LINCOLNSHIRE LOCAL MEDICAL COMMITTEE

Covid-19 Frequently Asked Questions

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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: 09.04.2021)

Is QOF Still suspended?

QOF has been reinstated in full from 1 April 2021.

Are there many changes to QOF for 2021/22?

- QOF Will remain largely unchanged for 2021/22
- Childhood Immunisations targets will be replaced by a Vaccs and Imms domain in QOF
- QI modules not completed in 2020/21 will be rolled over to 2021/22: Learning Disabilities and Supporting Early Cancer Diagnosis
- New funding for extra Mental Health indicators to increase mental health physical health checks

What is the value of a QOF point in 2021/22?

- The size of QOF has increased from 567 to 635 points in 2021/22
- The value of a QOF point in 2021/22 will be £201.16
- The national average practice population figure will be 9,085
- There are no changes to payment thresholds for indicators carried forward from 2020/21

Cam QOF reviews be delivered remotely in 2021/22?

- For 2021/22, practices may deliver patient reviews remotely where clinically appropriate to do so, unless otherwise specified
- Face-to-face reviews have been recommended for patients with dementia to allow primary care practitioners to fully assess the changing needs of the patient
- Practices should continue to apply their clinical judgement to the appropriate management of affected patients and the decision to provide a virtual or face-to-face review should be made on a patient-by patient basis

Where can I find further information on the QOF requirements for 2020/21?

Further detailed information on the data recording requirements and payment is included in the QOF guidance for 2021/22.

Should spirometry currently be carried out in General Practice?

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 (09.04.2021)

The COVID-19 Pandemic resulted in some changes to the way DCA Local Enhanced Services were remunerated in Q4 of 2019/20 and for 2020/21 and the Minimum Data Set (MDS) submission was not required for those quarters. The CCG has taken the decision to continue with a block payment arrangement for Q1 of the new contract year (2021/22).

It has been confirmed that the MDS submission will not be required whilst this block payment arrangement continues, however, commissioners may, at a future date, need to request data for service review and development. Where possible this will be through the appropriate codes for ease of collection.

Local Authority Payments (09.04.2021)

LARC Services
To support the transition back to pre COVID-19 activity levels, the Council will continue to make contract payments based on the established average calculation or actual activity; whichever is the greater value, for Quarter 1 of 2021-22. Activity based contract payments for LARC services will re-commence from Quarter 2 of 2021-22.

NHS Health Checks
Aspiration for the formal re-start of the NHS Health Checks Programme across Lincolnshire from 1st July 2021.

- Contract payments for Quarter 1 of 2021 will continue to be based on the established average calculation or actual activity; whichever is greater, leading up to the re-start date
- The Council is proposing to continue to make payments during Quarter 2 of 2020-21 based on the greater of activity or the established average service calculation.
- Activity based invitations and compliance based NHS Health Check completion payments will resume from 1st October 2021

For any queries contact the Commercial Team on 01522 553847 or via email CommercialTeamPeopleServices@lincolnshire.gov.uk

Will there be additional funding for PCN Clinical Directors? (09.04.2021)

- In recognition of the role of PCN Clinical Director in managing the COVID vaccination response, NHSEI will provide further funding for PCN Clinical Director support temporarily for Q1 (Apr-Jun21), equivalent to an increase from 0.25WTE to 1WTE.
- As previously, PCNs are eligible for this further support payment where at least one Core Network Practice is signed up to the COVID-19 Vaccination Programme Enhanced Service.
- Where a PCN is eligible, the additional funding of £0.552 per patient for the quarter (using the PCN registered list size as of 1 January 2021, or a later date if this has been agreed with the commissioner) should be paid to the PCN's nominated payee by the commissioner via a manual payment.

Contracts

Has the Covid19 SOP been updated to show recent changes? (09.04.2021)

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. Latest version 4.1 issued 03.03.21

Do we still need to provide Extended Hours or Improved Access appointments whilst delivering Covid Vaccine Programme? (28.01.2021)

NHSE wrote to practices on 7th January outlining "Freeing up practices to support Covid vaccination". 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.

LMC has produced a calculator to enable PCN managers to calculate if any extra hours are needed to be provided for non-vaccination appointments. See appendix A16

Extended Access (11.01.2021)

Will PCN the DES still require PCNs to provided Extended Access from April 2021?
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 & the associated national arrangements for the transfer of CCG extended access funding.

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.

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 1st 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 24th, 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: 25.03.2021)

- 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 6th and 13th 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 1st 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@lincslmc.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@lincslmc.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 30th 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.

SystmOne 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 (UPDATED 09.04.2021)

Will the CQC still be inspecting?

- The CQC will re commence inspections from 1 April 2021
- As well as continuing to respond to risk, the CQC will be starting the re-inspection of locations with breaches of regulation and those rated requires improvement overall without breaches of regulation
- They will also be starting to inspect services registered for over 12 months which have never been inspected

CLINICAL FAQs

PPE

Will the free COVID-19 PPE Scheme be extended?	(Updated 13/04/2021)

The Government is extending the provision of free COVID-19 PPE to health and social care providers until the end of March 2022. Following the previous announcement of free PPE provision until the end of June 2021, the scheme will now be extended to the end of March 2022 as the expectation of clinical experts is that usage will remain high throughout the next financial year. This will ensure that general practice can continue to access rigorously tested and high-quality PPE. Providers should continue to access COVID-19 PPE via their current distribution channels.

Shielding and Self-Isolating

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

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/

Prescribing

Should we be prescribing inhaled budesonide for patients with Covid-19? (UPDATED 13.04.2021)

The PRINCIPLE trial has shown some benefit to patients with Covid-19 from receiving inhaled budesonide. The reported recovery time was improved by three days, but there was no impact on hospitalisation or mortality.

MHRA have issued a position statement on the PRINCIPLE trial advising that patients should not routinely be prescribed inhaled budesonide. However, clinicians can prescribe budesonide on a case-by-case basis, on discussion with the patients, if the patient:

- Has had a positive Covid-19 PCR test, **and**
- Is 65 years or older or is 50-64 and has co-morbidities which would make them eligible for a flu jab

Workload

Should we be doing Spirometry? (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@lincslmc.co.uk to request that the password and slides be sent to you.

Are the vaccines interchangeable?	(ADDED 09.04.2021)

Vaccines should not be interchanged; if possible people should be given the same vaccine for the second dose as they had for the first. However, most recent "Information for Healthcare Practitioners" states that if it is not known which vaccine they had for the first dose, or they are now unable to have the same vaccine due to supply or logistical reasons, then they should receive the vaccine which is available for the second dose.

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.

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 specialists 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.

How do I get a person vaccinated if they have had previous anaphylaxis?	(09.04.2021)

If a patient has history of anaphylaxis or allergic reaction to the Covid-19 vaccine, they may need to receive vaccination in a hospital setting. There is a decision flow chart and referral form for both first and second doses available as appendices C06, C07 and C08.

Standard Operating Procedure – SOP

Has the Covid vaccination SOP been 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.	

Post-Vaccine

What should I do for people with headache after Astra Zeneca Vaccine?	ADDED (27/04/2021)

RCGP has produced helpful guidance to support us identify patients with thromboembolism and thrombocytopenia after the AZ vaccine.

This guidance advises that we should consider possible thromboembolism and low platelets in patients presenting 4-28 days after vaccination with any of the following symptoms:

- new onset of severe headache, which is getting worse and does not respond to simple painkillers
- an unusual headache which seems worse when lying down or bending over, or maybe accompanied by blurred vision, nausea and vomiting, difficulty with speech, weakness, drowsiness or seizures.
- new unexplained pinprick bruising or bleeding
- shortness of breath, chest pain, leg swelling or persistent abdominal pain

Patients with these symptoms should be investigated by arranging FBC, D-dimer, and fibrinogen. If the results will be with you the same day this can be done in general practice, but if not you should arrange for the patient to be reviewed in Same Day Emergency Care (SDEC).

Vaccine Payments

Will an additional fee be payable for vaccinating care home residents & staff?	(09.04.2021)

From 15 February, a PCN grouping has been able to claim an additional supplement of £10. This is for each vaccination administered to residents and staff in settings such as care homes for people with learning disabilities, or hostels for homeless people, where it would not be possible to attend vaccination sites.

Does the additional fee also apply to housebound patients?	(09.04.2021)
NHSEI has agreed to provide £10 per visit to support the vaccination of all housebound patients, applying retrospectively from 14 December 2020. This will apply to first doses and second doses separately.	

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.

How will vaccine certificates be developed? (UPDATED 13/04/2021)

The Government confirmed that a COVID-19 status certification system will be developed over the coming months which could allow higher-risk settings to be opened up more safely and with more participants. Over the coming months, a system will be developed which will consider three factors: vaccination, a recent negative test, or natural immunity (determined on the basis of a positive test taken in the previous six months). Events pilots will take place from mid-April to trial the system. All pilots are checking COVID status, which will initially be through testing alone but in later pilots, vaccination and acquired immunity are expected to be alternative ways to demonstrate status.

GPC England has been discussing these proposals with the Government and NHS bodies to ensure there would be a minimal impact on GP practices, and this has been accepted. We need to avoid the expectation that people can secure evidence of vaccination or testing by obtaining a letter from their GP practice.

Pregnancy & Breastfeeding

What advice should I give to pregnant women? (UPDATED 23.04.2021)

The Green Book chapter 14a has been updated and now states that "JCVI has therefore advised that women who are pregnant should be offered vaccination at the same time as non-pregnant women, based on their age and clinical risk group."

Pfizer BioNTech and Moderna vaccines have the most data and should be offered in preference to other vaccines for ladies who are pregnant.

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 hard 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 [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*
- For all supply and delivery queries, please contact Unipart: *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