

1st February 2021

CONTRACT AGREEMENT FOR 2021/22

As you will be aware, GPC secured a contract agreement for 2021/22 with NHSE/I last week (details are in last week's newsletter).

See Richard Vautrey's presentation about the contract [here](#). The video and full details of the contract agreement are also available on the BMA [website](#). GPC are also planning to hold some webinars and will provide more details shortly.

COVID-19 VACCINATION PROGRAMME

The roll out of the COVID-19 vaccination programme continues at pace, with the inclusion of two new [cohorts](#) (people over 70 and those clinically extremely vulnerable to COVID-19) last week. Vaccinating the first two groups (care home residents and staff, and those aged 80 and over and frontline health and care staff) will remain the priority, but vaccination sites with enough supply and capacity for vaccinating further people are allowed to offer vaccinations to the next 2 cohorts.

Following earlier issues with vaccine supply, we are being reassured that they are becoming more stable each week although some batches can still vary.

Vaccination of Healthcare Workers

The BMA has been campaigning to ensure all healthcare workers are given the opportunity to be vaccinated as soon as possible. We are therefore pleased that NHSE/I has reiterated that vaccinating all healthcare staff against COVID-19 is an absolute and immediate priority. NHS staff do not require an NHS number or GP registration to receive a vaccination and should never be denied one on this basis, either in person when presenting for a vaccine, or through design of booking systems. If a member of staff does not have an NHS number, then employers should vaccinate now, record locally via a paper system and ensure that that the vaccination event is more formally documented later. NHSE/I is working towards a longer-term solution, but

employers should not wait for this before vaccinating. NHSE/I has also written a [letter](#) encouraging frontline health and social care workers to get the COVID-19 vaccine as soon as possible.

Vaccine Wastage

The BMA continue to have reports of some CCGs demanding that vaccines are thrown away rather than giving second doses or vaccinating other cohorts. We would like to reiterate that NHSE/I has made it clear that the top priority is that all vaccines be used and therefore must not be deliberately wasted. All sites should have reserve lists that they can use to make every effort to invite patients or healthcare professionals to ensure that they can make full use of any unused vaccines rather than have any go to waste. Read more about vaccine supply in the [BMA's advice webpage on healthcare worker vaccination](#) and report any concerns about this via the [feedback portal](#).

Second Doses

GPC have raised with NHSE/I the need for practice sites to be able to start planning for giving second doses by booking appointments. This requires confirmation of delivery schedules in March and April, particularly of the Pfizer vaccine. We hope NHSE/I will be able to confirm arrangements for this shortly. Practices should plan for 6 doses per vial for second dose, but where there is not enough for a 6th dose, NHSE/I will look to make an emergency delivery of smaller amounts of more vaccine to make up the difference.

IT Issues

As a result of IT problems some vaccination sites have had to record patient information on paper rather than inputting it directly into the Pinnacle system. We would therefore encourage practice sites to upload this information as soon as possible, which also needs to be done for payment purposes. This will also help NHSE/I to plan properly for the timing of the second dose delivery. Extra funding has been made available to PCN groupings to bring in additional workforce until the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle. PCN groupings will be eligible to claim up to £950 per week of funding support.

Transfer of Vaccines

This week, NHSE/I has published guidance on [Mutual aid and the transfer of COVID-19 vaccines between Hospital Hubs, Vaccination Centres and Local Vaccination Services](#). Annex B of the document sets out that as long as the relevant guidance is followed, local commissioner should be offering a supportive role in facilitating the movement of the AstraZeneca vaccine within a PCN grouping and do not need to seek formal approval for moving the

vaccine in line with the arrangements set out in the letter. It also advises that once moved, the vaccine should either be administered or immediately put in a refrigerator at a practice site within the PCN grouping, and ideally administered within 24 hours or as soon as practical over the following days.

Care Homes

NHSE/I have written a [letter thanking colleagues in adult care homes for the progress in delivering vaccinations and information about the next steps by 31 January](#). In order to be included in the February payment to the lead practice within your PCN Grouping, all activity relating to vaccinations administered between 14 December 2020 and 31 January 2021 should be recorded within the Outcomes for Health (Pinnacle) system no later than 23:59 on 31 January 2021.

NHSE/I has also published guidance on [Access to National Workforce Supply Routes for Primary Care Network \(PCN\) Groupings](#). All NHSE/I guidance for primary care about the COVID-19 vaccination programme is available [here](#).

The Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Medicine have published a [statement](#) responding to misinformation around COVID-19 vaccine and fertility. RCOG has also published [information and advice for pregnant women about the COVID-19 vaccine](#), including an updated Q&A section.

Read the BMA [guidance on the COVID-19 vaccination programme](#) which includes information about avoiding vaccine wastage, and other information about what is expected of practices support available to enable practices to prioritise vaccine delivery.

We were pleased to see the [joint letter](#) from Secretary of State Matt Hancock and Nadhim Zahawi, the minister with responsibility for the covid vaccination programme, recognising and praising the significant role GP practices have played in the successful roll-out of the vaccination programme. They wrote: "We are enormously impressed with how readily primary care teams have come forward to play such a vital role in the vaccination programme, under truly unique circumstances."

CORONAVIRUS VACCINATION FIGURES

Coronavirus vaccination figures are now produced on a daily basis. As of 27 January, approximately **7.45 million** people **in the UK** had received their first dose of the Covid-19 vaccine, while **476,298** people had received their second dose.

[NHS England data](#) shows that a total of **79.7%** of over 80s have had their first dose of the Covid-19 vaccine, an increase of **20%** on the figures published last week. There remains quite a large regional variation in the proportion of over 80s vaccinated; **only 65%** of Londoners aged over 80 have received their first dose, compared to other regions where the proportions vary between **78.3% (South East) - 83.7% (North East)**. This data is reflective of last week's figures - the North East continues to have the highest proportion of over 80s vaccinated, although other regions appear to have caught up, for instance East of England which previously had the lowest proportion of over 80s vaccinated (along with London) across the regions but now the data shows that **79.9%** of the over 80s have been vaccinated compared to **53%** last week.

Until now, weekly figures published by NHS England have contained information based on region and age group. Going forward, these figures will be supplemented by ethnicity and occupational data to understand vaccination uptake in high-risk groups (BAME, people living in deprived areas) in order to tackle health inequalities. Data according to site of administration, i.e. mass vaccination centre, hospitals hubs, GP practices are not yet published but we understand that in England over 70% of vaccinations are given by GP sites.

NEW TO PARTNERSHIP SCHEME

The New to Partnership Scheme was launched in England in July 2020 (backdated to April 2020). So far about 400 applications have been approved and many more are being processed. NHSE/I has now finalised the S96 contract for GMS practices, which forms the agreement between the practice, the new partner and NHSE/I. This contract has been agreed with the BMA.

Contracts are now being sent out to applicants from GMS practices to sign and seek their partners' signatures, within 4 weeks. The funding will then be released to the practice to pass onto the new partner.

It is hoped that this development will now speed up the process and encourage even more new partners to apply for the scheme.

Read the guide to applying for the [GP partnership scheme](#), which will help you navigate what can be a complicated application process.

NHS PENSION SCHEME ACCESS FOR ARRS STAFF

There were potential issues with access to NHS pension scheme access for ARRS staff employed by GP Federations who might lose their APMS contract

as a result of the Extended Access changes (and which cease, therefore, to be an Employing Authority under the NHS pension scheme).

The delay to the formal handover of the Extended Access arrangements to Primary Care Networks (PCNs) until April 2022 means this issue is probably less pressing for many GP Federations than it was a few weeks ago. Nevertheless, the provisions for GP Federations without a GMS/PMS/APMS contract to apply for temporary access to the NHS pensions scheme for its staff has now been extended until March 2023. That position has now been confirmed in the updated NHS BSA guidance on access to the NHS pension scheme for PCNs – see scenario 3 in [this document](#).

GP APPOINTMENT DATA

The [GP Appointment data for December](#) has now been published. The data shows that there was a drop of just over 1.25 million appointments from November to December (from 25 million to 23,7 million) but that is a significantly smaller drop than for November – December 2019 (26.8 million to 23.5 million), and there was an increase of around 170,000 appointments in December 2020 compared to the previous year.

Waiting times also appear to have dropped compared to the same period in the previous year, with the number of appointments within 7 days up by 1.9 million in December 2020 compared to December 2019, and appointments over 8 days down by 1.76m.

This shows the incredible achievement of general practice with 100% of appointments in December 2020 as December 2019 in addition *to* launching and running the vaccination programme.

UPDATED PCN VACCINE PLANNING AND PROGRESS TRACKING TOOL

A new version of the [PCN vaccine planning and progress tracking tool](#) has been launched on the LVS workspace in Foundry. The updated version helps PCNs to plan their COVID-19 vaccination programmes for the AZ and Pfizer vaccines and users to calculate weekly vaccination capacity for each vaccine based on site and workforce scenarios. The tool also enables users to track progress with vaccination, including filters for different cohorts, delivery at each site against plan and progress with cohort coverage for PCNs, grouping population across different delivery methods (LVS, Hospital Hubs, Vaccination Centres). [A user guide is also available \(log in required\)](#).

CQC ACTIVITY IN PRIMARY CARE

As a result of lobbying by GPC and LMCs, CQC has written to all CCG primary care leads and NHSE/I regional directors confirming that it will only inspect GP practices in response to significant risk of harm and when it cannot seek assurances through other routes. If an inspection is necessary, it will carry out as much activity off-site as possible. Full details are available in the attached letter.

GP REFERRALS INTO CPCS

The PSNC (Pharmaceutical Services Negotiating Committee) has published an [animation](#) to explain how GP practices can refer patients with minor illnesses to local pharmacies, by using the referral pathway of the Community Pharmacist Consultation Service (CPCS), which is in the process of being rolled out to include GP referrals.

Before the service can be rolled out in an area, there must be local discussions between the PCN, general practices and community pharmacies to agree how the referral process will operate – and practices are encouraged to begin those local conversations now. Read more on the [PSNC website](#).

GP RETENTION SCHEME WEBINAR

A [webinar on the GP Retention Scheme](#) will be taking place on Thursday 25 February from 7pm – 8.15pm. The BMA will be looking at how the GP Retention Scheme works for both employees and employers, tackling some of the common misconceptions about the scheme and hearing from GPs who are currently on the scheme. There will be a Q&A session at the end and you can submit any questions in advance to cscott@bma.org.uk. A full list of speakers will be confirmed shortly. Click [here](#) to sign up.

THE FELLOWSHIP PROGRAMME FOR GP AND NURSES ACROSS HEREFORDSHIRE AND WORCESTERSHIRE

Reimbursement:

The programme is funded nationally and based on FTE. Therefore for most Fellows reimbursement is less than 1 session a week. We are aware that this is having an effect on colleagues being supported to attend the programme. Practices could negotiate paying the Fellow to undertake this work outside of any clinical sessions and be remunerated at the national rate – therefore at no cost to the practice. We know this has been discussed and is in place for a number of Fellows as part of being part of the programme. We hope other practices could consider this option, in order to enable the Fellow to be released as lack of attendance will otherwise severely impact this programme and its success.

Benefits to the practice and system:

Not only are there huge benefits to the fellow in participating in this programme, there are benefits to the practice particularly relating to recruitment and retention. In the attached slide deck you will see that we have outlined the benefits for all parties. We hope practices will see this as an attractive opportunity to offer to colleagues in order to enable us to grow local talent and future leadership within practices and across PCNs.

INTEGRATING CARE WORKSHOP

Next Steps to Building Strong & Effective Integrated Care Systems across England

We know it is difficult to think of anything other than COVID and the vaccine right now but there is a one hour Teams event on **Thursday 4th February at 1pm** is important. NHSE\I intends to increasingly devolve more functions and resources to Integrated Care Systems ahead of proposed legislative change to be implemented in April 2022. CCG functions will be absorbed to become core "ICS business". Hereford & Worcestershire has already submitted an application to become a Designated ICS ahead of these changes.

The PCN CDs with the LMC believe that practices need to be made aware of this development to better understand possible impact, challenges and opportunities. This one hour session aims to be the start of this and will be led by Mike Farrar who is working with the CCG and Worcester "system" to help develop thinking and approach leading up to implementation.

Mike has had an extensive and varied career in the NHS and his responsibilities have included chairing the NHS Confederation GP Contract negotiating team that successfully negotiated the new GMS contract in 2004.

The event will be recorded for wider sharing. We hope as many people as possible can make it.

TRAINEE VISA CONCERNS

We are aware that a number of international GP trainees who are due to complete their training in February are concerned about securing full time employment before their visa expires. This is because many GP practices do not hold sponsorship licences or are not actively recruiting.

NHS England and Improvement have asked that any impacted doctors contact england.intrecruitment@nhs.net and they will put you in touch with regional colleagues who may be able to assist.

From an immigration perspective, BMA members should use the BMA's [Immigration advice service](#) so they can get free basic legal advice on their case.

WORCESTERSHIRE ONLY

ELECTION OF WORCESTERSHIRE LOCAL MEDICAL COMMITTEE REPRESENTATIVES

Members of the Local Medical Committee for Malvern, Wychavon and Worcester are due to retire from office on 31 March 2021. Therefore, there will be a nomination and election process for Committee Members to take office on 1 April 2021 for a period of four years.

Nomination papers in respect of each of the constituency areas will shortly be sent via email to all practices in Malvern, Wychavon and Worcester. Every candidate for election must be nominated by at least two electors from the constituency in which his/her name is included and the nomination paper should be signed by the candidate indicating that he/she is prepared to serve if elected. **Nominations must be received via email no later than Midday on 15th February 2021.**

In addition, due to the retirement of one of our Redditch Representatives we also have a vacancy for this area. If any GP is interested in joining the Committee to represent Redditch please get in touch with the LMC Office.

Joining the Committee is a real opportunity to get more involved and influence the direction of travel for Worcestershire general practice.

For more information about any of these roles on the Committee please contact Lisa Siembab in the LMC Office.

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](#).

Wellbeing Message from the CCG

We are all aware of the significant impact that the pandemic has had on the health, wellbeing and resilience of colleagues across all aspects of the health, social care and emergency services. In addition the ever present stress of the impact of Covid 19 on your families and loved ones, colleagues have also been

exposed to increased stress and risk in attending work. This has been further magnified by the need to provide guidance, reassurance, compassion and care for members of the public who are themselves distressed, exhausted, acutely unwell and at times angry with the developments over the last 12 months.

With this in mind we would like to raise awareness of the help and assistance that we can provide within the Herefordshire and Worcestershire Healthy Minds service. We are able to provide bespoke talking therapies for all colleagues irrespective of their role in your organisations to assist with anxiety, low mood, stress and other common mental health problems. Referral is easy and can be completed via visiting <https://www.healthyminds.whct.nhs.uk/>. We are an NHS service and as such our care is free at the point of contact and confidential.

The Service Manager, Phill Morgan Henshaw is happy to answer any questions regarding referral and treatment and can be contacted on 01432 842200 or via phill.morganhenshaw@nhs.net.

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 this week:

[NHSE Payment for Care Home Supplement to PCNs](#)

[CCG Fellowship Slides](#)
[CQC Primary Care Update](#)
[BMA Contract Update Slides](#)

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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Dr B Fisher

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Dr C Whyte
Dr R Benney

Co-opted Representatives:

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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
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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 – 11th February 2021
Herefordshire – tbc