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## WEEKLY NEWSLETTER – 11<sup>th</sup> May 2021

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### 1. BMA survey – GP workload pressures

The BMA has published its 13<sup>th</sup> COVID-19 [survey](#), which clearly demonstrates how the pandemic has had a great impact on GPs and practice staff in terms of workload, lack of breaks and leave, and an increasing number of staff leaving the NHS.

### 2. Workforce data and GP pressures

The latest [GP workforce data report](#) has been published yesterday, which shows that the overall number of FTE GPs has seen little growth since 2015, with the number of GP partners significantly decreasing in that time.

### 3. Microsoft N365 licences will be allocated for Locum GPs

The BMA are pleased to advise that as a result of work they have been doing through work across the BMA, the Royal College of GPs, and NHSX, the "apps for enterprise" Microsoft N365 licences will now be allocated for Locum GPs who are currently a member of the nationally managed NHS Mail Locum group for a period of 12 months. During this time, work will continue within NHSX and NHS Digital to find a sustainable long term solution. It is expected the licences to be live over the coming weeks.



#### **4. Central procurement for Pneumovax®23 from 1 June 2021**

From 1 June 2021 the Pneumococcal Polysaccharide Vaccine (PPV 23) will be centrally procured. In line with other national immunisation programmes, Public Health England will supply this vaccine for the routine immunisation programme and immunisation of those with underlying medical conditions, rather than providers locally procuring the vaccine. The vaccine will be available to order from [PHE's ImmForm website](#). Read more [here](#).

#### **5. COVID-19 vaccination programme**

##### JCVI announcement regarding AstraZeneca vaccine for people under 40

*JCVI have today updated their advice for vaccination of those under 40. They have said 'JCVI's advice is based on the available data on the current epidemiology, benefit-risk profile by age, modelling predictions on future disease trends and the current forecast on vaccine supply. Given the risk (albeit extremely rare) of these adverse events associated with the AstraZeneca vaccine, the current control of COVID-19 in the UK, model predictions of the potential scale and timing of a future wave, and promising forecasts for the availability of vaccines in the UK, JCVI agreed its advice should be updated.*

*JCVI advises that, in addition to those aged under 30, unvaccinated adults aged 30 to 39 years who are not in a clinical priority group at higher risk of severe COVID-19 disease, should be preferentially offered an alternative to the AstraZeneca COVID-19 vaccine, where possible and only where no substantial delay or barrier in access to vaccination would arise. For those under 40 years who are of older age, male, obese (BMI above 30), from certain ethnic minority backgrounds or experiencing socio-economic deprivation, the risks of acquiring and/or suffering complications of COVID-19 are higher. Every effort should be made to remove barriers to accessing vaccination in those individuals.*

*For those aged 18 to 29 years the precautionary advice for a vaccine preference is stronger, reflecting a gradient in the benefit-risk balance with age.'*

NHSE/I have issued [guidance](#) to GP practices relating to this change.

People aged over 40s are now eligible to receive the COVID-19 vaccination. Practice groups can invite these patients for their first vaccination if they have sufficient supplies alongside continuing with second vaccinations to those patients who are due to receive it.

NHSE/I will also be sending out text messages to remind people about the second dose if they have not received it or do not yet have an appointment at 91 days after the first dose. Patients can book at [www.nhs.uk/covid-vaccination](http://www.nhs.uk/covid-vaccination), by calling 119 or by contacting their GP practice, if that is how they booked their first dose.



## **6. Patients bringing babies or children to vaccination appointments**

Following some reports of patients with young children being refused entry to vaccination centres, we raised this issue with NHSE/I who have confirmed that there should be equity of access to all patients. They have advised that reasonable adjustments can be made for parents with young babies or children, and should not be turned away, unless following a risk assessment by the senior clinician at the vaccination centre. Every effort should be made to ensure that individuals can receive their vaccine at their stated appointment time. Following BMA intervention, they will ensure that all vaccination sites are aware of the guidance relating to patients bringing babies or children to their vaccination appointment, and that vaccination sites take a reasonable approach.

## **7. Oversupply of PPE to vaccination centres**

NHSE/I originally sent replenishment PPE and non-vaccine specific consumables out to all vaccination sites on a weekly basis. However, after feedback from a number of regions they have now reduced the size of this replenishment, and each site has been given guidance around how they can pause or cancel non-vaccine deliveries if not required. In addition, they are also developing a methodology and system for all sites to become more in control of their supply of PPE and consumables.

## **8. Covid Vaccinations**

Over [50 million doses of COVID vaccines](#) have now been delivered in the UK, and 16 million have also received their second dose.

Read the BMA [guidance about the COVID-19 vaccination programme](#).

## **9. IR35 Guidance REMINDER**

BMA has updated all its employment status (IR35) guidance into one easy-to-read document so that locum GPs have all the information they need to be confident in determining their employment status. Read more in a [blog](#) by Matt Mayer, deputy chair of the GPC Sessional GP subcommittee



## 10. Revised NHS 111 Checklist

**You may by now, have had sight of the communication below from the CCG:**

*Revised NHS 111/CCAS checklist*

*The CCG continues to support practices to ensure that clinical IT systems are correctly configured to enable booking of appointments by NHS 111 and CCAS. Each week, NHS Digital provides the CCG with details for each practice of the number of searches for call back slots that should be made available and the number of call back slots actually booked.*

*If the NHS Digital report indicates that searches were made but no slots were available, the practice will be contacted by the CCG's Primary Care Contracting and Commissioning Team, asking the practice to complete [this checklist](#) and return it within 14 days.*

*The checklist is intended to help practices undertake a step-by-step review of how its clinical IT system is continues to be available from the Clinical System Specialist Team.*

We would like our member practices to be aware that the LMC met with the CCG in an attempt to reduce the burden of this request. We held a successful meeting and some amendments to the original requirements were made.

Please note however, that the allocation of appointment slots (for NHS 111) to clinical systems is a regulatory requirement and practices must adhere to this. The guidance is as follows:

*“The maximum that should be made available remains at 1/500, but practices can now make available what is necessary to meet demand. This may therefore be covered by the previous arrangements of 1/3000. Most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. However, practices should monitor this thoroughly to ensure that they are offering sufficient opportunity for direct booking”.*

We have therefore asked the CCG to provide the LMC with a list of practices who they feel aren't keeping within the confines of the Contract. We will do our best to work through these lists and contact as many practices as possible to offer help, support, and guidance if necessary.

Finally, we would ask any practice who has been contacted by the CCG to complete this checklist, please copy us into any correspondence or documentation that has taken place between the CCG and the Practice. We are also keen to hear any comments that you may have surrounding the NHS 111 booking of appointment slots.



*Supporting the Business of General Practice*

**Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.**

**Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to [birmingham.lmc@nhs.net](mailto:birmingham.lmc@nhs.net) as we are currently remote working so would be grateful if all contact were made via the nhs.net email.**

#### **Helpful Links:**

**BMA COVID-19: toolkit for GPs and GP practices** <https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-toolkit-for-gps-and-gp-practices> Comprehensive guidance for GPs, partners, and practice managers to manage employment and contractual issues and service provision during the coronavirus pandemic.

**GOVERNMENT WEBSITE:** <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.

**NHS ENGLAND:** <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>