of practice responses. It may be easier for the CCGs to talk to PCN CDs but all the work should not be left to PCN CDs.
Delivery 7 days a week from 8am to 8pm, including potentially on bank holidays if required.	On the webinar on 12 th November, NHSE said that they are asking for the ability to deliver on a 7-day basis but it is not a requirement to be open 7 days a week. The ability to work over 7 days is needed if the arrival of vaccine stock means that weekend working is needed so that vaccine will not "go off" over a weekend. The arrival of vaccine stock will not be predictable, at least in the early days. As this is a new vaccine, arrival of vaccine stock will be dependent on the manufacturing process. NHSE hopes that this will regularise and become more predictable with time.

975 vaccines to be delivered per week per site	<ul style="list-style-type: none"> • 975 doses is the quantity that is produced by the manufacturer. • Pfizer has also been firm that the Courageous vaccine should remain on the same location after dilution, so it has to be administered on the same site. • The specification asks for clinic delivery to be planned so as to keep vaccine wastage below 5% • The ES specification later in November may show if any flexibilities have been able to be introduced into this element of the specification.
Eligible patients	The ES commissions GPs to deliver the vaccine to the over 50 population, the at risk under 50 adults, and their own staff. They will be done in priority cohorts as set by the JCVI, starting with the over 80s and staff.
Housebound patients and care homes	<ul style="list-style-type: none"> • Because the vaccine has to be delivered on the site where it is drawn up, housebound patients are not expected to be vaccinated in the first cohort as it is not yet known how this can be done safely. It is expected that they won't start to be vaccinated until week 7 of the campaign starting. • Call and recall for care home patients will need to be done locally as cannot be done nationally • They are part of the GP cohort but there are still logistics to be worked out regarding getting the vaccine to the home. • Practices will also be able to vaccinate care home staff even if they are not registered with the practice.
Informed consent from patients	A national consent form and other patient materials will be produced in a range of languages. We have been told that consent can be gained in advance where appropriate.
Call and recall	There will be a national call and recall system. PCN groupings can use the national call and recall system or can use their own call and recall systems. There may be implications for the processing of payments if the national call and recall system is used, and we are awaiting further clarification about that from our ICS IT colleagues
Post vaccine observation	On the webinar on 12 th November, it was confirmed that post vaccine observation of 15 minutes will only be required for anyone driving a vehicle.
Data collection	'Each site will need to ensure there is appropriate access to the relevant system to record the vaccination event the same working day as the vaccine administration occurs and that all staff are trained and have the relevant access to support timely data collection.' (<i>General practice site designation process A12</i>) We don't have any more information about what this means if patients are vaccinated at the mass vaccination centres.
Continuation of other services vs de-prioritisation of other services	<ul style="list-style-type: none"> • The NHSE letter of 9 November says 'We recognise that the additional workload of a COVID19 vaccination programme may require practices to prioritise clinical activity.'

	<ul style="list-style-type: none"> • GPC and RCGP are updating their guidance on the prioritisation of other work. GPC expects local systems to use their common sense on this. • NHSE has made £150M available nationally for general practice to support expanding capacity until the end of March 2021.
Extended Access and Extended Hours	NHSE has said that EA and EH can be re-prioritised to deliver COVID vaccination
Local Enhanced Services	<ul style="list-style-type: none"> • NHSE has said that LESs can be re-prioritised to deliver COVID vaccination. • NHSE letter of 9th November says 'We also expect CCGs to take sensible decisions around the re-purposing of funded capacity delivering locally enhanced services which could also be paused.'
Financial modelling	There has been a message from NHSE that the COVID19 vaccination programme should be cost-neutral for practices. Our sister-LMC in Surrey and Sussex has produced a calculator to help practices in modelling different scenarios. Click here
Mass Vaccination Centres	<ul style="list-style-type: none"> • CCGs have also been told to set up Mass Vaccination Centres (MVC) in addition to the practice/PCN designated vaccination centres. • Check with your CCG where the nearest MVC is. • There is some concern that the presence of an MCV might depress the demand from patients for a PCN designated vaccination centre. • An alternative view is that there might be scope for co-location of a PCN designated vaccination centre with a MVC, if you would like to discuss that with your CCG. • Herts Community Trust has been commissioned across Hertfordshire and BLMK to co-ordinate the vaccination programme including running the MVCs. Other providers such as the Trusts have been asked to make 10% of their staff available to help with the delivery of the programme.

3. Offer from LMC Law: PCN Zoom Class – To incorporate or not incorporate?

LMC Law are offering a new *PCN Zoom Class - To incorporate or not incorporate?* to any PCN wishing to explore the issues around incorporation.

This hour-long, online class will be delivered free of charge to any member of a PCN wishing to attend. There is no limit to the number of participants from each PCN. The aim is to tailor each Zoom Class to the needs of each PCN with plenty of opportunity to raise any specific concerns.

Please see this flyer from LMC Law with further information and details of how to book. [View here](#)

BHLMC Job Board Advertise your practice vacancies with us on our Job Board on the website [here](#). If you are interested in posting an advert please contact lmcadmin@bhlmc.co.uk for more information.

If you have missed any of our regular bulletins for practices, please visit the [Weekly Updates](#) section of our website.

If you are a Locum and would like to receive mailings and updates from Beds & Herts LMC Ltd please click here to complete the [online form](#) with your details and we can add you to our database.

Wellbeing for GPs: [Visit our webpage](#).

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