

5th July 2021

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EXTENSION OF THE PANDEMIC REGULATIONS

The new Secretary of State for Health has announced that the three [pandemic regulations 2020](#) relating to general practice have been extended to 30 September 2021.

We are concerned about the implications of DHSC's extension of the pandemic regulations, which includes three particular elements of eRD, Friends and Family Test and NHS111. The experience of general practice in England has been that these regulations have led to a command and control approach by NHSE/I through their various letters, guidance and SOPs ,and most recently with the latest NHSE/I target to increase appointment numbers outlined in their [board paper on NHS metrics for 2021/22](#) at a time when general practice is already overwhelmed. These directives provide less flexibility and whilst we have been clear that they are only guidance they have led to many practices feeling that they must operate in a specific way.

As we've recently and repeatedly highlighted the government and NHSE/I are failing to deliver on another government commitment of an increase in 6000 GPs and if they were really serious about both improving the workforce's wellbeing and improving quality of care for patients they'd be setting this as the metric for general practice not the narrow and misguided focus on appointment numbers.

This is their target not ours, and whilst including the appointments done by the additional PCN-related workforce will mean this is delivered, what we all know is needed is for individual workload pressures to be reduced, and rather than suggesting we all work harder the goal should be for GPs to do fewer not more appointments. GPC have described the importance of this in their [previous workload paper](#).

GPC and LMCs have therefore called on the Secretary of State to direct NHSE/I to end their restrictive and prescriptive direction of the profession and allow general practice to return to the way it operated in line with existing contracts, and support GPs and practices to provide the care they know their patients need.

Given the current state of general practice, with workload and appointments being at an all-time high, the impact of the ongoing respiratory epidemic across the country, alongside rising COVID cases, NHS care backlog and other patients who have not come forward during the pandemic now coming forward, we would again advise practices that it is for them to determine how they meet the reasonable needs of their patients in line with their contract.

COVID-19 VACCINATION PROGRAMME

JCVI and NHSE/I guidance on COVID-19 booster vaccine programme

The [JCVI \(Joint Committee on Vaccination and Immunisation\) issued interim guidance yesterday advising that any potential COVID-19 booster programme](#) should be offered in 2 stages from September, starting with those most vulnerable, including care home residents, people over 70, frontline health and social care workers, clinically extremely vulnerable adults and those who are immunosuppressed.

Following the guidance issued by JCVI on the need for a COVID-19 booster programme alongside the annual flu vaccination programme, NHSE/I have now issued [guidance on COVID-19 Vaccination Autumn / Winter \(Phase 3\) planning](#). It highlights that local systems should prepare to deliver booster doses of COVID-19 vaccine to the individuals outlined in the JCVI interim guidance between 6 September and 17 December 2021 (15 weeks), as quickly and safely

as possible in two stages using supply available to us over that period. It suggests doing this through community pharmacy, vaccination centres and general practice but suggests that whilst practices delivered the majority of vaccines in phase 1, in phase 3 local plans should be for a minimum of 40% of COVID-19 booster vaccination through general practice and a maximum of 75%.

We are very concerned that this may be interpreted as a cap on general practice involvement in the winter vaccination campaign and, whilst historically local pharmacies have played a role in delivering flu vaccinations, we believe that most practices will, as part of their annual planning, be already making plans for the delivery of flu vaccination as usual this winter. It's imperative therefore that local systems and NHSE/I enable local practices that want to take part in this programme to receive sufficient COVID vaccination in order to provide this to their patients and do not place barriers in the way of them doing this. Furthermore, adding an additional 1000 community pharmacy sites in the run-up to September should not be done in such a way as to undermine practice involvement in this crucial phase of the pandemic. Read the full statement [here](#).

Second doses (England)

Further to the [letter](#) from NHSE/I dated 15 June setting out that second doses of the COVID-19 vaccine should be brought forward from 12 to 8 weeks for the remaining people who have not yet had their second dose vaccination, those who have not had one after 70 days will be contacted and encouraged to arrange an appointment as soon as possible. Vaccination sites have also been told not to give second vaccinations earlier than 8 weeks.

[Chapter 14 of the Green Book](#) has been amended to reflect this advising that for all COVID-19 vaccines there is evidence of better immune response and/or protection where longer intervals between doses are used, and that JCVI recommends an interval of 8 to 12 weeks between doses of all the available COVID-19 vaccines.

Vaccine data

Nearly [78 million doses of COVID-19 vaccines](#) have now been delivered in the UK, and 33 million people have also received their second dose.

The South East Making Every Contact Count & Vaccine Uptake group* have produced 2 resources ([click here](#)) to support anyone who may be talking with others about having the Covid-19 vaccine (e.g. frontline practitioners, volunteers, community and faith leaders, Covid-19 champions).

ICS FRAMEWORK DOCUMENT

NHS England's [ICS Design Framework](#), sets out how ICSs are expected to develop in the coming years and to prepare for statutory status, in line with the Government's [Health and Care White Paper](#). The framework includes key detail around the roles and responsibilities ICSs are set to take on ahead of April 2022 – including managing NHS funding, commissioning, and co-ordinating services. The framework will shape how GP and primary care services are planned and organised, as well as the role clinicians take in delivering system transformation. So, it is essential that all doctors – and GPs in particular – are aware of and engaged in this process.

General practice will have a seat on the ICS board but must also be fully involved in local place-based integrated care partnership arrangements. The framework says that "Primary care should be represented and involved in decision-making at all levels of the ICS, including strategic decision-making forums at place and system level". Discussions are ongoing to ensure that the voice of general practice is heard. The BMA [summary](#) provides a comprehensive overview of the key details of the framework.

PRAISE FOR GENERAL PRACTICE

Despite the concerns as outlined above, we were pleased to hear praise of GPs, and acknowledgement of the significant activity and related workload pressures in general practice, from senior executive directors of NHSEI attending the [NHSE/I board meeting](#) last week, when they specifically praised the role of GPs and their teams over the last year.

NHSE/I's Chief Operating Officer Amanda Pritchard said: "really big thank you to primary care - working well beyond pre-pandemic activity – (they are) really really working at an astonishing rate".

The National Director for Primary Care, Community Services and Strategy Ian Dodge also said: "In general practice it has never been busier, our colleagues in general practice have been working incredibly hard and not just with the vaccination programme." He added that PCN recruitment was ahead of schedule with 9100 FTEs additional staff employed so far and that "we need all the capacity we can get in general practice". He also highlighted that "despite the busyness of general practice, there has been a huge recognition of the critical importance of providing better healthcare to people with learning disabilities and despite all the other pressures the goal of 67% annual health checks was exceeded by achieving 73.5%. That is a testimony that general

practice has also wanted to focus on these priority areas that do not always receive the same headline attention."

HOME DELIVERY OF MEDICINES AND APPLIANCES DURING THE COVID-19 OUTBREAK

The Medicines Delivery Service for self-isolating patients was commissioned from community pharmacies and dispensing doctors in March 2020 and commissioned until 30 June 2021. The DHSC has now announced the medicine delivery service will be extended until 30 September 2021

Read the [letter on home delivery of medicines and appliances during the COVID-19 outbreak](#), which explains that to help provide support to people who have been notified of the need to self-isolate by NHS Test and Trace, the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service will be extended from 1 July 2021 to 30 September 2021 for anyone living in England who has been notified by NHS Test and Trace to self-isolate.

NICE SHARED DECISION MAKING GUIDELINE

NICE has published a new [shared decision making guideline](#), which aims to help people using healthcare services feel more confident in discussing care and treatment options with their healthcare teams.

NICE has collaborated with NHSE/I to develop a [standards framework](#) to determine whether the quality of shared decision-making support tools, including patient decision aids, is sufficient. In addition to this, as part of a package of resources to accompany the shared decision making guideline, NICE has worked Keele University to develop a [learning package](#), aimed at healthcare professionals, to help with implementing these recommendations.

You can find out more about the guideline, standards framework and learning package [here](#).

MENTAL HEALTH AND WELLBEING SUPPORT

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](#).

There is help and assistance available within the Herefordshire and Worcestershire Healthy Minds service. They are able to provide bespoke

talking therapies for all colleagues irrespective of your 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/>. This is a NHS service and as such 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.worcsimc.co.uk this week:

No New Items

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

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

The next LMC meetings will be:

Worcestershire – 8th July 2021
Herefordshire – 7th July 2021