



Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 21st September 2021

Letter to Secretary of State

Following the BMA GPC joint letter with RCGP, NHS Confederation and the Institute of General Practice Management (IGPM), they have again written to the Secretary of State, Sajid Javid, to address the inflammatory comments he made in Parliament regarding increasing face-to-face GP appointments and that they were working with the BMA about this.

BMA GPC have again called for urgent action from government to tackle these fundamental issues including an immediate suspension of QOF, not least following the impact of the blood bottle shortage and the ongoing workload pressures and restrictions practices are experiencing. Read [the statement in response to Sajid Javid's comments](#)

Protecting GPs from abuse and assault

In recent days GPs and their practice teams have come under sustained attack from the media, from the secretary of state Sajid Javid who is severely out of touch with reality, most devastatingly, from individuals culminating in a horrific attack on practice staff in Manchester on Friday that has left many in the profession feeling totally demoralised and under siege.

The BMA is taking immediate action to ensure the Government understands the seriousness of the abuse facing GPs and the impact this is having on them and their practice staff.

- BMA GPC have written to Sajid Javid demanding an urgent meeting and summit to discuss the unacceptable level of abuse being levelled against GPs and their staff, and to discuss what steps must be taken to keep healthcare workers safe – attached.
- They are also calling for changes to the law, for the maximum sentence for assault against emergency workers to be increased from 12 months to 2 years' imprisonment and for verbal abuse against emergency workers to carry a heavier punishment
- Alongside this, they are calling for a comprehensive national violence reduction strategy, building on the existing national violence prevention and reduction standard, to support staff across both primary and secondary care.

Read Dr Richard Vautrey's, Chair of the BMA GPC, message to the profession, including resources for practices how to remove violent patients from your practice list, and how to protect yourself from online abuse: [Protecting GPs from abuse and assault \(bma-mail.org.uk\)](#)

The LMC has also contacted Members of Parliament across Lancashire & Cumbria to get their support in addressing our concerns about the above issues.

Supportive call from WHO for investment in primary care post COVID

Attached is a statement by the WHO Regional Committee for Europe, about reinventing primary health care in the post-COVID-19 era, which calls for more investment in primary care.





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COVID-19 Vaccinations

COVID vaccinations for 12–15-year-olds

The [UK CMOs have now advised](#) that the additional likely benefits of reducing educational disruption provide sufficient extra advantage in addition to the marginal advantage at an individual level identified by the [JCVI](#), and therefore recommend on public health grounds to extend the offer of vaccination with a first dose of Pfizer-BioNTech vaccine to *all* children aged 12 to 15.

The [Enhanced Service Specifications](#) have been updated to include the expanded “at risk” group for 12-15 year olds, which means that practices will be covered by indemnity and can start vaccinating this group.

The [Collaboration Agreement](#) which has been approved by MHRA for phase 3 of the vaccination programme has been updated. Practice vaccination groups are required to have a Collaboration Agreement, although not required to use the template.

[Healthy school-aged children aged 12 to 15 will primarily receive their COVID-19 vaccination in their school](#), and practices will only be involved in the vaccination this group where the commissioner requests, *with the agreement of the practice*, and in collaboration with the school-aged immunisation service. GP vaccination sites should not therefore proactively vaccinate this group unless they been requested to do so. Read the guidance from NHSE/I [here](#).

Booster vaccines

The [JCVI has now confirmed that booster vaccines](#) should be offered to those more at risk from serious disease, and who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9). The booster vaccine dose should be offered no earlier than 6 months after completion of the primary vaccine course, in the same order as during Phase 1. It is anticipated that many GP practices will want to co-administer these boosters with flu vaccination and expect local teams to facilitate this. There is also a need for government and NHSE/I to do far more to support practices, not only in the delivery of this programme for patients, but also to address the wider workload pressures practices are experiencing, something which is only likely to increase as the winter progresses.

[NHSE/I have announced](#) a further increase to the funding for PCN clinical directors from October to March 2022 although this will be from 0.25WTE to 0.75WTE rather than the higher 1WTE payment made previously. Whilst it is necessary to recognise the significant work clinical directors and those working with them are currently doing, it is disappointing that this has been reduced rather than increased further as is really needed. The [updated Phase 3 specification](#) has now been published.

BMA GPC have also written to the MHRA asking for clarification with regards to the continued recommendation for a 15-minute observation period following provision of the Pfizer-BioNTech ‘Comirnaty’ vaccine for COVID-19. They highlighted that this causes a particular problem for GP practices participating in the vaccination programme as many practice premises lack the facilities or space to safely undertake the required 15-minute observation period following provision. It is encouraged that LMCs, and practices write to MHRA (info@mhra.gov.uk) to address this issue.





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Recording overseas vaccinations

The BMA GPC continue to raise the issue of recording overseas vaccinations on practices' IT systems, a technical solution for recording on the NHS immunisation management service (NIMS) is still being worked up but not yet ready to roll out.

In the meantime, NHS Digital has advised that vaccination sites should follow the [guidance from Public Health England](#) (see pages 13 and the table on page 34-35), relating to vaccines given abroad, in terms of which vaccine should be given in England depending on which was given abroad.

If someone has had their first dose outside of the UK, they should be directed to a walk-in clinic which administers the same brand of vaccine they have had for their first dose, or a GP practice (especially if they have had a brand of vaccine not available in the UK) to arrange their second dose. Patients should be told that at this time, only vaccines delivered in the UK will count towards UK COVID-19 certification and that the NHS is working on a solution.

If a patient registered with a GP in England informs you that they have had a vaccination overseas, you may choose to record the details in the usual clinical notes section of the patient's GP record. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

COVID-19 Response: Autumn and Winter Plan 2021

The BMA has produced a short [briefing](#) regarding the Government's [Winter Plan](#), outlining the main points expressed in the Secretary of State's speech and the Prime Minister's press conference.

- Although the worst case scenarios of the models look to be quite unlikely, there is still considerable risk of hospitalisations reaching unsustainable levels in the Winter.
- That the expected peak of infections in August may be delayed until October – coinciding with winter pressures.
- There is a significant degree of uncertainty and predicting the trajectory of infection is difficult
- There is a great deal of consensus that acting earlier and introducing certain measures to limit contacts such as working from home could have a significant potential to mitigate the scale and speed of the infection trajectory; these would preferably be done when hospitalisations are already at a manageable level.

Read the BMA [press statement](#) which reflects their position on how they believe the Government should approach this period of time

End of the shielding programme and closure of the Shielded Patient List (SPL)

The [Government has announced](#) that the shielding programme has now ended, and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support still available. Practices do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.





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Blood bottle supply update

NHSE/I has sent a [letter](#) to practices updating on the supply disruption of BD blood bottles. The availability of alternative products and improvement in BD's production capabilities, alongside the efforts of NHS staff to manage use, mean that the supply situation is no longer as constrained as it was. However, the issue has not yet been completely resolved.

The letter advises that testing activity in primary and community care, in line with [the best practice guidance](#), can resume, stocks permitting from 17 September. Practices are advised to work through any backlog of tests over a period of at least eight weeks, prioritising as required, to spread out demand for tubes. All organisations are asked to regularly review their stock holding and upcoming planned care requirements and aim not to re-stock to more than one week's worth of tubes based on demand from June and July 2021.

Blood tests in hospital will still be more limited and we have asked NHSE/I to send messaging to hospitals to stop them shifting blood test requests to general practice.

Eating Disorder Services Referral Form

As an LMC we have been working with the Eating Disorder Services Team to look at the wording of a new referral form into the service.

Please find [attached](#) the referral form along with the Kings College Guidance on eating disorders and the MARISPAN risking screening tool.

The eating disorder team utilises MARISPAN guidance to support the triage of referrals, with a focus on the delivery of a timely treatment pathway to the most vulnerable. For the individuals triaged as less complex, the team will be sending self-help resources and other sources of support and they may look outside of LSCFT to other agencies to offer interventions where this is deemed to be clinically appropriate.

We recommend this referral form as being fair and proportionate and it clarifies the responsibility of the GP and the responsibility of the service. The new form requires the referrer to include more specific information to enable more effective and timelier triage to be undertaken which includes up to date physical health baselines.

In light of experience, this may need to be tested and if there are any further comments about how this can be refined then please do let us know and we will take these comments on board.

We are in a continuing dialogue with the eating disorder services and happy to feedback any comments or concerns. If you have any questions you wish to direct to the EDS directly then please use the following contact details:

- East Lancashire – Rifa Ahmad: 01282 657 999
- Central Lancashire – Vicky Robinson: 01772 647 004
- West Lancashire – Joanne Rimmer: 01772 647 072
- Fylde Coast – Jennie Wynn: 01539 715 689
- The Bay – Leah Marsden: 01539 715 689





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Health inequalities and climate change

Last week the BMA GPC [wrote](#) to the President of the UN COP26 Climate Conference, Rt Hon. Alok Sharma MP, to highlight concerns about health inequalities and climate change. The BMA GPC made a number of recommendations to the Minister including the action government could take to support general practice to become carbon neutral, implementing a practice of return and recycling for medicines such as inhalers and for resources to meet the needs of practices in areas suffering from high levels of deprivation.

Changes to the COVID-19 test kit distribution service

From 4 October, an amended COVID-19 test kit distribution service will begin from and as part of the changes, people will be asked to register on www.gov.uk or via 119 for a collect code to pick up test kits. More information is available from the Service Specification on the [NHS BSA website](#).

NHS-Galleri cancer test trial

The [NHS has launched a trial of a new blood test](#) that can detect more than 50 types of cancer before symptoms appear. The participants, are aged 50-77 and asymptomatic of cancer, are identified and invited through NHS DigiTrials to register their interest in being part of the study. Those who consent will be invited up to a mobile screening unit to give a blood sample.

The [NHS Galleri test trial](#) checks for the earliest signs of cancer in the blood and only those who have a positive Galleri test will be referred by the study team to a 2WW clinic based on the predicted cancer signal origin. Hence, any GP involvement in this study is only if participants choose to contact them at any point in the trial process. A few GP practices have, in addition, volunteered to undertake trial recruitment from their lists and are liaising with the study team.

Social Prescribing Link Worker Day Conference

The National Association of Link Workers will be hosting a virtual [Social Prescribing Link Worker Day Conference](#) on 8 October 2021, with the theme of *The Creative Disruptors Reducing Inequalities & Powering Up Integrated Care*, to celebrate and showcase Social Prescribing Link Workers' impact and role in creatively disrupting inequalities and powering up integrated care. This event is open to GPs, social prescribing link workers, community health and social care industry leaders, PCNs and clinical directors. There are 20 free tickets available for BMA members – first come first served - via this [link](#)

