

18<sup>th</sup> January 2021

## **NEW VICE CHAIRMAN**

The Committee voted unanimously to elect Dr Matthew Davis to the position of Vice Chairman last Thursday evening as Dr David Herold now takes on the role of Chairman. He is welcomed to the role. Many of you will know Dr Davis who is a GP partner at Bewdley Medical Centre. He has been on our Committee for many years and has played an active role in attending meetings on behalf of the LMC.

## **ADDITIONAL FUNDING TO SUPPORT RAPID CARE HOME VACCINATION**

Practice groups around the country have been working extremely hard to protect our most vulnerable patients. The daily reporting of vaccinations given clearly demonstrates this, with over 3 million given. The increased availability of the AstraZeneca vaccine makes it much more possible to vaccinate care home residents and staff and we now need to do this as quickly as possible. GPC have been discussing this regularly with NHSE/I and welcome their announcement yesterday that [additional funding will be provided to support the rapid delivery of vaccinations to care home staff and residents](#) in England. The care homes supplement will now increase as follows:

- £30 for first doses administered Monday 14 December - Sunday 17 January
- £20 for first doses administered Monday 18 - Sunday 24 January
- £10 for first doses administered Monday 25 - Sunday 31 January
- £10 for all second doses administered

In addition, NHSE/I has provided new payment to support the administration of the Pinnacle system. Vaccination must be recorded immediately in Pinnacle in order to ensure the clinical record is updated and to be sure that PCNs are paid for the work that they are undertaking. PCNs bringing in additional

workforce between now and the end of January need to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle and they will be eligible to claim up to £950 per week (a maximum of £2500 per PCN grouping) of funding support.

Finally, there is also a reminder that providers of Community Health Services should do all they can to release staff to support local vaccination services with the vaccination of care home residents and staff during the next fortnight. Lead providers of vaccination centres are able to make staff temporarily available in a flexible manner to support PCN Groupings in this important work and community nursing teams, who provide care daily into care homes, are well placed to support this work. Any financial costs in having to back fill staff can be found in the [NHSE/I letter to Regional Directors of Workforce](#).

There is also to be a significant increase in availability of vaccine from next week, so all sites should expect the opportunity to vaccinate more, as well as covering all care home patients.

### **VACCINE ROLLOUT AND MASS VACCINATION CENTRES**

This week, the government in England published its [vaccination delivery plan](#) which outlined plans for over 1200 local vaccination sites, most led by GP practices, 206 hospital hubs and 50 mass vaccination centres. [Seven large scale mass vaccination centres](#) have opened this week, as well as more local practice vaccination sites and hospital hubs, in addition to those that are already operating. NHSE/I has also published a [map](#) with all the vaccination sites across England.

The clear aim for us all is to ensure that as many people get vaccinated as quickly as possible. However, the BMA is determined to ensure that all people, not least elderly patients, are given the opportunity to choose to receive their vaccination from their local GP vaccination site. This means all sites need greater provision of vaccinations, which we expect to increase in the coming weeks, and greater certainty on delivery so they can plan their vaccination sessions and book patients in with greater confidence. The letter inviting patients to book in to a mass vaccination centre, which has been sent to thousands of eligible patients, has now been amended following the BMA's comments to be clearer that they do have a choice of attending their local practice site, but we are still aware of some confusion and of patients having contacted the [national booking service](#), being redirected to mass vaccination centres at much further distance than local practice sites.

Concerns have been raised on the COVID Vaccination Programme IT system with NHSE/I and the servers have since been upgraded which should now improve the situation and there is now additional funding for administrative support.

### **VACCINATION OF HEALTHCARE WORKERS**

The BMA [continues to call for all health and social care workers](#) to be given urgent priority to protect an already depleted workforce and to help prevent the NHS becoming overwhelmed.

Practices should ensure that locum GPs they are in regular contact with are invited for vaccination either via hospital hubs or by the practice itself. Additionally, any healthcare staff who self-identify with their own registered GP practice should be vaccinated as per the [JCVI guidance](#).

Please do not decline or turn away any health and social care workers.

### **CHANGE IN LEGISLATION TO ALLOW ANY GMC REGISTERED DOCTOR TO ADMINISTER THE COVID-VACCINE IN PRIMARY CARE SETTINGS**

The Government has announced that doctors who offer their support in delivering the [Enhanced Service](#) Specification COVID vaccination programme in primary care settings will be exempt from the requirement to be included on the England Medical Performers List. The [Regulations](#), which came into force on 14 January, remove previous barriers and mean that any GMC registered doctor will be able to administer the vaccine and any ancillary vaccine services under the enhanced service specifications in a primary care setting. We welcome this change in legislation which will support the rapid roll out of the vaccine, allowing more doctors to administer more COVID vaccines.

Practices are reminded of their existing obligations to ensure staff have the qualifications, skill, competence, training and experience to deliver safe care under the Health and Social Care Act 2008.

### **COVID-19 VACCINATIONS PROGRAMME GUIDANCE**

The [national protocol for the Pfizer/BioNtech vaccine](#) has been updated to define minimum dose interval and vaccination in accordance with national recommendations "For operational purposes the second dose may be given between 3 to 12 weeks following the first dose or in accordance with official guidance at the time."

The [AstraZeneca \(Oxford\) vaccine national protocol](#) has also now been published.

NHSE/I has published a letter with an [Instruction on timing of second dose of COVID-19 vaccinations](#), which sets out that all vaccination sites ensure that all second dose appointments for both patients and health and care staff that have not already been rescheduled, must be rearranged to take place in the 12th week. The Academy of Medical Royal Colleges has also published a [statement](#) supporting the decision of the four UK CMOs to prioritise the delivery of the first COVID-19 vaccine dose, and to delay the second dose to up to 12 weeks.

Public Health England has this week published a [UK COVID-19 vaccine delivery plan](#) as well as a [vaccine surveillance strategy](#). PHE will monitor vaccine effectiveness at preventing both symptomatic and severe disease and at reducing infection and transmissibility. This will be accounted for across multiple different sub-groups including age (and other clinical risk factors), viral variants, number of doses administered, timing of doses, and the comparative effectiveness of different vaccines in the real world. The BMA has produced the attached summary about the vaccine surveillance strategy.

The CQC has confirmed in the attached letter about the administration of the Pfizer-BioNTech Covid-19 vaccination that adhering to *'appropriate, authoritative guidance' such as JCVI/CMO national guidance on vaccinations 'is considered to be entirely appropriate'*. Similarly, in the attached letter the GMC advised: *'were a complaint to be received in the future where the sole concern was about a doctor having administered a vaccine in line with the recommendations of JCVI and the four CMOs it seems highly unlikely that this would raise any fitness to practise concerns about the individual'*.

The [BMA's guidance on the COVID-19 vaccination](#) programme has been updated to include the national protocols for both vaccines, the updated joint document on workload prioritisation, funding to support rapid care home vaccination, in addition to the other recent information about how access to vaccines for all frontline health and social care workers, and further support to enable practices to prioritise vaccine delivery.

## **SUPPORTING DOCTORS THROUGHOUT THE SECOND COVID-19 WAVE**

The four Chief Medical Officers, NHSE/I, The General Medical Council and The Academy of Medical Royal Colleges have written [a letter to doctors](#) on working through the second wave.

## **UPDATE ON CQC'S REGULATORY APPROACH**

Following the call on CQC to suspend routine reviews they have now published an [update on their regulatory approach](#) during the pandemic, which states:

*'For primary medical services we will only inspect in response to significant risk of harm – including concerns raised by people working in services and people using them – and when we cannot seek assurances through other routes. If an inspection is necessary, we will carry out as much activity off-site as possible'.*

## **GUIDANCE FOR CLINICALLY EXTREMELY VULNERABLE (CEV) PATIENTS**

Following the introduction of another national lockdown, the Government will be sending [a letter](#) with updated guidance to all clinically extremely vulnerable people, which again advises to take extra shielding measures to protect themselves, until at least 21 February 2021. The Government has also extended the offer of a free 4-month [supply of vitamin D](#) supplements for all adults who are clinically extremely vulnerable. Access their updated [guidance for clinically extremely vulnerable people](#).

GP practices continue to remain open and whilst remote consultations should be the main way in which patient care is delivered, when it is clinically necessary to see vulnerable patients face-to-face they would normally be expected to attend the surgery. Read our updated [guidance](#).

## **COVID PPE SCHEME EXTENDED UNTIL JUNE 2021**

The Government has announced that it is extending the provision of [free COVID-19 PPE for all health, social care and public sector workers](#), until at least the end of June. This will ensure frontline and wider public service workers can continue to access rigorously tested and high-quality PPE.

Practices should continue to access COVID-19 PPE via the [PPE portal](#).

The BMA has also called for enhanced and more appropriate PPE to be made available to staff in all healthcare settings, in a letter to the Government's health minister for prevention, public health and primary care Jo Churchill, and a letter to Public Health England. Read more [here](#).

## **VOTE ON FUTURE NEGOTIATIONS ON THE PCN DES AND PCN SURVEY RESULTS**

We would like to remind you that the vote of the profession as to whether GPC England should continue negotiations on the PCN DES is open until 23:59 on **Tuesday 19 January**. The vote is open to all GPs in England, regardless of contractual status (partner/sessional/trainee) or BMA membership status.

The ballot has been designed with the agreement and in careful collaboration with GPC England and the LMC England conference chair and agenda committee, as well as in consultation with the BMA's internal experts on survey design. Read more about the vote [here](#).

### **PULSE OXIMETRY GUIDANCE UPDATE**

The guidance for [pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings](#) has been updated. Pulse oximeters can be used as a tool for patients most at risk of poor outcomes from COVID-19. It is used to identify oxygen levels and warn the patient of the risk of 'silent hypoxia' and rapid deterioration at home.

### **PRE-REGISTRATION FOR OFFENDERS LEAVING PRISON**

The contractual requirement of the [General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to accept patients from the secure estate prior to their release has increased importance during the COVID-19 pandemic. Among other benefits, pre-registration may help the smooth rollout of the COVID-19 vaccine. For individuals leaving the secure estate between the first and second doses of their vaccination who have been registered with a community GP, their GP record will be updated with their vaccination status. GP practices are asked to ensure that processes are in place to meet this contractual requirement, with information on how to do this [here](#).

### **NHSE/I LEGISLATIVE PROPOSALS ON INTEGRATED CARE SYSTEMS**

The BMA has responded to [new legislative proposals](#) put forward by NHSE/I, which would see ICSs (Integrated Care Systems) made statutory bodies and could dramatically alter the role of CCGs.

In the [response](#), they are critical of the manner in which the consultation has been carried out but also examine the potential implications of the proposals which, they believe, are currently incapable of delivering the integrated and collaborative NHS that staff and patients need. They have also set out where they believe further changes have to be made - both to the proposals and to the present system itself - including highlighting the need for strong clinical voices within ICSs and for the NHS to be made the preferred provider of NHS services, for example. They have been clear about the fundamental

importance of the independent contract system for general practice and of the role of LMCs as the representative of all GPs in an area.

The response is now available on the BMA website [here](#). See our LMC response to the proposals [here](#).

### **LATERAL FLOW TEST ORDERING**

To ensure that the correct quantities of lateral flow test boxes are delivered to primary care contractors, and that there are enough tests to distribute among staff, any contractors who have placed an order of over 100 test boxes on the PCSE portal have been contacted to confirm, as soon as possible, the number of patient-facing staff and therefore the correct number of boxes of tests they wish to receive, to avoid any delays to deliveries.

Practices who have not yet placed their order, should log onto the [portal](#) and complete their order by COP **Sunday 17 January** to start to receive deliveries from the following week.

### **FIT NOTES (MED 3)**

GPs are reminded that they are still required to issue fit notes (med 3) as normal. There are specific scenarios relating to COVID-19 where patients can use the isolation note service, instead of seeing a GP, as outlined below. During the pandemic DWP is encouraging employers to use their discretion as to what medical evidence is required to support periods of sickness absence.

Previously advice was issued on issuing fit notes (med 3s) remotely during the pandemic, which remains in place until further notice. A properly signed and scanned fit note sent via email to the patient will be regarded as 'other evidence' and will be accepted by DWP for benefit purposes. Not signing fit notes can mean that they are rejected by employers and DWP, so we have been asked to remind GPs that fit notes must be signed. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record.

If the patient is unable to receive their fit note electronically, they will be required to collect a hard copy from the practice or it will be posted to them, at the practice's discretion. Isolation note service:

The isolation service does not provide fit notes (med 3s). It is an automated service that can be used to provide evidence of the need to self-isolate by those who:

-Have symptoms of coronavirus

- live with someone who has symptoms of coronavirus
- are in a support bubble with someone who has symptoms of coronavirus
- have been told to self-isolate by a test and trace service

It can be used to cover continuing periods of isolation if patients still have symptoms or develop new symptoms following their initial isolation period.

## **PHOENIX GP PROGRAMME FEBRUARY 2021**

The CCG is excited to announce that a brand new, fully funded, virtual GP Career Development & Leadership programme is coming to Herefordshire and Worcestershire starting in February 2021.

The [Phoenix GP](#) programme is a career and skills development program specifically targeting GPs who are more than 3 years post CCT and those who have the potential to remain in practice for at least another 10 years. It provides a series of 6 evening sessions over 6 months for a cohort of up to 30 participants, balancing a series of talks from inspirational GPs with dedicated skills workshops developed by GP Leads from the Time for Care team to focus on some of the challenges faced by mid-career GPs. These include topics such as managing change, quality improvement, engagement & influencing people and facilitating online meetings.

Applications are welcome from GPs at any stage of their career, GPs who have completed the Next Generation GP programme may wish to progress to this programme and Locum GPs are also welcomed to participate.

Please see a [Flyer](#) for the programme.

## **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.worcslmc.co.uk](http://www.worcslmc.co.uk) this week:

[Phoenix Programme Flyer](#)  
[LMC Firearms Guidance](#)  
[LMC Firearms Proforma](#)  
[PHE Vaccine Surveillance Strategy](#)  
[GMC Response to BMA](#)  
[CQC BMA Pfizer Covid Vaccination](#)

### **OTHER COVID 19 RESOURCES**

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

# WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

**Registered office: St Stephens Surgery, Adelaide Street, Redditch, Worcs B97 4AL  
Tel. 01527 65082**

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.

## **MEMBERS OF THE WORCESTERSHIRE COMMITTEE**

**CHAIRMAN:** Dr David Herold  
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## **Representatives:**

**BROMSGROVE:** Dr D Pryke  
Dr K Hollier

**REDDITCH:** Dr I Haines  
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**WYRE FOREST:** Dr M Davis  
Dr S Morton  
Dr J Rayner

**WYCHAVON:** Dr D Herold  
Dr J Rankin  
Dr R Kinsman

**MALVERN:** Dr P Bunyan  
Dr B Fisher

**WORCESTER:** Dr F Martin  
Dr C Whyte  
Dr R Benney

## **Co-opted Representatives:**

**Out of Hours:** Dr E Penny  
**Dispensing:** Dr J Rankin  
**Registrars Rep:** Dr J Chun (North)  
Dr L Jones (South)

## **Practice Manager Representatives:**

Helen Garfield, Representative WF PM  
Lisa Luke, Representative R&B PM  
Meryl Foster, Representative SW PM

**First5 Rep:** Dr M Venables  
**IT Rep:** Dr R Williams  
**Non Principals:** Dr W Safdar  
**Clinical Directors:** Rotating  
**BAME:** Dr W Safdar

## **MEMBERS OF THE HEREFORDSHIRE COMMITTEE**

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### **Representatives:**

All 20 practices are represented at Committee Meetings

**Worcestershire and Herefordshire GPC Representative:** Dr S Parkinson

### **The next LMC meetings will be:**

Worcestershire – 11<sup>th</sup> February 2021  
Herefordshire – tbc