



## Beds & Herts LMC Ltd: Weekly Update for Practices, Tuesday 21<sup>st</sup> September 2021

### 1. Recent Events in Manchester & The BLMK GP Access Communications Campaign

The impact of the ongoing negative perceptions of General Practice was epitomized last week when a patient of a practice in Manchester carried out a violent attack on practice staff, two of which required hospitalisation. This horrific event, together with the abuse practices are reporting on a daily basis, underscores the need for a national campaign to educate the public on the pressure on General Practice and put an end to the contradictory messaging coming from the government (see the Support Your Surgery campaign below). While this work needs to take place at a national level, we are also pushing local commissioners to help support practices to inform patients and manage expectations.

Last week the BLMK CCG published a series of resources aimed at helping patients to use general practice resources appropriately. While the material is BLMK focused, the general principles hold true wherever you are in the region.

On behalf of the BLMK CCG Primary Care and Communications team, please find the resources for their GP Access Campaign below.

- A leaflet '[Help us to keep you and your family well](#)' has been produced which aims to explain the different NHS services available to residents and their families and how to access them. More information [here](#).

If you would like printed copies of the leaflet, please let the Communications team know: [blmkccg.communications@nhs.net](mailto:blmkccg.communications@nhs.net)

- An animation has been created to help patients to understand that the way that people access their GP has changed to ensure that people get the best possible care safely and quickly. It also explains how they can best access support from their GP Access. This is available to view on the CCG website here: <https://www.blmkccg.nhs.uk/your-health/accessing-your-local-healthcare/>
- They have worked with staff at Medics Primary Care Centre in Luton on a walk-through video of the practice to 'introduce the public to some of the staff now working in practices', you can view the video on [YouTube](#) and the accompanying media release can be viewed on the [CCG website](#).

### 2. Letter to Secretary of State

Following the BMA joint letter with RCGP, NHS Confederation and the Institute of General Practice Management (IGPM) sent last week, the BMA has again [written](#) to the Secretary of State, Sajid Javid, to address the inflammatory [comments](#) he made in Parliament regarding increasing face-to-face GP appointments.

It was pointed out that although GPs would like to be able to do this, the simple truth is that far more is needed than just words to do so. We need to remember “a return to how things were before the pandemic” would mean a return to a profession at breaking point, too few GPs, practice nurses, support staff, inadequate premises and longer waiting times to obtain an appointment for patients.

The BMA has again called for urgent action from government to tackle these fundamental issues including an immediate suspension of QOF, not least following the impact of the blood bottle shortage and the ongoing workload pressures and restrictions practices are experiencing. Read their [statement in response to Sajid Javid’s comments](#)

### **3. #Support Your Surgery campaign**

At a time when so many are criticising general practice, we would encourage you to continue to use the resources and tools available on the [Support Your Surgery campaign page](#) to get the support of our patients to make the changes we urgently need to see.

The need for the campaign was clearly demonstrated this week as Sajid Javid, Secretary of State for Health and Social Care, showed how out of touch he is with the state of general practice through the [comments he made in parliament](#). We would therefore encourage patients and the profession to sign the petition calling on Government to provide the resourcing need so we can increase the number of GPs and other support staff in England.

### **4. GP survey - deadline extended** (England, Wales, Northern Ireland)

Please complete the survey to tell the BMA about the issues affecting you most, including your workload, recruitment, and your future career plans.

This is an important survey that will support negotiations and lobbying, and is a crucial part of their GP campaign. Your responses will also help them better understand the issues affecting GPs and ensure they are representing the profession effectively.

The [survey](#) is now open until **22 September** and will only take around 10-15 minutes to complete.

### **5. COVID vaccinations**

#### COVID vaccinations for 12-15 year olds

The [UK CMOs have now advised](#) that the additional likely benefits of reducing educational disruption provides sufficient extra advantage, in addition to the marginal advantage at an individual level identified by the [JCVI](#), and therefore recommend an extended offer of vaccination with a first dose of Pfizer-BioNTech vaccine to *all* children aged 12 to 15.

The [Enhanced Service Specifications](#) have been updated to include the expanded “at risk” group for 12-15 year olds, which means that practices will be covered by indemnity and can start vaccinating this group.

The [Collaboration Agreement](#) which has been approved by MHRA for phase 3 of the vaccination programme has been updated. Practice vaccination groups are required to have a Collaboration Agreement, although not required to use the template.

[Healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school](#), and practices will only be involved in the vaccination this group where the commissioner requests, *with the agreement of the practice*, and in collaboration with the school-aged immunisation service. GP vaccination sites should not therefore proactively

vaccinate this group unless they been requested to do so. Read the guidance from NHSE/I [here](#)

#### Booster vaccines

We welcome that the [JCVI has now confirmed that booster vaccines](#) should be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9). The booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1. We would anticipate that many GP practices will want to co-administer these boosters with flu vaccination and we expect local teams to facilitate this. There is also a need for government and NHSE/I to do far more to support practices, not only in the delivery of this important programme for our patients, but also to address the wider workload pressures practices are experiencing, something which is only likely to increase as the winter progresses.

[NHSE/BMA have announced](#) a further increase to the funding for PCN clinical directors from October to March 2022 although this will be from 0.25WTE to 0.75WTE rather than the higher 1WTE payment made previously. Whilst it is necessary to recognise the significant work clinical directors and those working with them are currently doing, it is disappointing that this has been reduced rather than increased further as is really needed. The [updated Phase 3 specification](#) has now been published.

The BMA has also written to the MHRA asking for clarification with regards to the continued recommendation for a 15-minute observation period following provision of the Pfizer-BioNTech 'Comirnaty' vaccine for COVID-19. The BMA highlighted that this causes a particular problem for GP practices participating in the vaccination programme as many practice premises lack the facilities or space to safely undertake the required 15-minute observation period following provision.

#### Recording overseas vaccinations

The BMA continues to raise the issue of recording overseas vaccinations on practices' IT systems, a technical solution for recording on the NHS immunisation management service (NIMS) is still being worked up but not yet ready to roll out.

In the meantime, NHS Digital has advised that vaccination sites should follow the [guidance from Public Health England](#) (see pages 13 and the table on page 34-35), relating to vaccines given abroad, in terms of which vaccine should be given in England depending on which was given abroad.

If someone has had their first dose outside of the UK, they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, to arrange their second dose. Patients should be told that at this time, only vaccines delivered in the UK will count towards UK COVID-19 certification and that the NHS is working on a solution.

If a patient registered with a GP in England informs you that they have had a vaccination overseas, you may choose to record the details in the usual clinical notes section of the patient's GP record. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

#### **6. Blood bottle supply update**

NHSE/I has sent a [letter](#) to practices updating on the supply disruption of BD blood bottles. The availability of alternative products and improvement in BD's production capabilities,

alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with the [best practice guidance](#), can resume, stocks permitting from 17 September. Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, in order to spread out demand for tubes. All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week's worth of tubes based on demand from June and July 2021.

**Blood tests in hospital will still be more limited and the BMA have asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.**

### **7. COVID-19 Response: Autumn and Winter Plan 2021**

The BMA has produced a short [briefing](#) regarding the Government's [Winter Plan](#), outlining the main points expressed in the Secretary of State's speech and the Prime Minister's press conference.

- Although the worst case scenarios of the models look to be quite unlikely, there is still considerable risk of hospitalisations reaching unsustainable levels in the Winter.
- That the expected peak of infections in August may be delayed until October – coinciding with winter pressures.
- There is a significant degree of uncertainty and predicting the trajectory of infection is difficult
- There is a great deal of consensus that acting earlier and introducing certain measures to limit contacts such as working from home could have a significant potential to mitigate the scale and speed of the infection trajectory; these would preferably be done when hospitalisations are already at a manageable level.

Read the BMA [press statement](#) which reflects the position on how they believe the Government should approach this period of time

### **8. End of the shielding programme and closure of the Shielded Patient List (SPL)**

The [Government has announced](#) that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support is still available. Practice do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

### **9. Health inequalities and climate change**

This week the BMA [wrote](#) to the President of the UN COP26 Climate Conference, Rt Hon. Alok Sharma MP, to highlight concerns about health inequalities and climate change. They made a number of recommendations to the Minister including the action government could take to support general practice to become carbon neutral, implementing a practice of return and recycling for medicines such as inhalers and for resources to meet the needs of practices in areas suffering from high levels of deprivation.

## **10. ARM update**

The BMA's [Annual Representative Meeting](#) was held earlier this week, where the Council chair Chaand Nagpaul's [speech](#) highlighted the pressures GPs are under, and that GPs and primary care teams have worked incessantly 7 days a week in vaccination centres while practices at the same time continued to provide essential services to their patients. He pointed out that it's therefore soul destroying for GPs to be publicly vilified for not being able to operate normally and that it was a failure of leadership by the NHS not to defend GPs. He said "what we needed was for ministers and NHS leaders to visibly congratulate and thank GPs and primary care teams for their heroic efforts in saving tens-of-thousands of lives." Read the resolutions [here](#) and [listen \richard Vaultery's report to the ARM](#)

A motion was passed at the ARM, which stated that 'primary care did not shut during the pandemic, but appropriately changed working practices to protect both patients and staff, continuing to see patients face to face where this was necessary' and called on 'the BMA to demand NHS England cease and desist from negative briefings suggesting otherwise'. This was reported on by [Pulse](#)

## **11. Changes to the COVID-19 test kit distribution service**

From 4 October, an amended COVID-19 test kit distribution service will begin. People will be asked to register on [www.gov.uk](http://www.gov.uk) or via 119 for a collect code to pick up test kits. More information is available from the Service Specification on the [NHS BSA website](#).

## **12. NHS-Galleri cancer test trial**

The [NHS has launched a trial of a new blood test](#) that can detect more than 50 types of cancer before symptoms appear. The participants, are aged 50-77 and asymptomatic of cancer, are identified and invited through NHS DigiTrials to register their interest in being part of the study. Those who consent will be invited up to a mobile screening unit to give a blood sample.

The [NHS Galleri test trial](#) checks for the earliest signs of cancer in the blood and only those who have a positive Galleri test will be referred by the study team to a 2WW clinic based on the predicted cancer signal origin. Hence, any GP involvement in this study is only if participants choose to contact them at any point in the trial process. A few GP practices have, in addition, volunteered to undertake trial recruitment from their lists and are liaising with the study team.

## **13. Supportive call from WHO for investment in primary care post COVID**

The WHO Regional Committee for Europe issued a [statement](#) about reinventing primary health care in the post-COVID-19 era, which calls for more investment in primary care.

## **14. Survey of practices' experiences of using PCSE payments and pensions portal in August (England)**

The BMA are extending the closing date of their joint [survey](#) (with the Institute of General Practice Management), to learn of practice experiences of using the PCSE payments and pensions portal, until *Tuesday 21 September*. They would be grateful if you could complete the survey on behalf of your practice if you haven't already done so. Take the [survey](#)

## **15. Sessional GPs webinar – contracts**

A webinar will be held on *21 September*, 6.30-8pm, about key contract issues for sessional GPs, including what to look out for when reading a new contract, common pitfalls to avoid and what support is available from the BMA. There will also be an update on NHS 111 contracts. Register your place [here](#)

## 16. Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual [Social Prescribing Link Worker Day Conference](#) on 8 October 2021, with the theme of *The Creative Disruptors Reducing Inequalities & Powering Up Integrated Care*, to celebrate and showcase Social Prescribing Link Workers' impact and role in creatively disrupting inequalities and powering up integrated care. This event is open to GPs, social prescribing link workers, community health and social care industry leaders, PCNs and clinical directors. There are 20 free tickets available for BMA members – first come first served - via this [link](#)

**News** - For the latest news, information and weekly updates for practices, please visit the [Hot Topics](#) section of our website.

**BHLMC Job Board** - Advertise your practice vacancies or search for jobs on our [Job Board](#). If you are interested in posting an advert please contact [lmadmin@bhlmc.co.uk](mailto:lmadmin@bhlmc.co.uk) for more information.

**Locums** - If you are a Locum and would like to receive LMC updates, please register via the [online form](#) to be added to our database and mailing list.

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### Contact Us:

Beds & Herts LMC Ltd, Tel: 01438 880010

Email: [lmadmin@bhlmc.co.uk](mailto:lmadmin@bhlmc.co.uk)

Website: [www.bedshertslmcs.org.uk/contact\\_us](http://www.bedshertslmcs.org.uk/contact_us)

