

LMC Update Email  
23 December 2020

Dear Colleagues

### **Increased fee for COVID-19 vaccination for care home residents and staff (England)**

In order to increase the speed in which care home residents can be provided with protection from COVID-19, NHSEI has agreed to increase the payment to support the additional time and resource needed to deliver the COVID vaccine to care home residents in the care home setting. There will now be a supplement of £10 per dose on top of the current £12.58 Item of Service fee, for COVID vaccines delivered in a care home setting. The supplement will be payable on completion of the second dose for all vaccines administered between 14 December 2020 and 31 January 2021. Where exceptional circumstances (as defined in the enhanced service specification) mean that only one dose was able to be delivered, and this dose was delivered on or before 10 January 2021, the supplement will be payable on the first dose only. Further detail of the reporting and payment arrangements will follow shortly.

The additional fee recognises the urgency of the current situation and the challenges of taking the Pfizer vaccine to care homes, as well as the speed and the time period involved where practice groups may need to vaccinate care home residents and staff. This does not apply to housebound patients as it is anticipated that the AZ/Oxford vaccine should mean that we can revert to a delivery model more akin to flu where community nursing teams can assist. We will provide more details as soon as possible.

### **Staffing support to deliver the COVID-19 vaccine to care home residents and staff (England)**

Last week a small number of practice groups piloted an approach to deliver the vaccine in care home settings using a roving model. NHSEI are now expanding this rapidly across England to deliver an increased number of vaccinations in these settings as soon as possible. This has become particularly urgent in view of the rapid rise in the prevalence of COVID-19 across the country.

Where practice groups require additional staffing support, they have been asked to liaise with their CCG and local lead employer as soon as possible detailing the types of workforce required and the time periods it is required for. NHSEI are also asking lead employers and regions to identify staff recruited to support the delivery of the vaccination programme locally to provide support. In addition, they expect community trusts to support short term deployment of staff to support vaccinations of these residents and that these staff are paid by their normal employer for the work undertaken, be this as part of their normal substantive pay arrangements or bank pay if they are an ad hoc worker. In all circumstances the local employer pay and terms and conditions should apply. Funding will be made available and distributed to providers locally for work undertaken to support this. There will be no recharging arrangements to primary care specifically for work related to care home vaccinations. The letter outlining these arrangements can be found [here](#).

### **COVID-19 vaccination programme SOP (England)**

The [COVID-19 vaccination programme SOP](#) has been updated and now includes information about the use of the 6th dose in a vial and the details practices will need to start vaccinating care home residents. Earlier this week NHSEI delivered vaccine through some wave 1-3 local vaccination sites to care home residents and their staff, starting with larger care homes. [A letter has been sent to waves](#)



[1-3 sites](#) with further details. Practices can order packs of 75 doses to take straight in to their care homes.

All the NHSE/I guidance about the CVP can be accessed [here](#). The GPC England [guidance](#) about the COVID-19 vaccination programme is also regularly updated.

### **6th dose of the COVID-19 vaccine**

MHRA have produced further information on the 6th dose of the COVID vaccine and how this can be used. Consumables to support the use of the additional dose will be sent directly to designated sites, and added to second dose deliveries. Healthcare professionals must always use the correct volume of diluent, and after dilution must aim to secure five full 0.3ml doses of this Pfizer-BioNTech COVID vaccine in line with the manufacturer's instructions and as outlined in the [Information for Healthcare Professionals](#). After that has been done, there may be potential for a sixth full dose with some vials due to variances in fill volume and the syringe/needle hold up volume combinations used. This should be subject to health care professional judgement on a case by case basis.

The manufacturer has stressed care should be taken to ensure a full 0.3 mL dose will be administered to the patient from the same vial. Where a full 0.3 mL dose cannot be extracted the contents should be discarded. The vaccine does not contain a preservative so it is best practice for all doses to be used as soon as possible after dilution, although all doses from a single prepared vial must be administered within 6 hours of the time of dilution.

### **Transfer of vaccination information (England)**

We are in discussion with NHS Digital to resolve the current inability to electronically transfer information about COVID-19 vaccinations given in to EMIS patient records. EMIS and NHSD are currently deploying a mechanism for this to be done automatically and this should go live in January. Until then practices do not need to manually process this information. If they do file this they should follow the advice from EMIS on the key qualifiers that need to be manually added. Once the automatic arrangement is deployed it will duplicate this information and it is possible that the practice entered information may be disregarded. The clinical safety processes are currently being worked through and more information will be provided as soon as possible.

### **Providing vaccinations to patients registered at practices not participating in the enhanced service**

NHSEI have written to local commissioners setting out further information on the contractual options and processes that can be deployed to support vaccination of the registered patients of non-participating practices; and across all care homes, even if the lead PCN grouping for the care home has not signed up via its member practices to the COVID-19 Vaccination Programme Enhanced Service or is signed up but has not yet mobilised to commence vaccination. They have also produced a template letter to be used by CCGs. Both letters are attached.

### **COVID-19 Standard Operating Procedure (England)**

The [GP Standard Operating Procedure](#) has been updated and republished to reflect some of the changes. The new or amended sections are highlighted throughout the document.

### **Communications to Clinically Extremely Vulnerable (CEV) individuals in Tier 4 (England)**

Shielding has been reintroduced in Tier 4 areas in England, and as a result DHSC will be sending texts to patients on the Shielded Patient List in these Tier 4 areas. This is to ensure affected patients receive the right guidance quickly. This text will be sent from GOV.UK and texts are expected to start being sent today.

**Home delivery of medicines service commissioned (England)**

The Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service has again been commissioned in accordance with the [home delivery of medicines and appliances during the COVID-19 outbreak: service specifications and guidance](#) for all patients on the Shielded Patient List living in tier 4 areas from 21 December 2020 until 18 January 2021. All pharmacies and dispensing doctors in England will again be required to ensure patients on the Shielded Patient List receive their medicines at home.

**COVID vaccination delivery for CEV patients in Tier 4 (England)**

Patients who are Clinically Extremely Vulnerable (CEV) should be encouraged to attend practice vaccination sites. It may be necessary to enable family and/or carers of those who are CEV to be allowed to come along to sites but may be asked to wait outside (if possible). If patients are unable to attend the site their COVID-19 vaccination will need to be organised later in the programme.

**Access service arrangements (England)**

As part of the 5 year GMS contract agreement in England, there were plans to merge the two access schemes from April 2021, the extended hours scheme and the extended access service that provides services in all areas on evenings and weekends. This would transfer the responsibility and funding from existing providers to PCNs. Some PCNs already deliver both services, either individually or working together with others across their area, and have found this a way to help manage daytime workload pressures by making better use of the extended access appointments.

In view of the current focus on the COVID pandemic and vaccination programme, GPC England have encouraged NHSEI to delay this change, unless a PCN wanted to progress with it. NHSEI have agreed, and will be writing to commissioners this week to say that the national transfer of responsibility won't happen until April 2022 and local arrangements should remain in place until then. They'll also underline that existing local capacity can be used for COVID vaccination delivery.

**Post payment verification for DHSC flu vaccination (England)**

NHSBSA has been requested by NHS England and NHS Improvement to deliver a national post payment verification process regarding flu vaccines for the 2020/21 season. This is to ensure DHSC supplied and locally procured stock is correctly claimed for as was communicated through the DHSC guidance on accessing the government-secured flu vaccines for GPs. The attached letter will be sent to practices outlining what will be involved.

**Responding to NHSEI ICS consultation**

To support the development of the BMA's response to NHS England's legislative proposals we have produced the attached outline response, which we are sharing to seek feedback. The outline sets out the key points we plan to address in the BMA's response, reflecting existing policy and the views members have shared on the proposals so far. We have taken this approach to help us overcome the challenges posed by the difficult timing of the consultation and to provide you with a more accessible overview of our proposed response.

We would welcome your views on the outline and our suggested approach – particularly if you feel that any key arguments are not included thus far. Due to the short deadline set by NHS England, can we please ideally have feedback by **5pm on Monday 4<sup>th</sup> January** ahead of the submission deadline on 8 January. Please do contact [tbramwell@bma.org.uk](mailto:tbramwell@bma.org.uk) if you have any further questions, or if you would like to discuss either the outline or the proposals themselves in more detail.

**BMA Covid Tracker survey**

The full results of the latest COVID-19 tracker survey from the BMA, which attracted almost 8,000 responses and was conducted last week, were on Sunday. The survey findings paint a picture of a health service struggling to cope with both the direct impact of COVID-19 and the huge backlog of other treatments put on hold by the pandemic, and doctors distressed at not being able to provide the levels of care they want to and that patients deserve to receive. Among the key findings were that 88% respondents said they felt uneasy that they could not provide the standard of care they wanted during the pandemic and 33% said this unease had got worse since October. Thousands of doctors said they are not confident of their department or practice's ability to manage either COVID-related (40%), or non-COVID (51%), demand in the coming weeks.

The survey also made it clear that pressure has continued to mount on the NHS in December, as more than half (52%) of respondents said they had seen a significant increase in the number of COVID cases in the last two weeks, 34% said current levels were higher than during the same point during the first wave and 33% of respondents said the level of demand for care of patients without COVID is now considerably higher than before the pandemic began. You can read our media statement regarding these survey findings [here](#). These were featured in the [Observer](#) on Sunday, whilst the survey also attracted coverage in [The Independent](#) and PA also picked this story up circulating it across regional media.

**CQC DNACPR review (England)**

CQC have been commissioned by DHSC to review Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions during the coronavirus (COVID-19) pandemic. This included reviews in 7 CCG areas. They have now published their methodology which can be seen [here](#).

**Thank you video message**

NHSEI have produced a video [thank you message](#) to all who work in primary care.

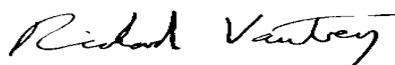
**COVID-19 media**

Dr Chaand Nagpaul, BMA council chair, appeared on Sky's flagship [Sophy Ridge show](#) on Sunday following the Prime Minister's belatedly announcement of the reversal of the Christmas relaxation rules, and introduced new COVID-19 restrictions throughout the country with London and parts of the South East being placed into the newly created tier 4 due to the emergence of a new highly transmissible variant strain of the virus. He was also interviewed on the [BBC News Channel](#). I was interviewed on this by ITV Calendar News about the new restrictions.

Many GPs will be working over the Christmas and Bank Holiday period, continuing to provide the 24/7 365 days a year GP service that all our patients rely upon, but after this most difficult year I hope you all find some time to rest and relax in the coming days. Thank you once again for all that you have done and continue to do for your patients and colleagues.

Wishing you all a Happy Christmas and let's hope for a much better New Year.

Richard



**Richard Vautrey**

Chair, BMA GPs committee