

1st March 2021

GPC UK REGIONAL ELECTIONS

The voting period is **now open** for seats to GPC UK in our region of Herefordshire/Worcestershire/Warwickshire/Coventry. I am standing for election this year and would welcome your support! To submit your vote please visit <https://elections.bma.org.uk/>.

If you do not have a BMA web account?

To vote in this election you must have a BMA web account, if you do not have one please click [here](#) to create one. Please follow the link to 'request a temporary non-member account' and email your temporary membership number to elections@bma.org.uk to get access to vote in this election.

The deadlines for voting are 12pm 12th March for the by-election and 12pm 19th March for all other regional seats. **Dr Gillian Farmer, Worcestershire LMC Secretary.**

LOCKDOWN RESTRICTIONS LOOSENING

Ahead of the [announcement](#) by the Prime Minister last week of a four-step end to the lockdown in England, the BMA published a [paper](#) setting out the principles and policy ideas which it believes should inform a sensible and safety-first approach to easing the current lockdown.

The BMA warned the Government to take a 'cautious approach' to lifting lockdown restrictions as otherwise the NHS will be overwhelmed. Easing restrictions must be connected with measurable metrics and targets on virus circulation. Read more [here](#).

Although England is still in a national lockdown, as of 8 March, some of the rules will be changing, such as all pupils returning to school. More details can be found in the Government's [COVID-19 Response - Spring 2021](#), which sets

out the roadmap out of the current lockdown and explains how the restrictions will be lifted over time.

CONTRACT WEBINAR 2021/22

GPC held two well-received webinars this week, setting out the updates to the [2021/22 contract](#).

The presentation slideshow is attached and the recordings of the webinars will be available on the BMA website next week. We will include a link to the recordings in next week's newsletter.

COVID-19 VACCINATION PROGRAMME

NHSE/I has sent a [letter setting out the additional steps being taken to support the vaccination of cohort 6 - adult carers and individuals added to the shielded patient list](#) - as a result of the COVID-19 Population Risk Assessment tool (QCovid). The letter also includes information on the availability of the national booking system for these groups.

This follows the letters to [people identified as high risk by COVID-19 Population Risk Assessment Model – under 70 years of age](#) which was sent out last week. GPC have since raised concerns with the Department of Health and Social Care about the impact this letter has had on some patients who have subsequently contacted their practice seeking more information. Although the letter clearly states that patients do not need to contact their GP about the letter, many anxious patients are still clearly doing so, so GPC have asked whether modifications can be made to any future letters sent.

COVID-19 Clinical Risk Assessment Tool (QCovid)

A [new online tool](#) that can help clinicians better understand how at-risk a person may be of being admitted to hospital or dying as a result of being infected with coronavirus is now available. The COVID-19 Clinical Risk Assessment Tool is powered by [QCovid®](#), a coronavirus risk prediction model created by the University of Oxford.

Clinicians can use the tool to risk assess individual patients or review those added to the [Shielded Patient List \(SPL\)](#) as part of the [COVID-19 Population Risk Assessment](#). There is though no requirement or expectation for practices to validate the latest update to the shielding list following the application of the QCovid tool.

There are some instructions for individuals and organisations to follow [before using the tool](#), including the requirement for a Data Protection Impact

Assessment (DPIA) and privacy notice in place that covers the tool's use. A template [DPIA](#) and [privacy notice](#) have been provided to support you to do this.

Following concerns about the inclusion of some codes relating to gestational diabetes, NHS Digital has published specific guidance on gestational diabetes on their [COVID-19 Population Risk Assessment](#) page. This page also has a lot of detail about the development of the risk assessment tool and it has information about how patients can get more information if the page does not answer their questions (email risk.strat.spl@nhs.net). The RCGP has also developed a [flow chart](#) to support GPs when considering risk for patients with a history of gestational diabetes.

Vaccinating people with a learning disability

As we know, multimorbidity is very common for those with a learning disability and therefore practices are encouraged to contact all people on their learning disability practice register and offer an early appointment for vaccination.

Vaccinating people with Severe Mental Illness (SMI)

As people with SMI people face reduced life expectancy of 15-20 years when compared to the general population and have also been disproportionately impacted by the coronavirus pandemic, this group is also included in cohort 6 prioritisation list. Note that the Green Book defines SMI as schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment, and also includes people with an eating disorder and those with a diagnosis of 'personality disorder'.

Tailored invitation letters for local vaccination sites to invite these groups are available on the [FutureNHS platform](#).

Vaccination patients who are HIV positive

People living with HIV, at all stages of infection, should be offered the vaccination due to the associated immunosuppression, and are as such part of cohort 6. Most of these patients will be invited for vaccination by their GP, however, for the small proportion who have declined sharing their HIV status with their GP, HIV clinics should encourage and support these patients to share their HIV status with their GP.

Vaccinating those aged under 18

As the AstraZeneca (AZ) vaccine is not licensed for use in those under the age of 18 – if any young staff members or volunteers (aged 16-17) present to a vaccination centre for vaccination, they should be referred to their GP or local

hospital hub where they can access the Pfizer vaccine which is authorised for this age group. If the Pfizer vaccine is unavailable, JCVI have recommended that the AZ vaccine can be used as an alternative in those aged 16-17 years. This is outside the license and must therefore be done under a PSD and cannot be done under a PGD or National Protocol.

Vaccination cohort 5

Patients in cohort 5 (people aged 65 and over) have received a letter from the national booking system stating that they are now eligible for vaccination, with information about how to book into a mass vaccination site or a pharmacy. The letter also states that if the patient wishes to be vaccinated by their GP then they should wait to be contacted by their practice. Practices, however, have been told to prioritise patients in cohort 6.

To be clear, if practices vaccinate anyone in cohort 5 they will receive payment. However the priority for practices should be those in cohort 6, which is a much bigger group, but once practices are in an appropriate position having completed cohort 6 they could contact patients in cohort 5 to invite them for their vaccination if they have not already received it. In order to manage patient expectations and to prevent additional patient enquiries, practices may wish to contact their patients in cohort 5 to inform them that they will be contacting them in the near future to give them the opportunity to receive their vaccination locally if that is their preference.

We expect people in cohort 7 to shortly receive similar letters, and the same points with respect to cohort 5 apply to 7.

NHSE/I has this week published a letter on [Supporting CCGs to address vaccine inequalities](#), which describes further action to enable and locally deliver community activity and engagement to support COVID-19 vaccination access and uptake, building on the vaccine uptake strategy.

NHSE/I has also published guidance on [Further opportunities for PCN and Community Pharmacy vaccination sites to partner with community venues to deliver temporary vaccination clinics](#).

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

STUDIES ON COVID-19 VACCINE EFFICACY

Three new studies about COVID-19 vaccine efficacy have been published, as summarised below:

EAVE II Study (Pfizer and Oxford/AstraZeneca vaccines)

The [EAVE II study](#) looked at the efficacy of the single dose regimen of both the Pfizer and the Oxford/AstraZeneca vaccines at reducing hospitalisations from COVID-19 over a number of timeframes, post vaccination. Hospitalisations are defined as an individual who is hospitalised with COVID-19 as the principle reason for hospitalisation within 28 days of a positive PCR test. The paper found that the vaccines have an 85% (Pfizer) and a 94% (Oxford/AZ) efficacy at reducing hospitalisations after one dose, respectively – although this varied over different time periods post-vaccination.

PHE monitoring of the early impact and effectiveness of COVID-19 vaccination (Pfizer) in England

Public Health England has published their initial [findings from the rollout of the Pfizer COVID-19 vaccine](#), assessing the impact the vaccine has had on across relevant metrics such as infection, hospitalisations and deaths. For over 80s one dose of the Pfizer vaccine is 57% effective at reducing incidence of symptomatic COVID-19, and this rises to 88% after two doses. It also showed that mortality was reduced by just over 50% if the patients became infected. When cases do occur among elderly groups, vaccinated over 80s are half as likely to die or be hospitalised from COVID-19 as their unvaccinated counterparts.

PHE SIREN study of efficacy rate of Pfizer vaccine among healthcare workers

Public Health England has also published the [SIREN study which looks at efficacy rate of the Pfizer vaccine](#) at preventing both symptomatic and asymptomatic COVID-19 among healthcare workers under 65 years of age.

The study found that effectiveness against infection was 70% after one dose which rose to 85% after two doses. However, partially vaccinated patients who can still get COVID (the 30%) are more likely to produce vaccine resistant variants and there is still significant risk of nosocomial infection with the doctors acting as vectors.

These are encouraging findings as this is among the first real world data that suggests the vaccine will likely reduce onward transmission.

UPDATED BMA COVID RISK ASSESSMENT TOOL

The BMA has updated our [risk assessment tool \(PDF\)](#). This can help you to quantify your biological risk and should be used to facilitate your work-based

risk assessment. It does not replace the need for a comprehensive risk assessment that employers must undertake in addressing the risks posed by COVID-19. [Read our full guidance >](#).

ANNUAL ALLOWANCE REPAYMENT SCHEME 2019/20

The annual allowance repayment scheme, which was introduced in England and Wales following BMA lobbying, guarantees that any annual allowance tax charge for eligible clinicians will be compensated for at the time of retirement. Under the scheme, if an eligible clinician who is a member of the NHS England and Wales pension scheme incurs an annual allowance tax charge, they must elect to pay this through scheme pays - and you must not pay this tax bill using cash.

GPs retiring by 31 March 2021 who are eligible to apply for the [2019/20 Pensions Annual Allowance Charge Compensation Policy](#) can submit their application form via [PCSE](#) until 21 March 2021. Application windows for other GPs will open after the mandatory scheme pays election deadline for 2019/20 closes on 31 July 2021. To qualify for the policy you must first submit a scheme pays election ([SPE2](#)) [form for 2019/20 to NHSBSA](#).

PULSE WORKLOAD SURVEY

Pulse magazine will be launching a one-day snapshot workload survey today on Monday 1 March, when they are asking practices to take a couple of minutes to log information about their day spent in practice. This is a repeat of a similar survey that they launched two years ago, which [found GPs were working on average an 11-hour day, with 41 daily contacts](#).

The survey will be available to fill in on [Pulse's website](#) on Monday.

MEDICINE DELIVERY SERVICE

Following the announcement last week for [Clinically Extremely Vulnerable \(CEV\) patients to continue to self-isolate](#), NHSE/I will continue to commission the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service until 31 March 2021.

NHSE/I has sent a [letter](#) to Dispensing Doctors and community pharmacies setting out the details. The [Service Specification](#) has also been updated to make it more generic so that it can be applied in other situations moving forwards e.g. if a therapeutic agent for Covid suitable for supply in Primary Care is identified. Read more on the [NHSE/I webpage for community pharmacy](#).

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.

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](#).

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.

LMC WEBSITE

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

[GP Contract Update](#)

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
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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.

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
Dr S Pike |
| 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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SECRETARY: Vacant

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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 March 2021
Herefordshire – 3rd March 2021