

Beds & Herts LMC Ltd: Weekly Update for Practices, Monday 6th December 2021



1 Relaxation of some elements of GP contracts

On 3 December 2021, NHSE sent out a letter containing details of the relaxation of some elements of GP contracts due to the pressure of workload on practices and the focus on COVID-19 vaccination.

Some of these elements apply to all practices and some only apply to practices/PCNs delivering COVID-19 vaccinations. **The position of BMA/GPC is that practices should not be put under any pressure to take on COVID-19 vaccinations or to continue doing them if they wish to stop them. The LMC supports BMA/GPC that it is perfectly reasonable for practices to use the time and resources released by this relaxation of contractual terms to be able to focus on the core elements of providing appointments and delivering services to their GMS/APMS patients.**

Applicable to all practices

- Some **QOF** indicators will continue to be paid on the basis of practice performance. These include vaccination, cervical screening, register indicators and those related to optimal prescribing. *(LMC Comment – We have not yet seen any information on what elements of what indicators will continue to be paid on the basis of practice performance, nor what is meant by "optimal prescribing". Further detail has been promised by NHSE this week. We will share it with practices as soon as we can.)*
- Other **QOF** indicators will be subject to income protection based upon historical practice performance, in a similar way to arrangements in 2020/21. *(LMC Comment – We have not yet seen any information on exactly what elements of QOF will be income protected. Further detail has been promised by NHSE this week. We will share it with practices as soon as we can.)*
- The income protection element of **QOF** will require practices to agree with the CCG a plan setting out how QOF care will be delivered wherever possible but with priority according to clinical risk, and accounting for inequalities. *(LMC Comment – We have not yet seen any further detail on this. We are hoping that there will be greater clarity from NHSE this week. We are talking to the local CCGs to understand what they have heard about this and to try to get greater clarity on what might be required of such practice plans.)*

For the **IIF**, this year's indicators covering flu immunisation and the completed work on appointment recording and categorisation will be paid as normal as per the IIF. The remaining indicators will be suspended and the funding repurposed. The majority of the repurposed funding will be allocated to PCNs via PCN Support Payment, on a weighted patient basis, subject to confirmation from the PCN that it will be reinvested into services or workforce. *(LMC comment – We do not yet know what proportion of the repurposed funding will be put into the PCN Support Payment.)*

From 1 December 2021 to 31 March 2022, where practices consider it clinically appropriate, **routine health checks for those over 75 and for new patients** may be deferred.

The **Dispensing Services Quality Scheme** will be amended to reduce the requirement for medication reviews from a minimum of 10% of dispensing patients to a minimum of 7.5% for 2021/22. Practices are asked to prioritise patients who they consider to be higher risk or who would benefit from a review.

The **CQC** have confirmed that routine inspections of practices will continue to be paused, and only risk-based assessment will be undertaken, where deemed critical to safety and quality.

Applicable only to those practices/PCNs participating in the COVID 19 vaccination programme

If participating in the vaccination programme income protection for the **Minor Surgery DES** will apply from 1 December 2021 until 31 March 2022. CCGs will make the same monthly payments to practices as they did for 1 December 2018 to 31 March 2019.

Part of the **repurposed IIF funding** will be allocated to a new IIF incentive to support PCNs whose practices are fully participating in the vaccination programme. *(LMC Comment – We do not yet know what proportion of the repurposed funding will be put into this new IIF incentive, other than that the majority of the repurposed funding will be going into the PCN Support Payment – see above.)*

The **fees for COVID vaccinations** are now:

- Item of Service (IoS) fee of £15 per jab administered on weekdays and Saturdays during December and January (exclusive of days designated as a Bank Holiday)
- Item of Service fee of £20 per jab administered on Sundays or Bank Holidays during December and January
- An increase in the supplement for the third dose and booster vaccination of housebound patients to £30 until 31 December, backdated for those already done
- A temporary supplement of £10 for the administration of COVID-19 vaccinations to severely immunosuppressed people during December and January. This payment will NOT apply to any vaccinations administered prior to 1 December 2021.

An enhanced payment to support **Clinical Director** and management leadership of PCN sites to 1WTE for the period 1 December 2022 to the end of March 2023.

2. New COVID-19 Omicron variant – new measures and booster programme extension

A [CAS alert](#) has been sent out to healthcare workers, with advice to continue to follow the national [Infection prevention and control for seasonal respiratory infections in health and care settings for winter 2021 to 2022 guidance](#), wearing face masks for staff and face masks/coverings for all patients and visitors within health and care settings over the winter period.

It also recommends that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care setting, and that it should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed. Read the BMA statement [here](#)

3. Joint statement on Inclisiran

The BMA have published a [joint statement](#) with the Royal College of GPs regarding the implementation of [Inclisiran](#) in primary care.

Although the BMA is supportive of innovation of new drugs, they have serious concerns about how this drug is being introduced. In particular they have raised issues about where the long-term responsibility lies when prescribing this drug, and the lack of clarity about where doctors and patients can turn if there are concerns or problems.

There is also an issue of capacity, the lack of clear resources to support the additional work required and the impact that introducing new treatment plans will have on teams that are already stretched to their limits. BMA has raised these concerns with NICE and NHSE/I. Beds and Herts LMC has had discussions about inclisiran with both local ICSs.

This guidance aims to advise practices that may want to prescribe these drugs of concerns and that they should only do so if they feel comfortable. Read the BMA statement [here](#)

4. Integrated care systems – primary care

The BMA continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice, and the role of LMCs. As part of this they have co-signed a [letter](#) with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs)
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making
- That existing statutory Local Representative Committees, such as LMCs, have the right to put forward nominations for those roles
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

Herts & West Essex:

5. Shared Care Record and London Care Record connection update

Please see the update regarding the Shared Care Record which will now be linked to the London Care Record – allowing HWE practices to see relevant information regarding patients who have had treatment at certain London Hospitals.

<https://www.healthierfuture.org.uk/shared-care-record>.

The Frequently Asked Questions for Health and Care Professionals are also available <https://www.healthierfuture.org.uk/shared-care-record/frequently-asked-questions-for-health-and-care-professionals>.

This went live on 3rd December 2021.

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 lmcadmin@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.

Workforce Wellbeing & Support [Visit our webpage](#).

Contact Us:

Beds & Herts LMC Ltd, Tel: 01438 880010

Email: lmcadmin@bhlmc.co.uk

Website: www.bedshertslmcs.org.uk/contact_us

