



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 6th July 2021

Integrated Care System: Design framework – attached

As mentioned in last week's brieflet we have put together a synopsis of the Integrated Care System: Design framework document that was published on 21 June. The published document is an early indicator of what may be required when an integrated care system is established on a formal/legal basis. See our breakdown attached.

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.

BMA GPC 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, and have told them this. 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.

BMA GPC 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.

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.

Having so effectively led the COVID-19 vaccination campaign, and with their proven track record of delivering flu jabs every year, GPs and their teams must be enabled to play a pivotal role in the booster programme, delivering both vaccinations directly to local communities from their practices.





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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%. BMA GPC are seriously concerned that this may be interpreted as a cap on general practice involvement in the winter vaccination campaign.

Read the BMA's full statement [here](#).

The LMC will be involved in local discussion on this via the ICS Primary Care Cell.

Second doses

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.

Lateral flow testing for staff - attached

The attached letter was sent to practices on 29 June. It outlines changes to the NHS staff asymptomatic COVID-19 testing programme.

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](#).





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NICE shared decision-making guidance

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](#)

