

16th November 2020

COVID-19 Vaccination Programme

It was encouraging to hear [the news](#) of the successful Pfizer Covid-19 vaccine trial which brings widespread protection of the population against COVID-19 a step closer. This is the first of a number of potential vaccines that could become available in the coming months. There is still much that needs to be done to ensure any vaccine is safe and effective.

This only serves to increase the importance of successfully administering the vaccine when it potentially could be available for some patients from December onwards. Once we have a safe and effective vaccine, we need to ensure it is given as soon as practically possible to our most vulnerable patients. GPC have therefore negotiated [arrangements](#) for general practice to be given the opportunity to lead delivery of the vaccination programme.

Practices are now considering whether their practice can take part and if so how this will be implemented, as well as considering the impact on non-COVID patient demand as we prioritise services. Recently published [guidance](#) aims to answer as many questions as possible. This will be regularly updated. The guidance covers:

- What the service involves
- How the service will operate
- Safety and risk
- Funding and workload
- Timeline
- Practical considerations for practices and PCNs

We recognise that this will be a huge undertaking for practices already struggling to cope with the impact of the pandemic and supporting the large number of patients with other healthcare concerns, but it is hoped

that by combining new funding for additional capacity and deploying the workforce to align with appropriate clinical prioritisation, including use of locums to provide the additional capacity, practices and community teams can work together to successfully deliver the service.

GPC have secured [£150m of further support](#) from NHSE/I for additional practice workforce capacity, which is ring fenced for general practice until the end of March 2021. This sits alongside the CVP (COVID-19 vaccination programme) service and the funding will be made directly from CCGs to practices.

The CVP requires practices to work together to deliver vaccines initially with [one designated vaccination site](#), which would be determined by the practices involved and will therefore vary depending on the area. The reason for the designated site is because of the characteristic of the first vaccine which has a limited shelf life and is difficult to move once defrosted, but it will also depend on patient demand and vaccine supply. As different vaccines are approved and supply increases there will be more opportunity to adapt these arrangements. Practices will determine how they work together, for instance using each practice's immunisation team on a rota basis, so whilst the overall service will need to be prepared to vaccinate 7 days a week if vaccine is available, individual practice teams would only need to cover their sessions.

COVID-19 Vaccination Programme Contractual Arrangements

Following the announcement of the Covid vaccination programme, we have had confirmation that this will now take the form of an Enhanced Service Directed by NHSE/I under [Section 7a of the 2006 NHS Act](#). Discussion with NHSE/I had initially been on the basis of a Directed Enhanced Service to ensure binding national agreement, and the full details that GPC had at the time were provided to GPC England for agreement and then announced to LMCs and practices. NHSE/I has since advised that S7a arrangements would provide the most appropriate contractual vehicle for the programme.

S7a delegates powers from the Secretary of State to NHSE/I and allows it to exercise all the powers that the Secretary of State would have in terms of a DES, but it cannot be called a DES as that refers to a Direction from the Secretary of State. Similarly, this is not a NES, as many people understand it from 2004.

Commissioning under S7a provides flexibility for necessary amendments to the Specification to be made swiftly, by national agreement between NHSE/I and GPCE only. This is crucial in such a fast moving environment where we will

need to add in new information without delay as more vaccines are supplied with different requirements.

To be clear:

- the content of the Specification has not changed due to it being an Enhanced Service Directed by NHSE/I rather than a Directed Enhanced Service
- programmes commissioned under this route are a 'reserved function' of NHS England, and cannot be changed or varied by local commissioners
- NHSE/I is offering this, through CCGs, to every practice in England – CCGs cannot prevent this and must do this
- Any amendments to the Specification will be done through agreement between GPCE and NHSE/I only

In these respect there is no difference to a DES and is in line with other public health vaccination programmes already delivered by general practice as Enhanced Services Directed by NHSE/I, such as [shingles catch-up](#), [pertussis for pregnant women](#), [freshers meningococcal](#) and [childhood flu](#).

GPC have been advised by their legal team that this change in contractual mechanism makes no difference to the details that they have agreed. They should not alter national or local plans to implement the substance of what has been agreed, and must not prevent practices that wish to engage in this vitally important programme from discussing this with their colleagues and making the immediate preparations that are required to ensure our patients can access the vaccine as soon as it becomes available.

Letter to CQC on Supporting General Practice during a Period of Unprecedented Pressure

The attached letter has been written to the CQC again urging them to immediately halt all non-essential inspections and practice monitoring to allow GPs and their teams, currently under immense pressure, to focus on the job at hand during the pandemic.

It has been made clear to the CQC that, in addition to delivering flu vaccinations to 30 million patients in England this year (and also leading the upcoming COVID-19 vaccination campaign), GPs and their teams must be supported and enabled to provide care that best serves the needs of their patients, in a way that adds most clinical value and keeps patients, clinicians and staff safe - it is imperative that they are not distracted from their primary focus of ensuring the ongoing care of their patients.

Guidance for Doctors who are Isolating and those in Vulnerable Groups

With new national restrictions in place, the Government is [advising](#) people who are clinically extremely vulnerable to work from home. The BMA has now published some FAQs explaining what this means for doctors in that group, or who live with someone who is. [See our guidance.](#)

Patients who are on the shielding list will receive a [letter](#) directly from government about what they should do, and a copy of the letter is sufficient to give to an employer as evidence for Statutory Sick Pay purposes – and patients should therefore not need a fit note issued by the practice.

GP Workforce Figures

The latest [GP workforce figures](#) were published last week and they showed an overall increase in the number of GPs including trainees. Recruiting new GPs is a crucial factor in turning around our workload pressures. However there is still a continued and worrying decline in the number of FTE GPs and GP partners specifically over the last year.

Recent schemes aimed at improving recruitment and retention, such as the partnership premium, the GP fellowship scheme, and the expansion of GP training places may help in the longer term, but the Government must do much more to turn these figures around, to show that GPs are valued and make general practice a genuinely attractive place to work again.

Updated Directed Enhanced Service Specification for Flu

Following the announcement and the recent publication of guidance, an updated [DES Specification for the seasonal flu and pneumococcal vaccination programme 2020/21](#) has been published to reflect practices now being able to access central flu vaccines supplies.

Influenza Immunisation Call and Recall Error

We are aware of some practices being approached by concerned patients after mistakenly having been sent letters from NHSE/I telling them they should book a flu vaccination. We raised this with NHSE/I, and we have now been informed that this was in response to an error made by NHS Digital.

In developing a cohort of people at greater risk from influenza for NHSE/I, NHSD mistakenly included those who had a diagnosis of glandular fever at some point in the past. Although current glandular fever causes people to be immunosuppressed, past glandular fever does not. As a result, a number of

people we had incorrectly added to that cohort received letters from NHSE/I encouraging them to have a flu vaccination. When the mistake was discovered, the process of sending letters was stopped, and the misidentified people removed from the cohort. NHSD has written the attached letter to GPs to inform them of this mistake and provide information that can be used within practices to advise patients in this situation if necessary. They are also, as of today, writing to the misidentified patients, in three cohorts depending on their age and hence what further action, if any, they should take. An example of the letter to patients is also attached for information.

Mental Health and Wellbeing

Wellbeing

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

Mentor Support

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

BMA Mental Health and Wellbeing

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. Access the [BMA's COVID-19 wellbeing pages here](#).

The BMA has welcomed the NHSE/I [announcement](#) of further funding for the expanded and rapid access provision of mental health services for NHS staff in England over the winter. This is urgently required and something the BMA has been calling for to support the major challenges NHS staff are facing. At the ARM, a motion was passed expressing concern at the potential long-term impact of the pandemic and called for resources to support the profession. As we head into a second wave of the virus it is vital that staff are protected. [Find out more here](#).

LMC Website

The following guidance has been added to the LMC website www.worcsimc.co.uk this week:

[GPCE Guidance on the Covid19 Vaccine](#)
[LMC Guidance Note for Patients on Sick/Fit Notes](#)
[Latest NHSE Covid19 Vaccine GP Updates](#)
[LMC Covid19 Vaccine Programme Guidance Note](#)
[GPCE Letter to CCGs Supporting Practices](#)
[Letter to Rosie Benneyworth 161120](#)
[Sarah Wilkinson NHSD Letter to Patients Nov20](#)
[Sarah Wilkinson NHSD Letter to GPs Nov20](#)

Other COVID 19 Resources

[BMJ – news and resources](#)
[RCGP COVID-19 information](#)
[NHSE/I primary care bulletins](#)
[NICE resources](#)

WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

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All 20 practices are represented at Committee Meetings

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**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 10th December 2020
Herefordshire – 9th December 2020