



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 23rd March 2021

COVID-19

£120m additional funding for General Practice - attached

Following significant pressure from GPC England they have now secured an additional £120m for General Practice from April. Whilst the funding will be available to all practices it will be weighted towards those practices involved in the vaccination programme.

The extension of the General Practice COVID Capacity Expansion Fund will be from 1 April to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September.

Reduction of Vaccine supply in April

NHSE/I published [a letter](#) last Thursday setting out the next steps on uptake and supply of the COVID vaccinations, over the next six weeks. Although vaccination supplies are increasing this week, there will be a reduction of supply from the week beginning 29 March for about four weeks due to reductions in national inbound vaccines supply. The letter also encourages vaccinations sites to continue their efforts in maximising uptake in cohorts 1-9.

MHRA confirms that people should continue to receive the AstraZeneca vaccine

The [MHRA made a statement](#) last week confirming that the available evidence does not suggest that venous thromboembolism is caused by COVID-19 Vaccine AstraZeneca. This follows a detailed review of report cases as well as data from hospital admissions and GP records. The MHRA's advice remains that the benefits of the vaccines against COVID-19 continue to outweigh any risks and that the public should continue to get their vaccine when invited to do so.

Ongoing support for General Practice

BMA GPC have continued to encourage NHSE/I to maintain the vital ongoing support for practices from April onward, with a renewed call for ongoing income protection for QOF, DESs/LEs and other contract elements. Without these protections and support, many practices would no longer be able to deliver the vaccination programme, let alone take on the second phase (for patients in cohorts 10-12).

BMA GPC also believes CCGs should maintain income protection arrangements for local enhanced service and other local schemes. This is crucially important to enable practices to continue with the successful delivery of this nationally important vaccination programme.





Update from the Consortium of Lancashire & Cumbria LMCs

The LMC consortium supports BMA GPCs comments and remains available to assist General Practice across Lancashire and Cumbria wherever possible.

Shielding for Clinically Extremely Vulnerable to end

It has been announced that [clinically extremely vulnerable \(CEV\) people in England will no longer need to shield from 1 April 2021](#).

The Department of Health and Social Care are writing to CEV patients informing them of this and that they can begin to follow the national restrictions alongside the rest of the population. However, the letter does advise to continue to take extra precautions to keep themselves safe, even after they receive both doses of the COVID-19 vaccine.

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the [NHS Digital website](#).

VAT removal for Primary Care

BMA GPC have written the **attached** letter to the Financial Secretary to the Treasury, Jesse Norman MP, about VAT removal for primary care, following the consultation on [VAT and the Public Sector: Reform to VAT refund rules](#) published last year.

In the letter BMA GPC called on the Financial Secretary, whose ministerial portfolio includes VAT, to make costs for patient facing services exempt for practices and PCNs, it was also emphasised that this approach would allow practices and Primary Care Networks to use the 20% VAT normally spent on hiring practice staff to instead directly support patient services.

General Medical Services (GMS) Ready Reckoner 2021/22

BMA GPC have been working with NHSE/I on the production of a [ready reckoner](#) which has now been published and is intended to provide an indication of the changes in income streams that may affect a GMS practice and primary care network (PCN) from 1 April 2021.

Implementing the 2021/22 GP contract to PMS and APMS services contracts

NHSE/I have published [this document](#) which sets out the approach to the funding changes that we will apply to Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts. Commissioners will update local PMS and APMS contracts as soon as possible, applying the funding changes identified in this guidance with effect from 1 April 2021.





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Overworked Doctors must be allowed to rest and recover so we can keep patients safe, warns BMA

Doctors must be allowed to rest and recuperate from the exhaustion of working throughout the pandemic if we want to have safe patient care in the future.

In a new report, *Rest, recover, restore: Getting UK health services back on track*, the BMA argues that the pandemic has left the health service running on empty, with staff burnt out, disillusioned, and even considering leaving the NHS as a result of the intense pressures and stress of the past year. The report points out that pushing doctors to 'get the NHS back to normal', without giving them the respite and support they need, will not only result in increasingly high absence rates and staff reducing their hours, but also threaten patient care and safety.

Against a backdrop of current workforce shortages, patient demand outstripping staffing levels, and tens of thousands of clinical and non-clinical vacancies in hospitals and a shortage of GPs, the need for a strong and healthy workforce is obvious. As a result, the BMA has set out a series of recommendations to UK Governments to ensure that services resume safely for both staff and patients, including:

1. All Governments and system leaders across the UK to have an honest conversation with the public about the need for a realistic approach to restoring non-Covid care, and support for systems to tackle the backlog.
2. Health, safety, and mental wellbeing of the workforce to remain a top priority.
3. Additional resourcing to help tackle the backlog.
4. Measures to expand system capacity.
5. Measures to expand the workforce and retain existing staff.

The report and press statement can be found [here](#).

LMC Elections

Following our recent correspondence to the appropriate areas we can now inform constituents that the LMC elections are being counted and verified. Those elected will be informed this week and next week's brieflet will contain the list of members from the new committees starting from April.

