1st March 2021

Dear Colleague

Please see below our latest updates for your information:

Lockdown restrictions loosening (England)

Ahead of the announcement by the Prime Minister this week of a four-step end to the lockdown in England, the BMA published a paper setting out the principles and policy ideas which it believes should inform a sensible and safety-first approach to easing the current lockdown. The BMA warned the Government to take 'cautious approach' to lifting lockdown restrictions as otherwise the NHS will be overwhelmed. Easing restrictions must be connected with measurable metrics and targets on virus circulation. Read more here

Although England is still in a national lockdown, as of 8 March, some of the rules will be changing, such as all pupils returning to school. More details can be found in the Government's COVID-19 Response - Spring 2021, which sets out the roadmap out of the current lockdown and explains how the restrictions will be lifted over time.

Read the BMA's response to the PM's announcement here

Contract webinar 2021/22 (England)

We held two well-received webinars this week, setting out the updates to the 2021/22 contract. 573 people attended across the two events.

The presentation slideshow is attached and the recordings of the webinars will be available on the BMA website this week. We will include a link to the recordings in next week's newsletter.

COVID-19 vaccination programme (England)

NHSE/I has sent a letter setting out the additional steps being taken to support the vaccination of cohort 6 - adult carers and individuals added to the shielded patient list - as a result of the COVID-19 Population Risk Assessment tool (QCovid). The letter also includes information on the availability of the national booking system for these groups.

This follows the letters to people identified as high risk by COVID-19 Population Risk Assessment Model – under 70 years of age which was sent out last week. The BMA have since raised concerns with the Department of Health and Social Care about the impact this letter has had on some patients who have subsequently contacted their practice seeking more information. Although the letter clearly states, on the BMA's insistence, that patients do not need to contact their GP about the letter, many anxious patients are still clearly doing so, so they have asked whether modifications can be made to any future letters sent.

COVID-19 Clinical Risk Assessment Tool (QCovid)
A new online tool that can help clinicians better understand how at-risk a person being admitted to hospital or dying as a result of being infected with coronavirus is now available. The COVID-19

Clinical Risk Assessment Tool is powered by QCovid®, a coronavirus risk prediction model created by the University of Oxford.

Clinicians can use the tool to risk assess individual patients or review those added to the Shielded Patient List (SPL) as part of the COVID-19 Population Risk Assessment. There is though no requirement or expectation for practices to validate the latest update to the shielding list following the application of the QCovid tool.

There are some instructions for individuals and organisations to follow before using the tool, including the requirement for a Data Protection Impact Assessment (DPIA) and privacy notice in place that covers the tool's use. A template DPIA and privacy notice have been provided to support you to do this.

Following concerns about the inclusion of some codes relating to gestational diabetes, NHS Digital has published specific guidance on gestational diabetes on their COVID-19 Population Risk Assessment page. This page also has a lot of detail about the development of the risk assessment tool and it has information about how patients can get more information if the page does not answer their questions (email risk.strat.spl@nhs.net). The RCGP has also developed a flow chart to support GPs when considering risk for patients with a history of gestational diabetes.

Vaccinating people with a learning disability
As we know, multimorbidity is very common for those with a learning disability and we would therefore encourage all practices to contact all people on their learning disability practice register and offer an early appointment for vaccination.

Vaccinating people with Severe Mental Illness (SMI)
As people with SMI people face reduced life expectancy of 15-20 years when compared to the general population and have also been disproportionately impacted by the coronavirus pandemic, this group is also included in cohort 6 prioritisation list. Note that the Green Book defines SMI as schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment, and also includes people with an eating disorder and those with a diagnosis of 'personality disorder'.

Tailored invitation letters for local vaccination sites to invite these groups are available on the FutureNHS platform.

Vaccination patients who are HIV positive
People living with HIV, at all stages of infection, should be offered the vaccination due to the associated immunosuppression, and are as such part of cohort 6. Most of these patients will be invited for vaccination by their GP, however, for the small proportion who has declined sharing their HIV status with their GP, HIV clinics should encourage and support these patients to share their HIV status with their GP.

Vaccinating those aged under 18
The AstraZeneca (AZ) vaccine is not licensed for use in those under the age of 18 – if any young staff members or volunteers (aged 16-17) present to a vaccination centre for vaccination, they should be referred to their GP or local hospital hub where they can access the Pfizer vaccine which is authorised for this age group. If the Pfizer vaccine is unavailable, JCVI have recommended that the AZ vaccine can be used as an alternative in those aged 16-17 years. This is outside the license and must therefore be done under a PSD and cannot be done under a PGD or National Protocol.

Vaccination cohort 5
Patients in cohort 5 (people aged 65 and over) have received a letter from the national booking system stating that they are now eligible for vaccination, with information about how to book into a mass vaccination site or a pharmacy. The letter also states that if the patient wishes to be

vaccinated by their GP then they should wait to be contacted by their practice. Practices, however, have been told to prioritise patients in cohort 6.

To be clear, if practices vaccinate anyone in cohort 5 they will receive payment. However the priority for practices should be those in cohort 6, which is a much bigger group, but once practices are in an appropriate position having completed cohort 6 they could contact patients in cohort 5 to invite them for their vaccination if they have not already received it. In order to manage patient expectations and to prevent additional patient enquiries, practices may wish to contact their patients in cohort 5 to inform them that they will be contacting them in the near future to give them the opportunity to receive their vaccination locally if that is their preference. We expect people in cohort 7 to shortly receive similar letters, and the same points with respect to cohort 5 apply to 7.

NHSE/I has this week published a letter on Supporting CCGs to address vaccine inequalities, which describes further action to enable and locally deliver community activity and engagement to support COVID-19 vaccination access and uptake, building on the vaccine uptake strategy. NHSE/I has also published guidance on Further opportunities for PCN and Community Pharmacy vaccination sites to partner with community venues to deliver temporary vaccination clinics.

Read BMA guidance on the COVID-19 vaccination programme which includes information about what is expected of practices and the support available to enable practices to prioritise vaccine delivery.

Studies on COVID-19 vaccine efficacy

Three new studies about COVID-19 vaccine efficacy have been published, as summarised below:

EAVE II Study (Pfizer and Oxford/AstraZeneca vaccines)
The EAVE II study looked at the efficacy of the single dose regimen of both the Pfizer and the Oxford/AstraZeneca vaccines at reducing hospitalisations from COVID-19 over a number of timeframes, post vaccination. Hospitalisations are defined as an individual who is hospitalised with COVID-19 as the principle reason for hospitalisation within 28 days of a positive PCR test. The paper found that the vaccines have an 85% (Pfzier) and a 94% (Oxford/AZ) efficacy at reducing hospitalisations after one dose, respectively – although this varied over different time periods post-vaccination.

PHE monitoring of the early impact and effectiveness of COVID-19 vaccination (Pfizer) in England
Public Health England has published their initial findings from the rollout of the Pfizer COVID-19 vaccine, assessing the impact the vaccine has had on across relevant metrics such as infection, hospitalisations and deaths. For over 80s one dose of the Pfizer vaccine is 57% effective at reducing incidence of symptomatic COVID-19, and this rises to 88% after two doses. It also showed that mortality was reduced by just over 50% if the patients became infected. When cases do occur among elderly groups, vaccinated over 80s are half as likely to die or be hospitalised from COVID-19 as their unvaccinated counterparts.

PHE SIREN study of efficacy rate of Pfizer vaccine among healthcare workers
Public Health England has also published the SIREN study which looks at efficacy rate of the Pfzier vaccine at preventing both symptomatic and asymptomatic COVID-19 among healthcare workers under 65 years of age.

The study found that effectiveness against infection was 70% after one dose which rose to 85% after two doses. However, partially vaccinated patients who can still get COVID (the 30%) are more likely to produce vaccine resistant variants and there is still significant risk of nosocomial infection with the doctors acting as vectors.

These are encouraging findings as this is among the first real world data that suggests the vaccine will likely reduce onward transmission.

Updated BMA COVID risk assessment tool

The BMA has updated their risk assessment tool (PDF). This can help you to quantify your biological risk and should be used to facilitate your work-based risk assessment. It does not replace the need for a comprehensive risk assessment that employers must undertake in addressing the risks posed by COVID-19. Read the full guidance >

Annual allowance repayment scheme 2019/20 (England and Wales)

The annual allowance repayment scheme, which was introduced in England and Wales following BMA lobbying, guarantees that any annual allowance tax charge for eligible clinicians will be compensated for at the time of retirement. Under the scheme, if an eligible clinician who is a member of the NHS England and Wales pension scheme incurs an annual allowance tax charge, they must elect to pay this through scheme pays - and you must not pay this tax bill using cash. GPs retiring by 31 March 2021 who are eligible to apply for the 2019/20 Pensions Annual Allowance Charge Compensation Policy can submit their application form via PCSE until 21 March 2021. Application windows for other GPs will open after the mandatory scheme pays election deadline for 2019/20 closes on 31 July 2021. To qualify for the policy you must first submit a scheme pays election (SPE2) form for 2019/20 to NHSBSA.

Find details about how the scheme and how to apply >

Pulse workload survey

Pulse magazine will be launching a one-day snapshot workload survey on Monday 1 March, when they are asking practices to take a couple of minutes to log information about their day spent in practice. This is a repeat of a similar survey that they launched two years ago, which found GPs were working on average an 11-hour day, with 41 daily contacts.

The survey will be available to fill in on Pulse's website on Monday, and you can read an article that Richard Vautrey wrote discussing how the pandemic has exacerbated existing workload pressures.

Medicine Delivery Service

Following the announcement last week for Clinically Extremely Vulnerable (CEV) patients to continue to self-isolate, NHSE/I will continue to commission the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service until 31 March 2021.

NHSE/I has sent a letter to Dispensing Doctors and community pharmacies setting out the details. The Service Specification has also been updated to make it more generic so that it can be applied in other situations moving forwards e.g. if a therapeutic agent for Covid suitable for supply in Primary Care is identified. Read more on the NHSE/I webpage for community pharmacy

Kind regards
Kent Local Medical Committee