Bedfordshire & Hertfordshire Local Medical Committee Ltd

Working in partnership for excellence in General Practice

Beds & Herts LMC Ltd: Weekly Update for Practices, **Monday 19th July 2021**

1. LMC Overview of the COVID Phase 3 (Booster) Vaccination Enhanced Service, as we currently understand it

As usual there are more questions than answers and we at a local level and GPC at a national level are pressing the commissioners for further clarity in these areas. The COVID Phase 3 vaccination specification is written as an Enhanced Service (ES) and this allows it to be altered if new evidence comes to light. This mirrors the situation with the specification for the first phase of COVID vaccination back at the end of 2020. All that follows is based on our and NHSE's current understanding of the scientific evidence emerging about booster vaccines. As the scientific evidence changes, the ES will change accordingly. In the first NHSEI webinar on this COVID ES, there were nearly 1,000 questions raised. NHSEI said that these would be added to FAQs they are developing.

Things we don't know

a. *Can a hub and spoke model be used and what are the parameters surrounding this? - Timelines for clarity on using hub and spoke*

The line from NHSE in webinars is that they want to use PCN designated sites as the recipients for deliveries of packs of vaccine but they are then comfortable with PCNs moving vaccines out to individual practices "if the MHRA supports that". The current ES specifications can be read as implicitly supporting this – 9.2.2 "Implementation should also involve flexibility in vaccine deployment at a local level with due attention to mitigating health inequalities, such as might occur in relation to access to healthcare and ethnicity"

b. *The flu DES/ES and how this will impact on capacity and logistics for covid delivery*

The line from NHSE in webinars is that the ES is drawn in line with current JCVI guidance and emerging data from studies: these are for co-administration "where possible". This will be kept under review in line with JCVI guidance. The current line from NHSE verbally in webinars is that they understand that co-administration may not always be possible for a number of logistical reasons and that individual and separate administration of COVID and flu vaccines is still acceptable.

The line from NHSE in webinar is "plan for flu as you have done in previous years"

c. *Flexibility on the sign-up deadline*

The sign-up/opt-in deadline is 1700 on Wednesday 28 July. Past evidence suggests that if you do not feel able to opt-in on by this time, for whatever reason, then you are very likely to be able to opt-in at any subsequent point.

d. *Process for reorganisation of PCN groupings*

If you want to or have to change your PCN grouping for Phase 3 delivery, how will this work? The detail is not clear.

e. *Will CD funding be increased to/maintained at 1 WTE for the duration of this ES, where at least one PCN practice has opted into the ES?*

This has not been confirmed yet.

f. If someone has had their first vaccination but then refused their second vaccination but then comes for a booster, what should you do?

Answer awaited

g. Where there are vaccinators who had been trained up just to be able to administer the COVID vaccination, can they be trained up also to be able to administer the flu vaccination?

Answer awaited.

The Phase 3 ES – some points to note

General Points

- The ES is for practice sign-up but to be delivered via PCN Groupings not by individual practices – but see comment above about hub and spoke delivery.
- The deadline for opt-in is 5pm on Wednesday 28th July. It is for individual practices to opt in not PCNs
- The ESs for Phase 1 and Phase 2 are being extended to 31 October 2021. If a practice signs up to Phase 3, the sign-up for Phases 1 and 2 is automatically cancelled from the date at which Phase 3 sign-up takes effect. First and second vaccinations can be given to Cohorts I-XII, as if under Phase 1 or Phase 2, but this will actually be under the terms of the Phase 3 ES.
- Do not start to give boosters with any left over existing stock! It is not yet clear what vaccination will be approved for the booster. In addition to any clinical issues about using a vaccine as a booster when it has not be cleared for that, practices will only be reimbursed for administering approved booster vaccines after appropriate opt-in to the ES.

Related to Specific Sections of the ES

1.7 Practices can form new PCN groupings. There is no detailed definition about what constitutes a PCN grouping. Could just two practices form a grouping? Could a PCN grouping be smaller than a PCN, i.e. under 30,000?

5.1.5. Must comply with any guidance around concurrent administration with flu – unclear what this means. Still awaiting further guidance from JCVI.

6.4 New updated version of the collaboration agreement – need to have in place by 5th Sep

8.1 PCNs can subcontract the ES e.g. to a single practice

9.5.1. PCNs have to actively co-operate with any national call/re-call service requirements – what does this mean? On webinars NHSE have said that PCN groupings do not have to sign up to the National Booking Service (NBS). NHSE expect that most PCN groupings will want to continue with their own local call/re-call systems.

9.7 "GP practice must ensure the patient has understood……." This seems to be more relevant to Phase 1 and Phase 2 vaccination, rather than Phase 3.

11.1.1 The payment is £12.58 per vaccination

11.1.2 There is an additional £10 payment for administration to patients in care homes, the house bound etc., on top of the £12.58 item of service fee

12.1 The notice period for withdrawal from the ES is 42 days

2. Registration of undocumented individuals

BMA/GPC have asked LMCs to flag the issue of vaccines and undocumented migrants. Bureau of Investigative Journalism conducted some research on access to COVID vaccines for those who are not registered with a GP practice – namely undocumented migrants. Their findings are fairly damning, with many practices refusing to register patients

with unclear immigration status/no documents/no fixed address. This is being picked up by various sections of the media. It seems that despite the requirement on GP surgeries to register all patients (if the lists are open to new patients), less than a quarter of all surgeries (24%) in their investigations registered an undocumented patient.

We have been asked to encourage practices to use the Safe Surgeries toolkit developed by Doctors of the World (DOTW). The toolkit is an accessible presentation of existing guidance and supports clinical and non-clinical NHS staff to promote inclusive care through GP registration. Notably, it aims to address specific barriers to primary care faced by vulnerable, un/under-documented migrants by ensuring that GP practices are aware of all relevant guidance and rules. This includes, for example, that patients should not be turned away if they lack a proof of ID, address, or immigration status.

BMA/GPC is encouraging GPs and practices to consider and adopt the recommendations set out in the toolkit, particularly as it is now more important than ever that patients are registered with a GP. GP registration will likely mitigate the effects of the pandemic on health inequalities by improving equitable access to care and ensuring that marginalised and excluded communities are not missed in the COVID-19 vaccine roll-out.

DOTW also offer FREE training to clinical and non-clinical NHS staff that aims to improve awareness of migrant entitlements to NHS care and enables staff to better advocate for their patients.

If you have questions about the rules relating to the registration of patients, please feel free to contact the LMC for guidance and support.

3. Shocking workforce crisis exposed by BMA report

The BMA published Medical staffing in England: a defining moment for doctors and patients last week. The figures indicate that there are 1,307 (4.4%) fewer fully qualified FTE GPs than in September 2015, whilst the number of patients per GP practice is 22% higher than it was in 2015, so the GP workforce has not expanded with this rise in patient need. As a result of this, there are now just 0.46 fully qualified GPs per 1,000 patients in England - down from 0.52 in 2015.

There is an urgent retention issue with GP partners with numbers continuing to fall. It is clear that workload pressures are having a material impact as, based on the data trends, fully qualified GPs generally want to better control their workload and work-life balance. There is also a clear trend towards salaried and sessional GP roles and more portfolio and LTFT (less than full-time) working, which is the case for GP trainees as well.

The Government is clearly failing to get anywhere near its 2020 commitment of an additional 6000 doctors in general practice by 2024, as we only anticipate getting around 3,380 additional fully qualified FTE GPs (not factoring in any existing GPs reducing their hours or leaving the profession in that time). This also still falls short of the Centre for Workforce Intelligence's 2014 prediction model of the worst-case scenario for the GP workforce in 2024.

To tackle the workforce crisis the BMA are calling for urgent and sustained action, including:

- Legislation mandating regular healthcare workforce assessments in the Health and Care Bill
- Action to address workforce pressures
- Reduction in bureaucracy, targets and premises pressures that particularly impact GP partners

The BMA is also calling for an increased Treasury investment in the medical workforce, including:

- Sufficient medical school, foundation programme and specialty training places
- A relaxation of punitive pension taxation rules, so doctors are not forced to consider early retirement
- Introduction of flexible working options for all staff
- Doctor retention initiatives, as set out in our Rest, Restore, Recover (2021) report.

Read more here

4. Supporting general practice and latest appointment data

We all know that GPs and their teams across the country are under enormous pressures. NHS Digital has published the latest statistics for GP appointments which show that over 8.5 million vaccines appointments were delivered via general practice in England in May, on top of 23.5 million 'regular' appointments, again demonstrating the level of demand that practices continue to meet. These figures, taken together with the results of the national GP patient survey released last week, shows the reality of our experience, that practices are delivering hundreds of millions of appointments and as a result of our hard work the vast majority of patients are pleased with the care delivered by their general practice team.

The BMA wrote to the former health secretary Matt Hancock, to make it clear that the Government needs to do more to support general practice, not talk it down. The message to the new Secretary of State for Health and Social Care, Sajid Javid, is the same – GPs and their staff are angry, frustrated and disappointed by this treatment. In the BMA's letter to him, they raised their concerns about the way the Government's emergency regulations have led to a command and control way of working which at times has restricted practices rather than empowered them, and asked for him to bring an end to this micromanagement of general practice from both government and NHSE/I when the restrictions are lifted on 19 July. The BMA have also called for urgent action to reduce workload pressures through recruiting and retaining more GPs and practice nurses, and to address the premises issues that serious limit our work.

The BMA & LMCs want to do as much as can be done to support practices in England with the tools you need to explain to your patients the pressures that general practice is facing. More information will be released in the coming weeks on the BMA website and in communication directly to practices.

5. Easing of COVID restrictions and face coverings

A BMA survey released ahead of the Government's announcement confirming the easing of the restrictions on 19 July, found that a vast majority of doctors who were asked said they were in favour of keeping rules around face coverings and social distancing.

91% of doctors surveyed believe masks should continue to be worn in healthcare settings - where practical – and 86% say the same for social care settings.
90% of those surveyed wanted to see masks remaining mandatory on public transport, and a majority thinks face coverings should continue to be worn in shops, in hospitality and workplaces, like offices.

The BMA had also co-signed a letter with the Royal Pharmaceutical Society and other stakeholders, to the Prime Minister, calling for the continued use of face masks in healthcare settings.

NHSEI have now made a statement that the government's infection control guidance for healthcare settings has not changed, and so will continue to apply following the lifting of restrictions on 19 July, and healthcare settings should therefore maintain face coverings among other IPC measures.

The BMA have produced a poster that practices can display about the continued use of face coverings for healthcare settings as attached and – download it **here**

See more information and guidance on PPE for practices in our COVID-19 GP toolkit, and general guidance on PPE for doctors here

6. Health and Care Bill briefing for general practice

Following the introduction of the Government's Health and Care Bill to the House of Commons, GPC and the BMA have produced a briefing outlining the key implications and potential impacts of the new legislation on GPs and General Practice. This covers key changes including the transfer of powers from CCGs to ICSs, GP voice within ICSs, and changes to funding flows.

Ahead of the Bill's Second Reading last Wednesday, BMA Council also voted to express the BMA's opposition to the Bill as presented to Parliament, arguing that it is the wrong time to be reorganising the NHS, fails to address chronic workforce shortages or to protect the NHS from further outsourcing and encroachment of large corporate companies in healthcare, and significantly dilutes public accountability. The BMA is also concerned about the wide-ranging powers the Bill would confer on the Health Secretary.

Further information on the Bill and the BMA's work this is available on a dedicated webpage.

7. Survey about CQC inspections & their effect on ethnic minority GPs

BAPIO (British Association of Physicians of Indian Origin) GP forum is seeking views of GPs and GP Practices affected by CQC inspections, particularly from ethnic minority GPs or Practices owned/led by ethnic minority (aka BAME) GPs- https://www.surveymonkey.co.uk/r/FJ7YQD6

This will help inform discussions with CQC on issues facing ethnic minority GPs and/or GP Practices owned/led by ethnic minority GPs. If you have any questions, please contact Kalindi Tumurugoti (Kalindi.Tumurugoti@nhs.net)

Updates - If you have missed any of our regular bulletins for practices, please visit the Weekly Updates section of our website.

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.

Locums - If you are a Locum and would like to receive mailings and updates from Beds & Herts LMC Ltd please register via the online form and we can add you to our database.

Wellbeing for GPs: Visit our webpage.

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