



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 11th May 2021

BMA Survey – GP workload pressures

The BMA has published its 13th 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.

More than half of GPs (62.5%) surveyed say they are ‘very concerned’ their patients’ health will suffer due to the growing backlog of non-COVID care. The survey also reveals that 68% are either not very or not at all confident that their practice will be able to manage patient demand. GPs especially report that their non-COVID workload is higher than before the pandemic and are less confident than their hospital colleagues that their practice and local health economy can manage this and clear the backlog within a year.

General Practice, like much of the NHS, is currently facing unprecedented pressures as we battle to keep patients safe during the pandemic on top of a growing backlog of care.

The survey also shows that an increasing number of staff leaving the NHS.

Read the full results from the survey [here](#)

Workforce data and GP pressures

The latest [GP workforce data report](#) has been published last week, 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.

Read the BMA’s full analysis of the figures on the [GP pressures page](#) which has clear graphical analysis.

COVID-19 vaccination programme

JCVI announcement regarding AstraZeneca vaccine for people under 40

JCVI last week 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





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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.

Patients bringing babies or children to vaccination appointments

Following some reports of patients with young children being refused entry to vaccination centres, BMA GPC 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 this intervention, NHSE/I 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.

Discharge medicines service

The Discharge Medicines Service (DMS) became a new Essential service within the Community Pharmacy Contractual Framework (CPCF) on 15th February 2021.

From 15th February 2021, NHS Trusts were able to refer patients who would benefit from extra guidance around new prescribed medicines for provision of the DMS at their community pharmacy. The service has been identified by NHSE/I Medicines Safety Improvement Programme to be a significant contributor to the safety of patients at transitions of care, by reducing readmissions to hospital. This means that practices may be contacted by their community pharmacies if there are any queries in regard to patient's discharge medication.

LMC colleagues meet with our Local Pharmacy Committee counterparts and would be happy to liaise on any queries that may arise in relation to this.

Microsoft N365 licenses will be allocated for locum GPs

BMA GPC have advised that as a result of work they have been 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





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months. During this time, work will continue within NHSX and NHS Digital to find a sustainable long-term solution.

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](#).

Recruitment of Y3 placements for Lancaster Medical School

Information **attached**.

