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# Covid-19 Frequently Asked Questions

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## AUTHOR

Lincolnshire LMC Secretariat with input from the LMC Committee

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## NON-CLINICAL FAQs

### Finance

#### How will finance streams to our practice be maintained?

#### QOF

(Updated: 24.03.2021)

#### Will QOF still continue during the third lockdown?

Some further parts of QOF will now be suspended,

- The Quality Improvement (QI) domain within QOF will be protected in full at 74 points per practice until March 2021
- The 8 prescribing indicators within QOF will be income protected on the same basis as the existing 310 points which have been income protected

Payment will be made on past performance against the relevant clinical domains. NHSEI will use the 20/21 recorded register size to apply the usual prevalence adjustment as well as the usual list size adjustment to 20/21 QOF payments. This is detailed in the NHSEI letter dated 07.01.20 [Appendix A14](#)

This will be in addition to the income protection for those indicators that had not been prioritised for return from 1 July 2020.

- points relating to influenza and cervical smear targets remain doubled to 58
- points for disease registers (81) will remain the same
- other indicators (310) will have income protection,
  - this is subject to certain criteria. Please see [Appendix A10](#) - QOF Guidance (page 20)

Practices should use their professional judgement in their management of patients with long term conditions, to do what they can within their capacity and capability over the coming months, and by doing so demonstrate that, even at times such as this, the delivery of good quality care is not dependent on contractual requirements.

Lincolnshire LMC have updated the summary of QOF changes for practices, [see appendix A09](#).

#### 24/03/2021 Update:

Spirometry is still restricted in general practice as it is an aerosol generating procedure. To diagnose asthma and COPD practices do though have to perform spirometry and reversibility testing. The LMC have raised this with commissioners and they are looking for a solution for practices. Practices in the South of Lincolnshire can refer to the drive-thru spirometry centres at Peterborough and Huntingdon. For practices elsewhere referral hospital physiology departments will be necessary. When making the referral code this as “referral for reversibility testing” 88259100000103, and this should tick the QOF box.

You can also code “Spirometry reversibility testing contraindicated (415571003)” if you think that the patient is not suitable for having spirometry performed.

LES & DES	(20/01/2021)
<ul style="list-style-type: none"> <li>The CCG have confirmed that LES payments will continue to be protected until the end of March 2021, the payment will be based on the average of what was actually delivered in Q1-3 for FY2019/20</li> <li>The Minor Surgery DES income will be income protected until March 2021               <ul style="list-style-type: none"> <li>It is intended that there will be similar provision for the additional service income related to minor surgery within the global sum</li> </ul> </li> <li>DES immunisation payments fall outside the scope of income protection as these services have not been suspended.</li> </ul> <p><a href="#">Appendix A15</a> details which services should be</p> <ul style="list-style-type: none"> <li>postponed nationally or recommended to deliver only in exceptional circumstances</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>only delivered if clinically necessary; postpone service as appropriate</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>continue to be delivered; consider where and by whom they will be provided; consider reduced frequency of treatment if clinically appropriate</li> </ul>	

Local Authority Payments	(26.10.2020)
<ul style="list-style-type: none"> <li>Government directive has been issued to local authorities that practices should continue to be paid as normal for services when service delivery is disrupted or temporarily suspended until at least the end of June</li> <li>Payments bases on previous achievement</li> <li><a href="https://www.gov.uk/government/publications/procurement-policy-note-0220-supplier-relief-due-to-covid-19">https://www.gov.uk/government/publications/procurement-policy-note-0220-supplier-relief-due-to-covid-19</a></li> <li><b>NHS Health Check Quarter 1 payments 2020-21</b> Practice payments will be based on an average of the previous 3 quarters of 2019/20 or activity levels; whichever is greater</li> <li><b>NHS Health Check Bonus Payments 2019-20</b> Lincolnshire County Council have agreed to pay all practices the higher end of the bonus payments, £3.50 per completed Health Check, for those who have met 50% of their target rather than the original target of 70%.</li> <li>Payments are being scheduled for the next payment run in July 2020 alongside payment for Quarter 1 2020/21.</li> <li><b>Long Acting Reversible Contraception Quarter 1 payments 2020-21</b> Similar to the decisions made around NHS Health Check payments for Quarter 1 2020/21, LCC have made the decision to pay all practices based on an average of the previous 3 quarters of 2019/20 or activity levels; whichever is greater.</li> <li>Any queries around payment can be directed to the Commercial Team on 01522 553847 or via <a href="mailto:CommercialTeamPeopleServices@lincolnshire.gov.uk">CommercialTeamPeopleServices@lincolnshire.gov.uk</a></li> <li>Public Health England has published a document about restarting NHS Health Checks (<a href="#">Appendix A08</a>), which advises that the previous advice by NHSE/I to stop NHS health Checks during the pandemic, expires on 31 July 2020.</li> <li><b>NHS Health Check and LARC payments for Quarter 3 2020-21</b> LCC will continue with the pragmatic approach to contract payments adopted in Quarters 1 and 2 of the current financial year, for Quarter 3. On this basis, each practice will be paid based on an average of the relevant contract payments for the final 3 quarters of financial year 2019/20, or its actual activity levels; whichever is the greater value. This will apply to both Health Check and LARC services, and will continue to ensure GP Practices are not financially disadvantaged by the impact of Covid-19 on their ability to undertake these services during this period.  LCC's approach to payments for the Health Check and LARC services contracts will be kept under review and you will be notified in due course of any changes to the approach to payments for these services in Quarter 4 of 2020-21.</li> </ul> <p>For any queries contact the Commercial Team on 01522 553847 or via email <a href="mailto:CommercialTeamPeopleServices@lincolnshire.gov.uk">CommercialTeamPeopleServices@lincolnshire.gov.uk</a></p>	

<p><b>Will there be additional funding for PCN Clinical Directors?</b> (11.01.2021)</p>
<p>NHSEI will provide further funding for PCN Clinical Director support temporarily for Quarter 4 (Jan-March 21)</p> <ul style="list-style-type: none"> <li>• This will be equivalent to an increase from 0.25WTE to 1WTE for those PCNs where at least one practice is participating in the COVID-19 Vaccination Programme Enhanced Service</li> <li>• This is in recognition of the additional demands on the role in managing the COVID response, vaccination process and coordinating the engagement and access for harder to reach groups.</li> <li>• Recognising that many Clinical Directors may have clinical and other commitments, this funding will be able to be flexibly deployed by PCNs to support the leadership and management of the COVID response</li> </ul>
<p><b>PCSS/AQP</b> (06.05.2020)</p>
<p>PCSS/AQP premises accreditation certificates:</p> <ul style="list-style-type: none"> <li>• Due to the current COVID-19 situation, a 6 month extension is being added onto any PCSS/AQP premises accreditation certificates that are due to expire this year.</li> </ul>
<p><b>Contracts</b></p>
<p><b>Has the Covid19 SOP been updated to show recent changes?</b> (23.12.2020)</p>
<p>The <a href="#">GP Standard Operating Procedure</a> has been updated and republished to reflect some of the changes. The new or amended sections are highlighted throughout the document.</p>
<p><b>Do we still need to provide Extended Hours or Improved Access appointments whilst delivering Covid Vaccine Programme?</b> (28.01.2021)</p>
<p>NHSE wrote to practices on 7<sup>th</sup> January outlining “<a href="#">Freeing up practices to support Covid vaccination</a>”. This letter advises CCGs to “to repurpose extended hours and access capacity to support the vaccination programme”. Thus, practices and PCNs do not have to provide Extended Hours or Improved Access appointments if their vaccine delivery uses more clinician time than their expected EH or IA hours. This includes any hours that clinicians work extra, in the week, that they would normally not work.</p> <p>LMC has produced a calculator to enable PCN managers to calculate if any extra hours are needed to be provided for non-vaccination appointments. <a href="#">See appendix A16</a></p>
<p><b>Extended Access</b> (11.01.2021)</p>
<p><b>Will PCN the DES still require PCNs to provided Extended Access from April 2021?</b></p> <p>No, a delay has been made to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES &amp; the associated national arrangements for the transfer of CCG extended access funding.</p> <p>It is not anticipated that the national introduction of the new enhanced access service or the associated transfer of funding will take place before April 2022.</p>

## Staffing & HR

### Appraisal & Revalidation

(UPDATED 30.03.2021)

#### Where are we now with appraisals?

Appraisal re commenced from 1 October 2020 and the new appraisal year for 21/22 starts from 1<sup>st</sup> April 2021. Having resumed after the initial wave of Covid, the current approach to appraisal preparation is more light touch, with a focus on support and wellbeing. The preparation required is much reduced; the template created by the AORMC reflects this and is now embedded in the usual Appraisal portfolios (Clarity and Fourteen Fish). The AORMC template itself can be used but must be uploaded to your appraisal e-portfolio. Guidance regarding this is in the recent Appraisal Update Newsletter sent to all GPs on March 24<sup>th</sup>, 2021. There are no other requirements for appraisal this year. Please do note that the GMC requirements for revalidation remain, so if any Doctor has any evidence outstanding (such as a survey), please bear in mind that this will be needed in your appraisal ahead of your revalidation date.

Individuals can ask for the appraisal to be postponed if they believe their circumstances prevent them from undertaking appraisal. NHS England is looking upon those requests supportively and asks that you contact the appraisal team no sooner than 1 month prior to your appraisal meeting to request a postponement. However it is hoped that the demands of appraisal preparation are significantly reduced and the Responsible Officer is keen to ensure Doctors have access to an appraisal which provides a supportive wellbeing discussion and therefore it is hoped the majority of Doctors feel able to proceed on this basis.

## Training & Events

### What training is currently available through the LMC?

(UPDATED: 04.08.2020)

- The LMC are running virtual training via webinars for GPs, Practice Nurses and other practice staff covering a number of topics. Go to <https://www.lincslmc.co.uk/events> to see what is available, courses will continue to be added throughout the rest of the year.
- There is also some face to face training scheduled for topics where there is an essential need.
- The LMC also has a growing library of [Educational Webinars](#) and a new series of [Podcasts](#) covering a wide variety of subjects for GPs and practice staff to watch and listen to on the go.

### What about introductory training for new immunisers?

(UPDATED 25.03.2021)

#### For registered Health Care Professionals:

- A virtual two day introductory immunisation course will be taking place on the 6<sup>th</sup> and 13<sup>th</sup> July, delegates are required to attend both days. Bookings are currently open, go to the [LMC Website](#) for further information.

#### For Non-Registered Healthcare Professionals:

Introductory B12, Flu & Pneumococcal Injection Training is available for HCAs & HCSWs; please go to the [LMC Website](#) for details and to book.

## How do we fulfil our CPR training requirements during Covid-19?

- [CQC guidance](#) states that
  - “all staff, including non-clinical, should undergo regular training in adult and child resuscitation appropriate to their role.
  - For example, clinical staff should be able to:
    - recognise cardiorespiratory arrest
    - call for help
    - start cardiopulmonary resuscitation (CPR) with defibrillation as appropriate
    - receive **annual training** updates that include assessment
    - You must retain documentary evidence of completed and approved resuscitation training.
    - There is no specific requirement for what training should look like; **practices can tailor it to local needs.**
- Thus practices can decide what training their staff receive, this can be; online, face-to-face, or scenario-based
- During Covid-19 it may be more practical for CPR training to be online, such as; [e-Learning for Health](#), or [Resuscitation Council Lifesaver](#)

## Staff Shielding

### If we have staff that need to be shielded can we furlough them?

- Shielded staff staying at home for 12 weeks cannot be furloughed
- However the practice is able to claim additional payments for staff covering the work of the shielded employee, if they work extra hours.
- There is an NHS England expectation that any shielded members of staff who are unable to work from home are paid in full for the time they are absent from the practice.

## What should practices do if Clinically Extremely Vulnerable (CEV) staff want to return to work\_ (08.03.2021)

Current government advice is that all people should work from home if they are able to do so. This advice is further reinforced for CEV people who are advised to remain at home and shield.

Some CEV people however want to work from their usual place of work for financial or mental health reasons. This poses a risk to the CEV person and the employer.

If a CEV person returned to work and contracted Covid-19 the employer could be at risk, through prosecution by the Health and Safety Executive or local authority, or legal action from the employee alleging employer negligence.

To prevent this, employers should advise CEV employees to remain at home. However, if the employee wants to return to work despite this advice, the employer should carry out a rigorous individual risk assessment and share this with the employee. Based upon this risk assessment the employer and employee should work together to meet the needs of the practice and employee.

Employers can insist that employees do not return to work by explaining that the employer would be failing in their duty if they allowed the employee to be exposed to increased risk.

If a CEV person does return to work in the practice, it is both party’s responsibility to make the work environment as safe as possible by ensuring proper social distancing measures, screening and ventilation, provision of protective equipment, and adaptation of role to reduce exposure risk.

At all stages of the process the practice should document the steps taken to advise the employee about safety measures, such as support to work from home, risk assessment undertaken, and safe working at the practice. If the employee

chooses to work from the practice, it should be documented that they have made this decision, that they understand the risks involved, and your and their ways to mitigate this risk. The practice should avoid giving any impression that they are encouraging a return to work.

### Do practice staff returning from abroad need to isolate?

- FCO guidance is still that travel outside the UK should be for essential purposes only, but what is essential? [FCO states-](#)
  - “Sometimes we say that only essential travel is advised. Whether travel is essential or not is your own decision. You may have urgent family or business commitments to attend to. Circumstances differ from person to person. Only you can make an informed decision based on the risks.”
- If you do need to travel abroad, on return you may need to quarantine for 14 days.
- From 1<sup>st</sup> August there is not an exemption for healthcare professionals
- The only exemption to quarantine rules is travel from areas which are designated as a [“travel corridor” by FCO](#)
- Travel from non-travel corridor areas should be limited to “essential purposes”

### Wellbeing

#### What wellbeing support is available for Practice Team members? UPDATED 25.03.2021

- A range of Wellbeing Support services are available to all GPs and Practice Staff these are listed on the [LMC website](#).
- There are also many self-help resources and information about resilience and the five ways to wellbeing available on the LMC’s [Wellbeing Pages](#).
- There is also a series of LMC Podcasts available looking at topics such as burnout and time management. Go to the [LMC’s Podcast page](#) to find out more.
- The LMC also runs a telephone support service named [Take-30](#) which provides confidential peer support to all practice staff as they work through every day challenges.
  - Sessions take roughly 30 minutes and are 1:1 with an experienced mentor and are available on the day, (before 4pm Monday to Friday) or scheduled for a convenient time, providing an opportunity to talk through what is going on for you.
  - This service is available free of charge for Lincolnshire GPs, Nurses, Practice Managers & all other Practice Staff.
    - To access or find out more about this free service, contact us;
    - Tel 01522 576659
    - Email: [info@lincsllmc.co.uk](mailto:info@lincsllmc.co.uk)
  - Follow up sessions can be arranged if needed.
  - [CLICK HERE](#) to go to the Take-30 Webpage where you can view and download a Take30 Poster for your staff noticeboard.
- We also run Impact Lincs, a coaching and mentoring service. Our trained mentors can support you to make positive steps forward in your career and personal life. Mentoring sessions can take place at a time & place to suit you.
  - Mentoring & coaching can benefit you and your organisation in many ways;
    - Help to make improvements to your work life balance
    - Allow you to manage transitions positively
    - Create a positive focus on achieving your aspirations
    - Improve your motivation
    - Develop & enhance your leadership skills
    - Improve your resilience
    - Build your confidence
  - To find out more about this free service go to the [Impact Lincs webpage](#) or contact us:
    - Email: [info@lincsllmc.co.uk](mailto:info@lincsllmc.co.uk)
    - Tel: 01522576659

## Data Sharing & Collection

### What is the Control of Patient Information (COPI) Notice?

22.02.2021

The COPI notice was issued by Secretary of State in March 2020 to enable health and care organisations to share patient data with other health and care organisations to improve patient care. The COPI notice removes the responsibility for maintaining data from GP practices and places this with NHS Digital. The COPI notice is currently in place until 30<sup>th</sup> September 2021.

The COPI notice instructs practices to share patient data with other appropriate bodies. Not all Lincolnshire practices have enabled sharing following the issuing of the COPI notice.

EMIS practices do not need to take any action as EMIS has automatically turned on the sharing functionality.

SystemOne practices need to actively turn on the sharing functionality. So that patients can have seamless care, please check that your practice has turned on this functionality. A guide to how to do this can be found in [Appendix A17](#).

111

(11.01.2021)

### How many appointments do we have to make available to 111?

- Temporarily increasing the minimum number of appointments that practices must make available for 111 direct booking
- Until 30th September 2020, all practices in England must make a minimum of 1 appointment per 500 patients per day available to 111 for direct booking. Locally a decision has been made to initially start with providing one appointment per 1000 patients rather than 500. This is due to low uptake nationally.
- Patients should not be told by CCAS that they will be phoned back at a particular time, as per the nominal appointment slot they may have been put in to. The appointment slots are just a technical way of transferring patients from CCAS to the practice. It is for the practice to determine how they respond to the patients who have been transferred to them. Practices may therefore set up a separate triage list that they monitor during the day alongside whatever their normal arrangements are for managing patients who have contacted the practice directly.
- From 1 September 2020, the COVID-19 Clinical Assessment Service (CCAS), added the functionality for GPs within the service to prescribe, using the electronic prescription service (EPS). This is intended to improve the patient journey and allow the CCAS GPs to complete an episode of care. The scope of prescribing will be for acute prescriptions only and may include controlled drug medicines where clinically appropriate.
- NHSE/I has relaxed the requirement for practices to make appointments available for NHS111 to directly book. The maximum that should be made available remains 1 per 500 patients, but practices can now only make available what is necessary to meet demand. This may therefore be covered by the previous arrangement of 1 per 3000 patients. We are aware that most practices do not see many of the slots available being booked into, so practices can now reduce this and only make available what they believe is required. Practices should though monitor this to ensure they are offering sufficient opportunity for direct booking.
- We are aware of a configuration issue that may be affecting some practices, which means that NHS 111 are unable to book into your site. You may be contacted by a member of the CCG to check your configuration settings if this is occurring.

## Subject Access Requests

### Do we still have to respond to Subject Access Requests?

- Practices still have an obligation to respond to Subject Access Requests under the provisions of the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA2018), the ICO have confirmed **regulatory action will not be taken against organisations that need to prioritise other areas during the pandemic (which would include GP practices)** and where this results in a delay in the provision of information to requests.
- A template letter is available for practices to use to respond to SAR's – download a copy [here](#)

## Freedom of Information Requests

### Do we need to respond to FOI requests during the pandemic?

- The ICO have also recognised the unprecedented challenges posed by the Coronavirus (COVID-19) pandemic in relation to Freedom of Information requests and have confirmed that whilst they can't extend statutory guidelines, they will not penalise public authorities (including GP Practices) for prioritising other areas of work during this time. The ICO have stated:  
*'We are a reasonable and pragmatic regulator, one that does not operate in isolation from matters of serious public concern. Regarding compliance with information rights work when assessing a complaint brought to us during this period, we will take into account the compelling public interest in the current health emergency'*

## GPES Data for Pandemic Planning and Research (COVID-19)

A [Data Provision Notice \(DPN\)](#) is being issued to all GP practices in England which informs GP practices that NHS Digital are centralising the collection and dissemination of data from practices for research and planning purposes into COVID-19.

### How often will data be collected?

- Data will be collected on a fortnightly basis using the existing GP Extraction Service (GPES) infrastructure.

### What date do I need to sign up by?

- All general practices are asked to comply with the DPN by registering their participation on the Calculating Quality Reporting Service (CQRS) by Wednesday 27 May 2020.

### Do I need to update my Practice Privacy Notice?

- To keep your patients informed of these changes, you should update your practice privacy notice on your website with the [new supplementary text](#).

### Is this mandatory for practices?

- Yes, NHS Digital's legal power to collect the data is provided under [COVID-19 Public Health Directions](#).

### How long will the collections be for?

- The data collection will continue until 30 September 2020 and will be reviewed before then. If there is a continued need for the data for COVID-19 purposes it will continue with six monthly reviews until the expiry of the Direction which is currently 31 March 2022.

### Will patients be able to opt out of the data collection?

- During this period of emergency, the National Data Opt-Out will not generally apply where data is used to support the coronavirus outbreak, due to the public interest and legal requirements to share information.

**Is the Complaints (KO41b form) data collection for 2019/20 going ahead?**

(26.10.2020)

NHS Digital have confirmed that the annual complaints (KO41b form) data collection relating to 2019/20 will not be collected as usual. Practices are instead encouraged to continue to use the information collected locally for local service improvement purposes. Read more [here](#).

**Dispensing Services Quality Scheme (DSQS)**

**Has Dispensing Services Quality Scheme (DSQS) been suspended?**

(05.02.2021)

DSQS was restarted on 1st August 2020. An email from NHSEI on 3rd February 2021 has confirmed though that the requirement to perform dispensing audit activity has been removed. Dispensing Reviews of Use of Medicines (DRUMs) do need to be completed.

**What percentage of patients require a DRUM?**

The scheme currently requires dispensing practices to deliver medication reviews for at least 10% of their dispensing patients. This requirement will be reduced to 7.5% this year in light of the current circumstances. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review.

**Can DRUM reviews be carried out remotely?**

Practices will also be able to undertake these reviews remotely if they so wish and it is clinically appropriate. The Statement of Financial Entitlements (SFE) will be amended to reflect this. All other requirements of DSQS remain the same. A letter will be sent to dispensing practices soon confirming the position.

**CQC**

**Inspections & PIC Calls**

(03.09.2020)

Will the CQC still be inspecting?

- From Monday 16 March Inspections and Provider Information Requests for health services will not be conducted during the period of the pandemic
- However if CQC have significant concerns regarding the service provided by a practice their still is the possibility that an inspection may take place.
- From w/c 18/05/20 local CQC Inspectors will start calling practices. This is designed to be a supportive call & is not part of the PIC or Annual Return process.
- CQC have now announced that the telephone calls will be rolled out per healthcare sector, starting with dental services. Further announcements will be made in due cause as to which sectors will follow. The questions for discussion with practices are available at [Appendix A6](#)
- From the 1<sup>st</sup> September CQC will move to a transitional regulatory approach and focus on services where they feel they have evidence that people may be at risk or that care needs to be improved. This will not mean a return to their pre COVID-19 inspection programme. This may mean a move away from frequency-based inspections and using more information we hold about not only individual providers, but also about local systems to understand where there are barriers to good care.

## CLINICAL FAQs

### What should we do when patients refuse to self-isolate?

(24.03.2021)

When we advise people to self-isolate and to get a COVID-19 test, most will comply. If however the patient advises that they will not self-isolate, or you suspect that they will not, you should reiterate the importance of reducing transmission. If you suspect that the patient will not self-isolate, you are under certain circumstances able to break confidence to inform Health Protection of your concerns.

[GMC guidance](#) states

“If it is not practicable or appropriate to seek consent, and in exceptional cases where a patient has refused consent, disclosing personal information may be justified in the public interest if failure to do so may expose others to a risk of death or serious harm. The benefits to an individual or to society of the disclosure must outweigh both the patient’s and the public interest in keeping the information confidential.”

Thus, you should

Try to get consent to inform Health Protection

Weigh up the risk that the patient does have COVID-19 or not

Weigh the risk of transmission if the patient does not self-isolate

Weigh the risk to others if transmission occurs- does the patient work in a high risk setting, such as a care home?

To report suspected breaches to the regulations in the first instance you should contact your District Council’s Environmental Health Teams, phone numbers listed below:

- East Lindsey District Council – 01507 601111
- South Kesteven District Council – 01476 406080
- West Lindsey District Council – 01427 676676
- South Holland District Council – 01775 761161
- City of Lincoln Council – 01522 873249
- Boston Borough Council – 01205 314200
- North Kesteven District Council – 01529 414155

If you are unsure you can contact the health protection team for advice. If you have significant concerns, you should inform the health protection team and you can share patient information under these circumstances. The health protection team can be contacted by email [healthprotectionteam@lincolnshire.gov.uk](mailto:healthprotectionteam@lincolnshire.gov.uk)

Breaches can also be reported to the police <https://www.lincs.police.uk/news-campaigns/campaigns/coronavirus-covid-19/report-a-possible-breach-of-coronavirus-measures/>

## Workload

### Should we be doing Spirometry?

(UPDATED 30.03.2021)

Lincolnshire clinical forum reviewed Association of Respiratory Technology and Physiology (ARTP) and British Thoracic Society (BTS) guidance on lung function testing. This guidance advised that lung function testing requires “Full PPE” including FFP3 face masks and fluid resistant arm covering gowns. Full PPE is not available in most practices, and thus the clinical forum has advised that practices should not be carrying out spirometry.

COPD and asthma can be diagnosed clinically. However, if there is diagnostic uncertainty, the practice should seek respiratory specialist advice and guidance, and the specialist may arrange lung function testing in a hospital setting.

The LMC have raised the need for expanded spirometry provision with commissioners and they are looking for a solution for practices. Practices in the South of Lincolnshire can refer to the drive-thru spirometry centres at Peterborough and Huntingdon. For practices elsewhere referral to hospital physiology departments will be necessary. When making the referral code this as “referral for reversibility testing” 88259100000103, and this should tick the QOF box. You can also code “Spirometry reversibility testing contraindicated (415571003)” if you think that the patient is not suitable for having spirometry performed.

## Deaths

### Who needs to verify death?

- There is no legal requirement for anyone to verify death
  - If a patient dies, and the cause of death is known, and there are no circumstances which require referral to the coroner, funeral directors can move the body without “verification of death”
  - Carers, relatives, and other clinicians can verify death by simply checking if there is no pulse and no respiratory effort, and then inform practices and community teams that the patient has died
  - LMC, CCG, LinCA, and LCC have agreed this policy, and are working with funeral directors to get their agreement
- [See Appendix B5](#)

### Who does the MCCD? (03.09.2020)

- Following Covid-19 legislation, **any medical practitioner can complete the MCCD** as long as
  - The cause of death is known and does not require referral to the coroner due to suspicious circumstances, and the death did not directly result from; trauma, surgery, violence, medications, drugs, self-harm, neglect, or exposure to a toxic substance
 and
  - The patient was seen in the last 28 days by any medical practitioner
 or
  - The patient has been seen after death by a medical practitioner [See Appendix B6 \(NEW Document\)](#)
- **If you have not cared for the deceased in their last illness you can still complete the MCCD** as long as you know, from the medical records and speaking to people involved in the person’s care, to your best belief the cause of death.
  - o Where the certifying doctor has not seen the deceased before death they should delete the words “last seen alive by me on”
  - o If the deceased has been seen before death by a doctor but not the certifying doctor, as well as signing the MCCD they should include the name of the doctor who did care for the deceased on the MCCD
- **If no doctor has attended the deceased within 28 days of death (including video/visual consultation) and the deceased was not seen after death by a doctor, the MCCD can still be completed, if the cause of death is known.** However, the registrar will be obliged to refer the death to the coroner before it can be registered. In these circumstances, the coroner may instruct the registrar to accept the certifying doctor’s MCCD for registration.

## COVID-19 Vaccine FAQs

### General

#### COVID-19 Vaccine

(12.11.2020)

The LMC's COVID-19 Vaccine DES Webinar is available on the [LMC Website](#) please contact [info@lincsllmc.co.uk](mailto:info@lincsllmc.co.uk) to request that the password and slides be sent to you.

### Patient Group Directive – PGD

#### Where can I download a copy of the PGD?

(Updated: 25.03.2021)

- Pfizer BioNTech PGD can be downloaded [here](#)
- AstraZeneca/Oxford PGD can be downloaded [here](#)

#### What should we do if a specialist asks for a patient to be prioritised for vaccination?

(20.01.2021)

Patients who are on the national Shielded Patient List (SPL) because they are Clinically Extremely Vulnerable (CEV) are in the fourth priority group for vaccination along with patients aged 70 years and older. If you identify a patient as being CEV you can add them to the SPL by adding the appropriate code in your clinical system (High risk category for developing complications from COVID-19 infection). The list of conditions which would qualify someone as being CEV can be found at the [gov.uk website](http://gov.uk).

If a patient requests to be added to the SPL you can do this if you judge them to be CEV.

If a specialist identifies a patient as CEV, the specialist can, and should, add the patient to the SPL following [NHS Digital guidance](#). If a specialist asks a GP practice to add the patient to the SPL it would be pragmatic to do so, but to also advise the specialist that it is their responsibility to do this, and to share the guidance with them.

The LMC has reminded the hospital trusts that it is their responsibility to identify patients and add them to the SPL. We have also requested that if specialists want a patient who is not CEV to have a vaccination, that this be carried at the hospital sites unless the patient is in one of the priority groups.

#### Should CEV children and young people be given the vaccine?

(16/02/2021)

JCVI have stated that most children should not be given the vaccine as they have low morbidity and mortality risk, even in the CEV cohort. However, they have said that children who have “severe neuro-disabilities and who get recurrent respiratory tract infections and who frequently spend time in specialised residential care settings” should be vaccinated. This will be a very small number of children.

If you identify a child or young person who fits this category they should be called for vaccination if they are 12 years or older. For 12-16 years old they can be offered Pfizer vaccine off-licence, but this should be discussed with the patient's paediatrician first. For 16-18 years old they can be offered Pfizer vaccine on licence.

**Which asthmatics can be vaccinated under cohort 6?**

(17.03.2021)

JCVI letter of 13th February states that

"People with asthma which requires continuous or repeated use of systemic steroids or with previous exacerbations requiring hospital admission, will be vaccinated in priority group 6.

"This will include: anyone who has ever had an emergency asthma admission or; those who have an asthma diagnosis and have had 3 prescriptions for oral steroids over a 3-month period (each prescription must fall within separate individual month windows), as an indication of repeated or continuous oral steroids."

Thus anyone who as ever had an emergency admission for asthma can be vaccinated in cohort 6. However, many children have admissions with wheezy chests, which are not necessarily due to asthma. It will be for clinicians to decide with their patients and carers whether these patients are suitable for cohort 6.

**Standard Operating Procedure – SOP**

**Has the Covid vaccination SOP been updated?**

(UPDATED 25.03.2021)

The [COVID-19 vaccination programme SOP](#) is updated regularly so we advise readers to use the hyperlinks to ensure the most up-to-date version is being viewed.

**Vaccine Payments**

**Will an additional fee be payable for vaccinating care home residents & staff?**

(23.12.2020)

In order to increase the speed in which care home residents & staff 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.

**Does the additional fee also apply to housebound patients?**

(23.12.2020)

It 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.

**Is there any additional funding to support rapid care home vaccination?**

(20.01.2021)

Yes, 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.

This is detailed in COVID-19 Vaccination - Process for the payment of Item of Service fees and Care Home Supplement payments to PCN groupings available at [Appendix C02](#)

**How do we claim the £10 supplement for vaccinating housebound patients?**

( 11.02.2021)

Any vaccinations administered in February 2020 onwards with the setting recorded as 'Home of housebound patient' will automatically flow to the NHS Business Services Authority to support the payment of the £10 supplement alongside the Item of Service fee. Further information on the payments process for housebound vaccinations administered in December and January will be published shortly

It is a condition of payment of the supplement, to be verified via Post Payment Verification processes, that the patient's housebound status must be recorded within the patient's medical record. NHS England is working with suppliers to automatically flow the housebound status recorded within the Point of Care system to the GP patient record, but this is not in place at this current time.

**IT**

**Booking System**

(18.12.2020)

Simplebook is a centralised local booking system available for practices to use. Alternatively practices may wish to use their clinical system appointment functionality; such as that used for extended access. Many practices have been asking about using AccuRx for the vaccination programme. The national team have reached an agreement to fund the booking system in AccuRx and to £2m to fund additional SMS text capacity. More details will be available shortly.

## Pregnancy & Breastfeeding

### What advice should I give to pregnant women?

(UPDATED 30.03.2021)

There is no known risk associated with giving non-live vaccines in pregnancy. The available data does not suggest any concern or harm to pregnancy. However the [JCVI](#) state there is insufficient data to recommend the routine use of Covid-19 vaccine during pregnancy.

However the [Green Book](#) says Covid-19 vaccines should be considered for pregnant women when their risk of exposure to the virus is high and cannot be avoided, or if the woman has underlying conditions that place her at high risk of complications from Covid-19. Covid-19 vaccines should be considered for use in pregnancy when the potential benefits of receiving the vaccine outweigh any potential risks for the woman and her baby. Women should discuss the benefits and risks of having the vaccine with their healthcare professional and reach a joint decision based on individual circumstances.

Pregnant women who are frontline health or social care workers, including carers in residential homes, can discuss the option of vaccination. If a woman is eligible for Covid-19 vaccination it is her decision whether to have the vaccination in pregnancy.

The [RCOG](#) and [JCVI](#) does not advise routine pregnancy testing before vaccination and women trying to become pregnant do not need to avoid pregnancy after vaccination.

The [Green Book](#) advises that if a woman finds out she is pregnant after she has started a course of vaccine, she may complete vaccination during pregnancy if she is considered at high risk. Alternatively, vaccination should be offered as soon as possible after pregnancy. If a woman receives a dose of the vaccine before finding out she is pregnant or unintentionally has the vaccine while pregnant she should be reassured that pregnancy will not affect the vaccines success and the risk of harm to the baby is very low.

The vaccine should work at any stage of pregnancy. According to the [Green Book](#) pregnant women who develop Covid-19 are more likely to be seriously unwell and there is a higher risk of preterm birth so women may wish to have the vaccine before their third trimester.

For more information on covid-19 vaccination and pregnancy [click here](#).

### What advice should I give to women who are breast-feeding?

(UPDATED 30.03.2021)

Women should be informed there is no safety data for the Covid-19 vaccines in breast feeding women. However a report from [JCVI](#) says there is no known risk associated with giving the Covid-19 vaccines whilst breastfeeding. Covid-19 vaccines are not thought to be a risk to the breastfeeding infant, and the benefits of breastfeeding are well known. Therefore a breastfeeding woman who is part of a group recommended for vaccination e.g. health care workers should be offered vaccination. Women should not stop breastfeeding in order to be vaccinated against Covid-19.

For more information on covid-19 vaccination and breastfeeding [click here](#).

## Consent

### Does consent need to be written?

(UPDATED 30.03.2021)

No, consent does not need to be written. Both [The Green Book](#) and [Covid vaccination SOP](#) state “there is no legal requirement for consent to immunisation to be in writing”. The informed consent though should be recorded in clinical systems.

Where consent forms have been completed for care home residents or patients without capacity for the first dose, a second consent form is not required, as the first consent form was “for a course of COVID-19 vaccination”. It is best practice though to verbally check that the second dose is required and wanted.

## Useful Contacts

### Where can I find the national contact details?

(20.01.2021)

- For [IT services](#), including Pinnacle Outcomes4Health and National Booking Service queries, please contact: [vaccineservicedesk@england.nhs.uk](mailto:vaccineservicedesk@england.nhs.uk) [tel. 0300 200 1000, open 6am- 10pm every day]
- For [Online Portal for site readiness and vaccine supply \(Foundry\)](#) queries, please contact: [agem.vaccinationstocktake@nhs.net](mailto:agem.vaccinationstocktake@nhs.net)
- For all [supply and delivery](#) queries, please contact Unipart: [cs@nhsvaccinesupport.com](mailto:cs@nhsvaccinesupport.com) [tel. 0800 678 1650, open 7am- 7pm every day]

### How do we contact the vaccination data quality helpdesk?

(11.02.2021)

Telephone 0300 200 1000, tell them you are logging a call for:

Category - IT

Subcategory - Data

issue type - COVID vaccination data query

They are open from 6am until 10pm every day.

[Please Click Here for the full List of FAQ Appendices](#)

[Please Click Here to view FAQs that have been removed in the last update](#)