

A Letter From the CEO

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Covid continues to dominate our lives. It is great to see that the rate of infection from Covid has started to decrease, and this should mean the mortality rate from Covid will also reduce.

But the morbidity from Covid is increasing with more people presenting with symptoms of Long Covid and the general workload in general practice remains very high.

The lockdown will make a major contribution to the reduction in spread of the virus but as we all know the only way out of the pandemic is mass vaccination.

It is therefore great to see that over 12 million people have had a first dose of the vaccine and over 75% of these vaccinations have been delivered via general practice.

The aim is to offer all people aged 50 and over a first vaccine by the end of June. We know that 99% of all Covid related deaths occur in people aged 50 or more.

As yet it is unclear how the people aged 18 - 50 will be offered the vaccine.

Currently in England there are 100 of the large-scale centres, often called mass vaccination centres, over 1,000 PCN/GP local vaccination sites, about 200 sites run by High Street pharmacy services and over 250 hospital hubs.

Stay well and stay safe.

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Covid Vaccination Programme (CVP)

We are about to reach an important milestone in the CVP on the 15th February, whereby all people who are in priority groups 1 - 4 should have been offered a first Covid vaccination. This includes all the people defined as frontline health and social care workers, those aged 70 and over and those in the shielded groups who have been defined as clinically extremely vulnerable (CEV).

The plan was to have completed the Priority Groups 1 - 4 by the 15th February and then to move to Priority Group 5, which is the people aged 65 - 69.

There are approximately 3.3 million people in the UK who are in priority group 5, i.e. those aged 65-69 .

Due to the progress made by many of our local vaccination sites, the majority of people in groups 1 - 4 have been offered a Covid vaccine and most have taken up this offer. For some sites where the supply of vaccine exceeds the demand in Priority Groups 1 - 4, these sites are allowed to start vaccinating people in Priority Group 5 to avoid vaccine wastage.

| Priority Group | Risk Group | Estimated numbers |
|----------------|---|-------------------|
| 1 | Residents and staff in a care home for older adults | 1m |
| 2 | All those aged 80 and over | 3.3m |
| 2 | Frontline health and social care workers | 3.8m |
| 3 | All those aged 75 -79 | 2.3m |
| 4 | All those aged 70 - 74 and | 3.2m |
| 4 | clinically extremely vulnerable | 1.2m |
| 5 | All those 65 - 69 | 2.9m |
| 6 | Adults aged 16 to 65 years in an at-risk group | 7.3m |
| 7 | All those aged 60 - 64 | 1.8m |
| 8 | All those aged 55 - 59 | 2.4m |
| 9 | All those aged 50 - 54 | 2.8m |

NHS England have recently sent a [letter](#) to the Local Vaccination Sites (LVS) which details the additional payment of £10 per person for vaccination the housebound patients, to reflect the additional work involved. This supplement is on top of the £12.58 Item of Service fee. The supplement applies retrospectively to any first dose vaccinations since 14 December 2020, and second doses within the arrangement.

The LVS have also been asked to confirm that they have made an offer of vaccination to all people in the Priority Groups 1 - 4.

There was a public announcement of Monday 8th February, asking patients 70 and over who have not yet been invited for vaccination and wish to receive one, to make contact with the national booking service, 119 or their practice, so that they can have an opportunity to be vaccinated later this week.

National call/recall letters to Clinically Extremely Vulnerable people

All people aged 18 and over in the clinically extremely vulnerable (CEV) cohort (as identified through the [Shielded Patient List](#)) will have received letters from the national call/recall service informing them that they are now eligible to receive their COVID-19 vaccine. The letters made it clear that people have a choice of where to get vaccinated and can choose to wait for their GP services to contact them directly, if they haven't already, or book into a vaccination centre or community pharmacy. A copy of the [letter and a PCN letter template](#) are available in the letter pack on the [FutureNHS platform](#) (sign in required).

Locally about 75% of the Covid vaccinations are being delivered by the Local Vaccinations Sites (PCNs) with additional capacity provided by the Large Vaccination Centres, the Hospital Hubs and the Community Pharmacies. In an ideal world these providers should be working together and providing a complementary service. It remains a source of deep frustration for example that practices are spending time contacting patients only to find they already have an appointment with one of the other providers. To avoid people wasting time and potentially vaccine this problem must be resolved. The LMC has raised this issue locally, regionally and nationally.

Housebound Patients

This is an important group of patients who we should not forget. I am sure all sites have identified a list of patients who are truly housebound. There are a number of different ways in which this group are going to be vaccinated, via the PCN/Practice or subcontracted to a Federation or Community provider.

The challenges of the vaccine have now been solved in terms the availability of the Oxford AstraZeneca vaccine and being able to move it between homes. Many of these patients will be in priority groups 1-4 and therefore their first vaccination should be completed in the this week.

GP COVID-19 vaccination record queries

If you are a vaccinator or you are involved in delivering the the Covid vaccination programme much depends on the accurate recording and reporting. NHS Digital have provided some very useful information about this including:

- How COVID-19 vaccinations are recorded
- How long it takes
- Reasons for the record not being present after 48 hours
- Correcting mistakes
- Help with vaccine payments
- Other common queries
- The support helpdesk
- Training on recording vaccination events
- Future integration with GP systems

[Click here](#) to find out more information.

Provision of vaccine for second doses

Many Local Vaccination Sites have raised the concern about working at a disadvantage to the Large Vaccination Centres as they feel they are unable to book the appointment for the second dose, whereas the Large Vaccination Centres are booking a second dose at the same time as the first. (I am aware some PCNs are booking a second dose in the 12th week but are worried about supply of the vaccine).

The GPC has raised this with NHS England and reinforced the need for practice sites to be able to start planning giving second doses by booking appointments.

On Friday, LVS (Local Vaccination Service) sites were sent a message about the scheduling about preparing for the second dose vaccination clinics for cohorts 1-2 which should go live as of week commencing 1 March 2021.

The allocated quantity of vaccines will be based on quantity of first dose delivered by site (full pack unless a pack-down option was provided). The second dose clinics will take place 11 weeks post first dose clinics so the 12 week lead time between doses is achieved.

Practice sites should be provided with scheduled delivery day of second dose volumes by the end of this week, and are asked to schedule clinics up to the end of March once delivery schedule by day has been communicated.

It would be therefore reasonable for GP sites to now give all those patients who have received the AstraZeneca vaccine an appointment for a second dose, and to do this for these patients when the first dose is given to reduce the workload involved in contacting patients at a separate time.

For the Pfizer vaccine because of the timescales between receiving the vaccine and administering it are so short you may wish to wait till nearer the time when you are more certain of the delivery times.

New vaccination information helpline and alternative point of care systems

A new COVID-19 vaccination information web resource and help-desk has been set up for practice managers to help you find out answers to questions about records of vaccinations.

New assured point of care systems for recording COVID-19 vaccinations will also be available soon for practices which can be used as an alternative to Pinnacle. This will include EMIS and TPP SystemOne - but before you start using them please work with your CCG because if you stop using Pinnacle and switch to your clinical system without this being managed you may have some issues with payments etc.

This provides greater choice and reduces reliance on any one supplier. As currently happens, all the data will flow into the GP record within 48 hours. These developments are in direct response to requests from GPC England on behalf of general practice.

Find out more information about your COVID-19 vaccination queries, how the vaccinations are recorded, common errors or difficulties and how to get help in these [FAQs by NHS Digital](#).

GP Contract agreement

The GPC has now agreed the Contract changes for 2021/2 - due to the pandemic these changes have been kept to a minimum. There are some significant changes that you should be aware of.

The LMC provided a summary of these changes and these are available via a Webinar recording - [click here](#) or via an audio podcast [click here](#).

The GPC will be holding two contract virtual roadshows/webinars on the following dates:

24th February – 19.30-20.30

25th February – 12.30-13.30

Look out for the registration details next week - we will share these when they become available.

Flu vaccine reimbursement 2021/22

NHSE/I has issued [guidelines on vaccines for use during the 2021/22 flu programme](#), following the publication of [JCVI advice](#).

The vaccines recommended for use are:

Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)

At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available).

Practices should read the guidelines and submit vaccine orders as soon as practical.

Freedom of Information requests for practices' Gift and Hospitality register

Last week some practices were sent an email by St Andrew's University, asking for copies of their Gifts and Hospitality register and Declaration of Interests Register for 2019/20, following a [recommendation by NHS Employers](#) to request and annually publish declarations of interests in the NHS.

This caused significant concern when practices are so busy focusing on the pandemic and the COVID vaccination programme, and after the GPC raised this issue urgently with the University they apologised for the concern caused and we were pleased that they immediately agreed to withdraw their request.

Education and Covid

Wessex LMCs has recently developed some specific educational resources for Covid that might be of interest to you.

[COVID Oximetry @ home, Long COVID & Paeds COVID - 3rd February 2021](#)

Dr Camilla Janssen presents an hour-long webinar aimed at GPs, Health Care Physicians and Allied Health Professionals.

This webinar covers:

- COVID Oximetry @ home - Dr Caroline O'Keeffe, GP lead for COVID Hot Hub and Virtual Ward, North Hampshire.
- Long COVID – Dr Robin Harlow, HIOW Long COVID primary care lead, Clinical Director for Primary Care Development SHFT, GP Partner Willow Group, PCN Clinical Director Gosport Central. Karen West, Physiotherapist and AHP lead for South East.
- Paeds COVID - Sanjay Patel, Infectious Disease Consultant at University Hospital Southampton and Healthier Together Lead.

[Click here](#) for the audio podcast and [here](#) for the recorded webinar.

Coronavirus - [Discussions with an Emergency Department doctor - 1st February 2021](#)

GP Dr Camilla Janssen discusses with Emergency Department Consultant Helen Keeton about how secondary care is dealing with COVID in terms of numbers through the door, flow through the hospital, clinical assessment and management of these patients with an overview of how they assess a patient's oxygen requirement. An understanding is also given of the criteria secondary care use to determine severity and likely deterioration. They also cover the information used to inform a patients' discharge and an understanding when secondary care would like GPs to refer patients back into their service for further assessment. This will help GPs give a consistent joined up message across primary and secondary care, which can only be done if we have a good understanding of what our secondary care colleagues are doing. We continue to learn from each other in these evolving and uncertain times.

[Click here](#) for the audio podcast.

[COVID Assessment and Management - a practical guide for GPs - 15th January 2021](#)

Dr Camilla Janssen talks to Dr Sarah Kay and Dr Caroline Warren Clinical Governance Medical Leads for the National COVID Clinical Assessment Service (CCAS). CCAS GPs work supporting 111 to assess patients presenting with COVID sounding symptoms remotely and then to manage/signpost/advise appropriately. Sarah and Caroline are well placed as GPs to give us a practical walk-through of appropriate assessment and management of COVID, stratifying COVID risk, advice about remote assessment of breathlessness, identifying red flags, identifying when patients need a F2F review and what the most appropriate setting for this is. Safety net resources and advice as well as discussion from a GP perspective on Oximetry at home. They will advise about resources available for us to use and discuss the appropriateness of prescribing for COVID in the community setting.

[Click here](#) for the audio podcast and [here](#) for the accompanying powerpoint slides .