



WEEKLY NEWSLETTER – 15th April 2021

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COVID-19 Update

1. UK health ministers' statement on JCVI advice (13 April 2021)

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A joint statement from the 4 UK health ministers on JCVI advice for phase 2 of the COVID-19 vaccination programme

The independent Joint Committee on Vaccination and Immunisation (JCVI) published its [final advice for phase 2 of the COVID-19 vaccination programme](#) on Tuesday, setting out that the most effective way to minimise hospitalisations and deaths is to continue to prioritise people by age.

In line with its interim advice, the JCVI has recommended an age-based approach with adults aged 18 to 49 prioritised in descending age order as follows:

- all those aged 40 to 49 years
- all those aged 30 to 39 years
- all those aged 18 to 29 years



Supporting the Business of General Practice

In addition, data indicates that in individuals aged 18 to 49 years there is an increased risk of hospitalisation in males, those who are in certain black, Asian or ethnic minority (BAME) communities, those with a BMI of 30 or more (obese/morbidly obese), and those experiencing socio-economic deprivation. JCVI strongly advises that individuals in these groups promptly take up the offer of vaccination when they are offered, and that deployment teams should utilise the experience and understanding of local health systems and demographics, combined with clear communications and outreach activity to promote vaccination in these groups.

Individuals who are at increased risk of severe outcomes from COVID-19 are likely to be vaccinated most rapidly by an operationally simple vaccine strategy. JCVI will continue close monitoring of the programme in terms of safety, effectiveness and uptake, and will update its advice as required.

All 4 nations of the UK have agreed to follow the JCVI's recommended approach, with the understanding that age is assessed to be the strongest factor linked to mortality, morbidity and hospitalisations, and because speed of delivery is crucial as we provide more people with protection from COVID-19 across the UK.

The UK remains on course to meet the target to offer a vaccine to all those in the phase 1 priority groups by mid-April, and all adults by the end of July.

The UK-wide agreement to follow the prioritisation advice of the JCVI for phase 1 of the vaccine deployment has allowed a consistent rollout of vaccines across the UK, and seamless coordination between England, Northern Ireland, Scotland and Wales.

Signed:

Matt Hancock, Secretary of State, Department of Health and Social Care

Robin Swann, Minister of Health, Northern Ireland Executive

Vaughan Gething, Minister for Health and Social Services, Welsh Government

Jeane Freeman, Cabinet Secretary for Health and Sport, Scottish Government

General Updates

1. Vaccinations and immunisations guidance

The BMA have now published [guidance](#) about the recent changes to the [provision of routine vaccination and immunisation in general practice](#) which come into place from 1 April 2021. The changes include:

The provision of V&I services becoming an essential service for all routine NHS-funded vaccinations with the exception of childhood and adult seasonal influenza and COVID-19 vaccinations.

The introduction of five core contractual standards to underpin the delivery of immunisation services.

A single item of service fee for all doses delivered in vaccination programmes funded through the GMS contract.

The Childhood Immunisation DES with its 70% and 90% targets was retired on 31 March 2021 and a new V&I domain in the Quality and Outcomes Framework introduced for 2021/22.



2. QOF 2020/21 year-end recalculation

An error was identified with the QOF year-end calculations, which was related to additional point allocations for cervical screening and flu immunisation. This issue impacted the total number of available points, with the maximum value of 538 instead of the planned 567. The resolution has been identified, tested, and validated. The resolution was applied and the QOF calculation was rerun overnight, with no action required from practices or commissioners.

The approval window for submission of payment requests to PCSE was extended until close of play on Monday 12 April, allowing three working days for practice declaration and all commissioner approvals to be completed. This issue did not impact PCN declarations or approvals, which could be actioned. Additional checks have been applied to validate the calculation of the PCN service, as previously communicated.

3. Improving GP appointment data

NHSE/I has published information aimed at improving the quality of [GP appointment data](#). This is to ensure that published general practice appointment data fairly represents the appointment activity carried out across practices and general practice providers in England. This year's PCN Investment and Impact Fund provides additional funding to support this through an indicator covering the mapping of appointment slot types to the new set of national appointment categories by all practices within the PCN. This should only require a short one-off exercise, mapping each slot type that the practice uses to one of the national categories. Practices should note that this only relates to appointments from 1 April 2021 onwards and should not require changes to wider processes or appointment books.

4. Delayed applications to new to practice partnership scheme

NHSE/I have informed the BMA that they have amended the deadline for the individuals that sent through applications. Their team will be working through all the applications submitted so far and have advised that due to the pressures caused by the pandemic this year they will still accept their application. They have advised that they will be reverting back to the six months deadline for any further applications.

5. GP contract legislative changes

The [APMS directions reflecting GMS and PMS contract changes](#) that came into force from 1 April 2021 along with the [Directed Enhanced Service Directions and the Statement of Financial Entitlements Directions](#) have now been published as shared last week.

Practices should note that the revised Influenza Immunisation Scheme is not currently included in this set of DES Directions, but the details of the scheme will be confirmed as soon as possible. NHSE state they know that practices have already ordered their flu vaccines and they should continue to plan for the 2021/22 flu programme to be delivered by practices as normal.



6. Quickly signpost patients with NHS Service Finder

Improvements have been made to [NHS Service Finder](#), which gives health and care staff access to accurate information when signposting patients to other local services. The latest release makes searching for services faster and simpler, search results are now easier to navigate, and there are also more options for filtering by service type and opening times.

Creating an account is quick and easy, and open to anyone working in health or social care. [Register with your NHSmail email address](#) for immediate access from your computer, smartphone, or tablet. For more information, visit the [NHS Digital website](#) or email service.finder@nhs.net.

7. Awarding of interest on contractual disputes

It is now possible to claim interest in addition to money awarded if a practice is successful in a formal contractual dispute. However, the intention to claim interest must be declared at the start of the process in order to receive it. Please see link below:

<https://resolution.nhs.uk/wp-content/uploads/2021/03/NHS-Resolution-approach-to-Interest-Payments-FINAL.pdf>

8. Spirometry guidance

BMA Guidance on spirometry:

<https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/spirometry-in-general-practice>

As you can see, whilst spirometry is in QOF, practices can refer patients for this. If services are not available practices can use personalised care adjustments (formerly exception reporting). Remote consultations are an acceptable way of doing annual reviews, even if doing an FEV1 is not possible.

Practices are advised against doing spirometry during the pandemic but if national restrictions are eased (as we all hope) then practices could possibly review what they do, however, we are not there yet.

BSOL CCG Practices

1. Paediatric same day/urgent referrals and advice and guidance pathways update

Please [click here](#) for an update on paediatric same day/urgent referrals, and advice and guidance pathways.

Please note it is for urgent advice and guidance and referral to paediatrics only. For routine advice and guidance and outpatients, please continue to use eRS.



2. Cancer services update

Please [click here](#) for an update on cancer services across Birmingham and Solihull from Dr Richard Mendelsohn and Dr Sonia Ashraf, covering:

- Screening
- 2WW referrals
- Treatments
- COVID vaccinations and cancer
- Priorities for the DES/QoF
- Patient support
- Cancer transformation plans

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 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/>