



18th January 2021

Dear Colleague

Please see below our latest updates for your information:

Additional funding to support rapid care home vaccination (England)

Practice groups around the country have been working extremely hard to protect our most vulnerable patients. The daily reporting of vaccinations given clearly demonstrates this, with over 3 million given. The increased availability of the AstraZeneca vaccine makes it much more possible to vaccinate care home residents and staff and we now need to do this as quickly as possible. The BMA have been discussing this regularly with NHSE/I and welcome their announcement last week that [additional funding will be provided to support the rapid delivery of vaccinations to care home staff and residents](#) in England. The care homes supplement will now increase as follows:

£30 for first doses administered Monday 14 December - Sunday 17 January
£20 for first doses administered Monday 18 - Sunday 24 January
£10 for first doses administered Monday 25 - Sunday 31 January
£10 for all second doses administered

In addition, NHSE/I has provided new payment to support the administration of the Pinnacle system. Vaccination must be recorded immediately in Pinnacle in order to ensure the clinical record is updated and to be sure that PCNs are paid for the work that they are undertaking. PCNs bringing in additional workforce between now and the end of January to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle will be eligible to claim up to £950 per week (a maximum of £2500 per PCN grouping) of funding support.

Finally, there is also a reminder that providers of Community Health Services should do all they can to release staff to support local vaccination services with the vaccination of care home residents and staff during the next fortnight. Lead providers of vaccination centres are able to make staff temporarily available in a flexible manner to support PCN Groupings in this important work and community nursing teams, who provide care daily into care homes, are well placed to support this work. Any financial costs in having to back fill staff can be found in the [NHSE/I letter to Regional Directors of Workforce](#).

There is also to be a significant increase in availability of vaccine from this week, so all sites should expect the opportunity to vaccinate more, as well as covering all care home patients.

Vaccine rollout and mass vaccination centres (England)

This week, the government in England published its [vaccination delivery plan](#) which outlined plans for over 1200 local vaccination sites, most led by GP practices, 206 hospital hubs and 50 mass vaccination centres. [Seven large scale mass vaccination centres](#) have opened this week, as well as more local practice vaccination sites and hospital hubs, in addition to those that are already operating. NHSE/I has also published a [map](#) with all the vaccination sites across England.

The clear aim for us all is to ensure that as many people gets vaccinated as quickly as possible, however the BMA is very concerned to ensure all people, not least elderly patients, are given the opportunity to choose to receive their vaccination from their local GP vaccination site. This means all sites need greater provision of vaccinations, which we expect to increase in the coming weeks, and greater certainty on delivery so they can plan their vaccination sessions and book patients in with greater confidence. The letter inviting patients to book in to a mass vaccination centre, which has been sent to thousands of eligible patients, has now been amended following BMA comments to be clearer that they do have a choice of attending their local practice site, but we are still aware of some confusion and of patients having contacted the [national booking service](#), being redirected to mass vaccination centres at much further distance than local practice sites. NHSE/I has also published a [map](#) with all the vaccination sites across England

The BMA have also raised concerns on the COVID Vaccination Programme IT system with NHSE/I and the servers have since been upgraded which should now improve the situation and there is now additional funding for administrative support.

GPs and their teams are generally the best place to deliver community vaccinations and it is therefore imperative that we are provided with sufficient and regular supplies as soon as possible.

Vaccination of healthcare workers

The BMA [continues to call for all health and social care workers](#) to be given urgent priority to protect an already depleted workforce and to help prevent the NHS becoming overwhelmed. Practices should ensure that locum GPs they are in regular contact with are invited for vaccination either via hospital hubs or by the practice itself. Additionally, any healthcare staff who self-identify with their own registered GP practice should be vaccinated as per the [JCVI guidance](#). Please do not decline or turn away any health and social care workers. Consider maintaining waiting lists or signpost to other providers if vaccine availability is the rate limiting factor. Healthcare professionals have now also been added to the priority [list of eligible patients](#)

Change in legislation to allow any GMC registered doctor to administer the COVID-vaccine in primary care settings

The Government has announced that doctors who offer their support in delivering the [Enhanced Service](#) Specification COVID vaccination programme in primary care settings will be exempt from the requirement to be included on the England Medical Performers List. The [Regulations](#), which came into force on 14 January, remove previous barriers and mean that any GMC registered doctor will be able to administer the vaccine and any ancillary vaccine services under the enhanced service specifications in a primary care setting. We welcome this change in legislation which will support the rapid roll out of the vaccine, allowing more doctors to administer more COVID vaccines.

Practices are reminded of their existing obligations to ensure staff have the qualifications, skill, competence, training and experience to deliver safe care under the Health and Social Care Act 2008.

COVID-19 vaccinations programme guidance

The [national protocol for the Pfizer/BioNtech vaccine](#) has been updated to define minimum dose interval and vaccination in accordance with national recommendations “For operational purposes the second dose may be given between 3 to 12 weeks following the first dose or in accordance with official guidance at the time.”

The [AstraZeneca \(Oxford\) vaccine national protocol](#) has also now been published. NHSE/I has published a letter with an [Instruction on timing of second dose of COVID-19 vaccinations](#), which sets out that all vaccination sites ensure that all second dose appointments for both patients and health and care staff that have not already been rescheduled, must be

rearranged to take place in the 12th week. The Academy of Medical Royal Colleges has also published a [statement](#) supporting the decision of the four UK CMOs to prioritise the delivery of the first COVID-19 vaccine dose, and to delay the second dose to up to 12 weeks.

Public Health England has this week published a [UK COVID-19 vaccine delivery plan](#) as well as a [vaccine surveillance strategy](#). PHE will monitor vaccine effectiveness at preventing both symptomatic and severe disease and at reducing infection and transmissibility. This will be accounted for across multiple different sub-groups including age (and other clinical risk factors), viral variants, number of doses administered, timing of doses, and the comparative effectiveness of different vaccines in the real world. The BMA has produced the attached summary about the vaccine surveillance strategy.

The CQC has confirmed in the attached letter about the administration of the Pfizer-BioNTech Covid-19 vaccination that adhering to ‘*appropriate, authoritative guidance*’ such as JCVI/CMO national guidance on vaccinations ‘*is considered to be entirely appropriate*’. Similarly, in the attached letter the GMC advised: ‘*were a complaint to be received in the future where the sole concern was about a doctor having administered a vaccine in line with the recommendations of JCVI and the four CMOs it seems highly unlikely that this would raise any fitness to practise concerns about the individual*’.

The [BMA’s guidance on the COVID-19 vaccination](#) programme has been updated to include the national protocols for both vaccines, the updated joint document on workload prioritisation, funding to support rapid care home vaccination, in addition to the other recent information about how access to vaccines for all frontline health and social care workers, and further support to enable practices to prioritise vaccine delivery.

Supporting doctors throughout the second COVID-19 wave (UK)

The four Chief Medical Officers, NHSE/I, The General Medical Council and The Academy of Medical Royal Colleges have written [a letter to doctors](#) on working through the second wave.

Workload prioritisation: Level 4 or 5

The BMA have updated their joint [guidance with RCGP on workload prioritisation for primary care](#), which sets out what practices should consider doing are in a national lockdown, to help practices during the immense workload pressures are currently under. This is in addition to the set of [further measures](#) that we agreed with NHSE/I to help and support practices.

The LMC and CCG have also issued a joint statement supporting practices regarding the cessation of non-essential work and prioritisation of only urgent/essential activities.

Update on CQC’s regulatory approach

Following the BMA call on CQC to suspend routine reviews they have now published an [update on their regulatory approach](#) during the pandemic, which states:

‘For primary medical services we will only inspect in response to significant risk of harm – including concerns raised by people working in services and people using them – and when we cannot seek assurances through other routes. If an inspection is necessary, we will carry out as much activity off-site as possible’

Guidance for clinically extremely vulnerable (CEV) patients

Following the introduction of another national lockdown, the Government will be sending [a letter](#) with updated guidance to all clinically extremely vulnerable people, which again advises to take extra shielding measures to protect themselves, until at least 21 February 2021. The Government has also extended the offer of a free 4-month [supply of vitamin D](#) supplements for all adults who are clinically extremely vulnerable to support general. Access their updated [guidance for clinically extremely vulnerable people](#)

GP practices continue remain open and whilst remote consultations should be the main way in which patient care is delivered, when it is clinically necessary to see vulnerable patients face-to-face they would normally be expected to attend the surgery. Read updated BMA [guidance](#).

COVID PPE scheme extended until June 2021

The Government has announced that it is extending the provision of [free COVID-19 PPE for all health, social care and public sector workers](#), until at least the end of June. This will ensure frontline and wider public service workers can continue to access rigorously tested and high-quality PPE.

Practices should continue to access COVID-19 PPE via the [PPE portal](#).

The BMA has also called for enhanced and more appropriate PPE to be made available to staff in all healthcare settings, in a letter to the Government's health minister for prevention, public health and primary care Jo Churchill, and a letter to Public Health England. Read more [here](#)

Vote on future negotiations on the PCN DES and PCN survey results (England)

We would like to remind you that the vote of the profession as to whether GPC England should continue negotiations on the PCN DES is open until 23:59 on **Tuesday 19 January** (the vote is open to all GPs in England, regardless of contractual status (partner/sessional/trainee) or BMA membership status).

The ballot has been designed with the agreement and in careful collaboration with GPC England and the LMC England conference chair and agenda committee, as well as in consultation with the BMA's internal experts on survey design. Read more about the vote [here](#)

Pulse oximetry guidance update

The guidance for [pulse oximetry to detect early deterioration of patients with COVID-19 in primary and community care settings](#) has been updated. Pulse oximeters can be used as a tool for patients most at risk of poor outcomes from COVID-19. It is used to identify oxygen levels and warn the patient to the risk of 'silent hypoxia' and rapid deterioration at home.

Pre-registration for offenders leaving prison

The contractual requirement of the [General Medical Services \(GMS\) Contract 2017/18](#) (page 64) to accept patients from the secure estate prior to their release has increased importance during the COVID-19 pandemic. Among other benefits, pre-registration may help the smooth rollout of the COVID-19 vaccine. For individuals leaving the secure estate between the first and second doses of their vaccination who have been registered with a community GP, their GP record will be updated with their vaccination status. GP practices are asked to ensure that processes are in place to meet this contractual requirement, with information on how to do this [here](#).

NHSE/I legislative proposals on Integrated Care Systems (England)

The BMA has responded to [new legislative proposals](#) put forward by NHSE/I, which would see ICSs (Integrated Care Systems) made statutory bodies and could dramatically alter the role of CCGs.

In the [response](#), the BMA are critical of the manner in which the consultation has been carried out but also examine the potential implications of the proposals which, we believe, are currently incapable of delivering the integrated and collaborative NHS that staff and patients need. They have also set out where they believe further changes have to be made - both to the proposals and to the present system itself - including highlighting the need for strong clinical voices within ICSs and for the NHS to be made the preferred provider of NHS services, for example. The BMA have been clear about the fundamental importance of the independent contract system for general practice and of the role of LMCs as the representative of all GPs in an area.

The response is now available on the BMA website [here](#) and should you have any questions regarding it or the proposals themselves please contact info.policy@bma.org.uk

Lateral flow test ordering (England)

To ensure that the correct quantities of lateral flow test boxes are delivered to primary care contractors, and that there are enough tests to distribute among staff, any contractors who have placed an order of over 100 test boxes on the PCSE portal have been contacted to confirm, as soon as possible, the number of patient-facing staff and therefore the correct number of boxes of tests they wish to receive, to avoid any delays to deliveries.

Practices who have not yet placed their order, should log onto the [portal](#) and complete their order by COP **Sunday 17 January** to start to receive deliveries from the following week.

Fit notes (med 3)

GPs are reminded that they are still required to issue fit notes (med 3) as normal. There are specific scenarios relating to COVID-19 where patients can use the isolation note service, instead of seeing a GP, as outlined below. Please do not signpost patients to NHS 111 in order to get a fit note as they are not provided by the service. During the pandemic DWP is encouraging employers to use their discretion as to what medical evidence is required to support periods of sickness absence.

Previously advice was issued on issuing fit notes (med 3s) remotely during the pandemic, which remains in place until further notice. A properly signed and scanned fit note sent via email to the patient will be regarded as 'other evidence' and will be accepted by DWP for benefit purposes. Not signing fit notes can mean that they are rejected by employers and DWP, so we have been asked to remind GPs that fit notes must be signed. The original hard copy does not need to be retained if there is an electronic copy of the fit note in the medical record.

If the patient is unable to receive their fit note electronically, they will be required to collect a hard copy from the practice or it will be posted to them, at the practice's discretion. Isolation note service: The isolation service does not provide fit notes (med 3s). It is an automated service that can be used to provide evidence of the need to self-isolate by those who:

- Have symptoms of coronavirus
- live with someone who has symptoms of coronavirus
- are in a support bubble with someone who has symptoms of coronavirus
- have been told to self-isolate by a test and trace service

It can be used to cover continuing periods of isolation if patients still have symptoms or develop new symptoms following their initial isolation period.

Memory Clinic Referrals in East Kent

I have had confirmation from KMPT that we can refer patients we believe have dementia to the memory clinic without ordering or obtaining a CT or MRI first. The pathway actually states it is 'preferred' rather than required and they will accept referrals and make imaging requests themselves. The dementia diagnosis rate in Kent is lower than expected. Please continue to refer if potential cases come to your attention during the pandemic.

EKHUFT Patients with an incorrect cervical smear recall

Some East Kent practices have received letters advising them that some patients are incorrectly coded as needing yearly smears. THIS IS NOT A PRIMARY CARE ERROR BUT A LAB ERROR. Some of these patients are now over 65 and have no clinical indication for the recall and are still receiving yearly smear recall. These patients need ceasing from recall but only Primary Care can do this. This is frustrating but there does not appear to be another way of solving this. If you receive a letter asking you to take this action please can you oblige.

Reduction in Community Psychiatric Nurses in Medway and West and North Kent

Please click [here](#) to read the letter from KMPT regarding the temporary changes to the Primary Care Mental Health Service in West Kent & Medway.

Use of Covid-19 Vaccine AstraZeneca (AZ) to vaccinate Housebound Patients

[Coronavirus » Position statement around use of the COVID-19 vaccine AstraZeneca \(AZ\) to vaccinate housebound patients \(england.nhs.uk\)](#)

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Reduction in Community Psychiatric Nurses in Medway and West Kent

The Medical Directors of KMPT have informed us (letter attached) that their in-patient units are facing critical staffing issues due to Covid related absences amongst Nurses. As a temporary solution community Nursing colleagues are being redeployed to staff in-patient units. This will leave some patients in the community with less support than usual. Other staff will still be in place in the community. This is regrettable and temporary.

Kind regards
Kent Local Medical Committee