



6<sup>th</sup> December 2021

Dear Colleague

Please see below our latest updates for your information:

### **Clarification re NHSEI Covid Vaccination Booster Programme Support Offer 3.12.21**

In our comms sent out on Friday with the NHSE letter we stated that the support was only for practices participating in the vaccination programme. There have been a number of queries nationally and locally because of the way the letter is worded and we have received clarification from Dr Farah Jameel, GPC Chair, that the QOF income protection is for all practices.

### **GP representatives required for Dartford, Gravesham and Swanley area**

The CCG is looking to recruit a GP representative for the DGS area to attend both the Primary Care Commissioning Committee (PCCC) and the Primary Care Commissioning Operational Group (PCCOG) for the area. Both committees meet monthly. The commitment is for three sessions a month (which includes attendance at both monthly meetings) and remuneration would be via the CCG payroll. At the moment they are only looking for a representative to attend the January, February and March meetings but this may change once new committee arrangements become clearer.

The purpose of the role is to represent the GP membership in the commissioning of primary medical care services working with other PCCOG members in providing the necessary independent scrutiny, challenge and support to ensure robust and effective delivery of sub-committee's Terms of Reference.

In particular this will involve:

- Providing clinical expertise and leadership for the primary care elements of the health improvement directorate portfolio.
- Acting as the GP membership representative at PCCOG meetings and PCCC meetings.
- Representing the GP membership in the commissioning of high quality, effective primary medical care services across Kent and Medway.

Further information is provided in [this role description](#). If you are interested in the role, please contact Louise Matthews, Associate Director of Primary Care Contracting by emailing [louise.matthews5@nhs.net](mailto:louise.matthews5@nhs.net) for an informal chat.

The LMC see this as a vitally important role which provides a local GP voice to assist the CCG in its commissioning decisions which often have a direct impact on GPs. Although the LMC attends these meetings we do not have a vote so please consider whether you might have the capacity to consider this role.

## GP clinical lead for Kent and Medway dermatology procurement

NHS Kent and Medway CCG is looking to appoint at least one, but possibly two, GP clinical leads to support dermatology procurement. Here you can find the [advert](#), [application form](#) and [job description](#).

## Changes to QOF and IIF - Message from Dr Farah Jameel, GPC Chair

NHSE/I published a [letter](#) today announcing changes to QOF and IIF and changes to the COVID vaccination DES. More detail and operational guidance on these changes will be forthcoming in days to come.

Given today's announcement on QOF and IIF, I hope it will become possible for practices to consider how they may be able to support the national vaccination effort whilst continuing to clinically prioritise patients who need them. I recognise the significant unprecedented challenges you are all facing at present and know that you will do your best in the days and weeks to come, as you have been doing these past 20 months. Thank you for all that you are doing for your patients, for your communities. Read our [press statement](#).

Secretary of State for Health and Social Care, Sajid Javid, has written a thank you [letter](#) to Primary Care, thanking them for their efforts on the COVID-19 Vaccination Program.

## Additional funding for COVID vaccination programme – but more support is needed (England)

Following the identification of the COVID-19 omicron variant, the government have accepted [JCVI advice](#) to widen the age range for vaccine eligibility to include all 18-39 year olds and to shorten the time from last vaccination to booster to three months.

In addition, 12 to 15 year olds can now receive a second dose of the Pfizer-BioNTech COVID-19 vaccine, no sooner than 12 weeks after the first dose. Severely immunosuppressed individuals who have received three primary doses, should also be offered a booster dose.

To support the quicker and larger roll-out of boosters, NHSE/I announced last week that there will be some additional funding to support PCN Groupings to step up capacity by:

- Increasing the Item of Service (IoS) fee for COVID-19 vaccinations to £15 from 1 December to 31 January (Mondays to Saturdays)
- Increasing IoS fee to £20 for vaccinations administered on Bank Holidays and Sundays from 1 December to 31 January
- Increasing the supplement for vaccination of housebound patients to £30 from £20 between 1 December and 31 December backdated to 16 September

Although the BMA welcomes additional funding being made available, they remain concerned about the high workload and lack of workforce capacity in general practice. Given today's announcement on QOF and IIF, the BMA hopes it will become possible for practices to consider how they may be able to support the national vaccination effort.

At this critical time in the fight against COVID-19, GPs and their teams want to do all they can to protect and look after their communities, focusing on those most in need. This means finely balancing the clear national priority to deliver booster vaccinations to as many people as possible with ensuring that people who need care and treatment from their GP practice and the wider NHS continue to receive it.

If practices physically do not have the staff or time to dedicate additional time to the vaccine programme because they are also focused on other contractually required work it will do little to help. With a finite number of staff and hours in the day there is a limit to what practices can safely do.

The BMA hopes that these changes, by removing some of the more bureaucratic and target-based requirements within practices' contracts, will create capacity to step up delivery of the vaccination programme to quickly protect as many as possible from COVID-19. Read their [press statement](#)

### **New COVID-19 Omicron variant – new measures and booster programme extension**

Following the reports of a new COVID-19 Omicron variant, last week the BMA called for [mandatory mask-wearing and social distancing in indoor crowded spaces](#), and that public buildings, offices and hospitality venues have adequate ventilation to disperse the virus as much as possible.

The [Prime Minister then announced](#) that new targeted measures in England to prevent the spread of the new variant would be [introduced on Tuesday 30 November](#), including mandatory mask wearing in shops and on public transport. The public was also encouraged to ensure they get vaccinated, to help protect themselves and others.

A [CAS alert](#) has been sent out to healthcare workers, with advice to continue to follow the national [Infection prevention and control for seasonal respiratory infections in health and care settings for winter 2021 to 2022 guidance](#), wearing face masks for staff and face masks/coverings for all patients and visitors within health and care settings over the winter period.

It also recommends that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care setting, and that it should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed. Read the BMA statement [here](#)

### **BMA report: Weathering the storm**

The BMA published a report, [Weathering the storm: vital actions to minimise pressure on UK health services this winter](#), last week.

The report outlines practical recommendations for stemming the winter crisis that health services across the UK are facing. These include calling on political leaders to have honest conversations with the public about the immediate challenges facing health services so that patients and the public alike have the best information possible about how to access safe and appropriate care

The report calls for urgent and immediate action by government and health service leaders and asks them to do more to:

1. Communicate honestly with patients and the public about health service pressures
2. Retain existing staff and maximise workforce capacity
3. Promote responsible public health policies to keep people safe and healthy and help manage demand on services
4. Direct resources to where they are needed most to manage health service demand

Access the report and read more [here](#)

### **Joint statement on Inclisiran**

The BMA have published a [joint statement](#) with the Royal College of GPs regarding the implementation of [Inclisiran](#) in primary care.

Although the BMA is supportive of innovation of new drugs, they have serious concerns about how this particularly drug is being introduced. In particular they have raised issues about where the long-term responsibility lies when prescribing this drugs, and the lack of clarity about where doctors and patients can turn if there are concerns or problems.

There is also an issue of capacity the lack of clear resources to support the additional work required and how the impact that introducing new treatment plans will have on teams that are already stretched to their limits. The BMA have raised these concerns with NICE and NHSE/I.

This guidance aims to advise practices that may want to prescribe these drugs of our concerns and that they should only do so if they feel comfortable. Read the statement [here](#)

### **Integrated care systems – primary care (England)**

The BMA continues to lobby on a range of issues relating to the Health and Care Bill, including strengthening the involvement of general practice, and the role of LMCs. As part of this they have co-signed a [letter](#) with other representative bodies for primary care, to Ministers and the Health and Care Bill Committee, asking for a commitment from Ministers in Committee that:

- The government honours its commitment for primary care to be represented and involved in decision-making at all levels of the Integrated Care Systems (ICS) including strategic decision-making forums through formalised roles for GPs, dentists, pharmacists, primary eye care and primary hearing care audiologists in Integrated Care Partnerships (ICPs)
- These roles are remunerated to ensure parity of availability and voice with NHS Trusts, NHS staff, social care and public health colleagues in strategic thinking and decision-making
- That existing statutory Local Representative Committees, such as LMCs, have the right put forward nominations for those roles
- Transparency and accountability - ICBs and ICPs to be under duty to explain in writing in public when they choose not to heed advice from local primary care bodies.

A [briefing](#) outlining what collectively they want government to do has also been sent to Ministers.

### **LMC England conference 2021 – resolutions**

The resolutions and election results from the Annual Conference of England LMCs 2021, which was held last week, have now been [published](#). Watch recordings of the event:

Day 1: <https://bma.streameventlive.com/archive/246>

Day 2: <https://bma.streameventlive.com/archive/247>

Read more about the event here: [Local medical committees \(bma.org.uk\)](#)

### **Supporting general practice**

Read about how we are campaigning against abuse of GPs and their staff on our [Support Your Surgery campaign](#) page, which includes a number of resources that practices can use. NHSE/I has now also published materials and guidance for use in primary care settings to encourage patients to [treat NHS staff with respect](#).

Kind regards  
Kent Local Medical Committee