



# Update from the Consortium of Lancashire & Cumbria LMCs

Monday 8<sup>th</sup> February 2021

## COVID-19 vaccination programme

### Vaccination of JCVI cohorts 1-4

NHSE/I wrote a [letter to LVS sites](#) last week, to remind them that everyone in JCVI cohorts 1-4 should be offered the opportunity to be vaccinated by *Monday 15 February*, and to try to minimise any inequalities in vaccine uptake between different patient groups in those cohort wherever possible. NHSE/I are asking each PCN site to confirm that they have made an offer to all patients in cohorts 1-4 by the 15th by filling in the form in this [link](#) by close on **Monday 8 February**.

If a vaccination site does not believe they have sufficient vaccine to complete this, they should contact NHSE/I through their local system as soon as possible so that additional supplies can be provided.

The letter also included details about a welcome additional supplement of £10 per visit to a housebound patient to administer the COVID-19 vaccinations. This supplement is on top of the £12.58 Item of Service fee. The supplement applies retrospectively to any first dose vaccinations since 14 December 2020, and second doses within the arrangement.

### National call/recall letters to Clinically Extremely Vulnerable people

As of 3 February, people aged 18 and over in the clinically extremely vulnerable (CEV) cohort (as identified through the [Shielded Patient List](#)) will receive letters from the national call/recall service informing them that they are now eligible to receive their COVID-19 vaccine. The letters make it clear that people have a choice of where to get vaccinated and can choose to wait for their GP services to contact them directly, if they haven't already, or book into a vaccination centre or community pharmacy. A [copy of the letter and a PCN letter template](#) are available in the letter pack on the [FutureNHS platform](#) (sign in required).

BMA GPC has expressed their concern that these letters are not directly linked to a patient's local GP vaccination service, nor the stage at which the local area has reached in terms of vaccination coverage, BMA GPC will continue to discuss how to improve this with NHSE/I.

### Movement of AstraZeneca vaccines

Moving the AstraZeneca/Oxford vaccine between locations across a single PCN grouping is both encouraged and legal if it will help minimise inequalities, maximise access and ensure timely vaccine usage. BMA GPC believe the delivery of vaccination from local practices will enable more patients to access and receive the vaccine and would expect local systems to support this. The [Standard Operating Procedures](#), outlines the cold chain arrangements which need to be adhered to do this. See more information in the NHSE/I letter of [7 January 2021](#).





# Update from the Consortium of Lancashire & Cumbria LMCs

---

NHSE/I has also published a [position statement for the vaccination of care home residents using COVID-19 Vaccine AstraZeneca \(AZ\)](#), recommending that when planning a vaccination session for local care homes, a risk assessment should be undertaken to identify the risk factors associated with the transfer of the vaccine for administration to remaining care home patients.

## Second doses

[Chapter 14a \(on COVID-19\) of the 'The Green Book'](#) has been updated for patients due to start immunosuppressive treatment, so that for example, if prior to cancer the patient has had therapy or a solid organ transplant they could be offered a vaccine prior to starting treatment, if clinically recommended. This includes potentially having the second dose at 3 or 4 weeks after the first.

Last week, BMA GPC raised with NHSE/I the need for practice sites to be able to start planning giving second doses by booking appointments. On Friday, LVS (Local Vaccination Service) sites were sent a message about the scheduling about preparing for the second dose vaccination clinics for cohorts 1-2 which should go live as of week commencing 1 March 2021. The allocated quantity of vaccines will be based on quantity of first dose delivered by site (full pack unless a pack-down option was provided). The second dose clinics will take place 11 weeks post first dose clinics so the 12-week lead time between doses is achieved. Practice sites should be provided with scheduled delivery day of second dose volumes by the end of this week and are asked to schedule clinics up to the end of March once delivery schedule by day has been communicated.

BMA GPC also believes it would be reasonable for GP sites to now give all those patients who have received the AstraZeneca vaccine an appointment for a second dose, and to do this for these patients when the first dose is given to reduce the workload involved in contacting patients at a separate time.

## Staff with long COVID

CCGs should now have fully allocated their share of the £150m funding to practices maintain capacity in general practice. This funding can be used when staff are off sick with Long COVID, both for paying extended sick leave for staff that are off with Long COVID and to fill any shortfall to maintain a service when staff are off sick.

If you have any issues relating to this, or any other issues with staff that are COVID related or otherwise that you would like some advice on, please don't hesitate to contact the LMC HR team [hr@nwlmc.org](mailto:hr@nwlmc.org)





# Update from the Consortium of Lancashire & Cumbria LMCs

---

## **Draft 'white paper' Integration and Innovation: working together to improve health and social care for all**

We have had sight of a draft White Paper setting out the Department of Health and Social Care's legislative proposals for a Health and Care Bill. The paper is **attached**.

This will see the abolition of CCGs and their functions absorbed into a Statutory Integrated Care System Board at County level. There is little detail in this White Paper but it is clear that there will be no legislative changes at "Place," which we interpret as existing ICP boundaries. These will remain voluntary partnerships but without the CCG involvement. The LMCs will be working with other GP leaders to ensure that the voice of general practice remains strong.

## **Contract agreement webinar for 2021/22**

Following the recent [contract agreement for 2021/22](#), BMA GPC will be holding two contract virtual roadshows/webinars on the following dates:

24<sup>th</sup> February – 19.30-20.30

25<sup>th</sup> February – 12.30-13.30

Look out for the registration details next week.

## **Government backs BMA proposal to fix unlawful age discrimination of the NHS pension scheme**

The Government has backed the main proposal from the BMA to fix the unlawful age discrimination that resulted when transitional protection was offered to older but not younger members when the 2015 NHS pension scheme was introduced. However, BMA pensions committee chair Vishal Sharma warns the overall changes do not go far enough. Read more [here](#)

The BMA's pensions committee will be holding webinars at 7pm on 17 and 23 February discussing in detail the changes and what they mean to members. More details will be sent next week.

## **Pensions form A and B '10-week rule' suspended for GP Locums for tax year 2021/22**

NHS Pensions has confirmed that the '10-week rule' for pension forms has been suspended for 2021/22, due to current pressures on the GP profession.

A spokesperson advised: "The NHS Business Services Authority (NHS Pensions) has confirmed that the freelance GP locum '10 week rule' in respect of submitting pension forms has been suspended for year 2021/22 due to current COVID related pressures on the GP profession." More information can be found [here](#).





# Update from the Consortium of Lancashire & Cumbria LMCs

---

## Flu vaccine reimbursement 2021/22

NHSE/I has issued [guidelines on vaccines for use during the 2021/22 flu programme](#), following the publication of [JCVI advice](#). The vaccines recommended for use are:

Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)

At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available). Practices should read the guidelines and submit vaccine orders as soon as practical.

## BAME forum launch

The BMA launched its first national [BAME \(black, Asian and minority ethnic\) member forum](#) last week. The forum aims to unify and empower the voices of our BAME members and influence positive change in the pursuit of race equality, in our association and across the NHS. The event was chaired by BMA council chair Chaand Nagpaul, with talks from Baroness Doreen Lawrence, Doyin Atewologun and Roger Kline. A recording of the launch event can be found [here](#).

A recent [BMA survey](#) also showed that, a year on, Black, Asian and other minority ethnicity doctors still don't feel protected from Coronavirus in the workplace.

## GP retention scheme webinar

A [webinar on the GP Retention Scheme](#) will be taking place on Thursday 25 February from 7pm – 8.15pm. The webinar will look at how the GP Retention Scheme works for both employees and employers, tackling some of the common misconceptions about the scheme and hearing from GPs who are currently on the scheme. There will be a Q&A session at the end and you can submit any questions in advance to [cscott@bma.org.uk](mailto:cscott@bma.org.uk). A full list of speakers will be confirmed shortly. Click [here](#) to sign up

## LMC Elections

All five of our committees are beginning an election process and we will be writing out for nominations on 9<sup>th</sup> February to join the committees. If you feel yourself or a colleague would be suited to this role, please consider standing for election and respond to our election correspondence.

