LINCOLNSHIRE LOCAL MEDICAL COMMITTEE

"Supporting Lincolnshire's general practices to provide great care"

Covid-19 Frequently Asked Questions

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Index

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.

Will there be further funding for PCN Clinical Director support for quarter 2?	(ADDED 18/06/2021)

NHS England has now confirmed that it will provide further funding for PCN Clinical Director support for the period from July to September 2021.

- This funding is temporary and time limited
- It will be equivalent to an increase from 0.25WTE to 1WTE
- As before, 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
- This funding is to support the leadership and management of the COVID-19 response and may be used by PCNs to enhance the management or support capacity for their clinical leadership.

Are additional payments available for rebooking 12 week appointments to 8 weeks?	(24/05/2021)

All PCNs may claim an additional payment of £1,000 for rescheduling second dose appointments on or after 25 May 2021 in line with the revised guidance. Payment will be made by NHS England and NHS Improvement (NHSEI) following CCG confirmation that the PCN grouping has made a reasonable effort to rebook patients and that a reasonable proportion of patients were re-booked.

In exceptional circumstances, regions can authorise a small increase above the £1,000 limit to be charged against the additional reasonable costs budget. This must be presented by the CCG to region in advance of the costs being incurred along with evidence of costs.

'Opening up day' (19th July 2021)

Should practices be going back to normal on 19th July "opening up day"?	(UPDATED 15/07/2021)

Covid-19 cases are still high in the community so practices should continue to take measures which protect vulnerable patients, clinicians, and other practice staff. Practices should thus continue to carry out total triage to assess and advise patients, restrict access to practice buildings, and offer face-to-face appointments only where clinically required.

This position is supported by NHS England's statement of 15th July 2021

Should practices continue to require people to wear face coverings in practice premises?	(UPDATED 15/07/2021)

Covid-19 cases are still high in the community so practices should continue to take measures which protect vulnerable patients, clinicians, and other practice staff. Thus practice staff should continue to wear face coverings, improve ventilation, and maintain social distancing where possible. People coming to the practice should also be encouraged to wear face coverings, and the LMC support practices who decline access for people who refuse to wear a face covering.

This is supported by NHSE's statement of 15th July 2021

Contracts

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.

What should I do if I am told to self-isolate by NHS Test and Trace? (ADDED 30/07/2021)

From Monday 19th July, where the risk to patients due to staff shortages outweighs the risks of exposure to COVID-19, frontline NHS and social care staff can attend work rather than self-isolate.

The CCG have created a useful flow chart to assist practices with the process, please see Appendix A18

Double-vaccinated NHS general practice staff in England who have been told to self-isolate can attend work by replacing isolation with risk assessments and taking action to mitigate the risks of exposure to COVID-19. This will only be considered after all other possible solutions have been explored and must only be used as a last resort.

The decision to allow NHS staff to attend work should be made on a case-by-case basis, and only after the relevant risk assessment has been completed by practice management.

If a staff member receives an **NHS Test and Trace notification** they should isolate immediately and inform their manager. If the manager determines that there is a risk to the safe delivery of a service or critical services cannot be maintained they should escalate it to the local IPC/ health protection team LCCG.LincsIPC@nhs.net and work together to determine whether the staff member can return to work.

The criteria are:

1. There is a likelihood that staff absence creates a significant risk to the health or safety of patients or service users, staff whose activities are critical to the on-going provision of care and no other option is available
2. The staff member is fully vaccinated (more than 14 days after the second dose).
3. Has had a negative PCR test and is completing daily negative LFD antigen tests
4. The staff member lives in a separate household to the confirmed COVID-19 positive case

A copy of the **COVID-19 NHS Test and Trace Service Notification to Isolate Risk Assessment** can downloaded at Appendix A19

Once authorisation is given the staff member can return to work but **MUST** apply the following:

- Perform daily lateral flow tests for at least 7 days (up to a maximum of 10 days) prior to starting work. Results must be reported to NHS Test and Trace and to the line manager.
- If the staff member tests positive using LFT during this period they **must** not attend work and should arrange a PCR test as soon as possible.
- If the staff member develops any COVID-19 symptoms in the 10 days since their last exposure to the case, they should **immediately isolate** and arrange a PCR test.
- The staff member **must** not work with clinically vulnerable patients or staff
- Ensure that a (fluid resistant surgical) mask is worn at all times covering the nose and mouth and that regular hand hygiene is performed.

- Do not eat or drink in any indoor shared space with other people e.g. staff rooms

Staff who are permitted to return to work during this period should continue to isolate when not at work.

Further advice can be sought from the Health Protection Team at LCCG.LincsIPC@nhs.net

What should I do if I am told to self-isolate by the NHS COVID-19 App? (ADDED 30/07/2021)

From Monday 19th July, where the risk to patients due to staff shortages outweighs the risks of exposure to COVID-19, double-vaccinated frontline NHS and social care staff can attend work rather than self-isolate. This includes staff who have been advised to self-isolate by the NHS COVID-19 app.

The CCG have created a useful flow chart to assist practices with the process, please see Appendix A18

If a staff member received an app notification to isolate, and are not a named contact, they should inform their manager who will conduct a risk assessment to establish if it is safe for them to remain working in the office or continue to work from home.

This will depend on

1. Whether or not you need to attend the office or other health or social care settings.#
2. If you have attended other establishments apart from work and home and not socially distanced or worn masks
3. If you have had any known close contacts with a positive COVID-19 case without PPE
4. You are compliant with Lateral flow tests as recommended, **except if COVID-19 PCR positive in the last 90 days**
5. **Manager must retain copy on personal file**

A copy of the **COVID-19 App Notification to Isolate Risk Assessment** can downloaded at Appendix A20

If the answers in the risk assessment confirm that the staff member has minimal or no risk then a return to work is possible with strict adherence to PPE, social distancing and being vigilant for signs and symptoms of Covid19 infection.

Further advice can be sought from the Health Protection Team at LCCG.LincsIPC@nhs.net

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? (UPDATED 20.07.2021)

NHS Digital has published their response to their consultation on the proposed changes to the annual complaints collection (K041b) and the plan for its reintroduction. These changes were initiated by the GP bureaucracy review NHS Digital paused the collection of the 2019/20 KO14B form, from general and dental practices, but have now confirmed that collections will resume from the 9 August to capture complaints recorded in 2020/21. The NHSD response sets out:

- A range of simplifying changes that will be introduced - some will commence at the next collection whilst others will commence at future collections.
- There will be an extended 12 week collection window for the next collection
- Improvements to the portal to address specific technical issues that previously occurred, which should make the experience of uploading the return easier.

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

What does the new IPC guidance say? (ADDED 15.06.2021)
What does the new IPC guidance say? New IPC guidance was published on 1st June 2021. This guidance sets out PPE requirements for high risk, moderate risk, and low risk pathways. General practice will mainly fall into the moderate and low risk categories, though if patients attend untriaged this would make them "high risk". The guidelines reiterate established good practice: • separation of high and low risk patients • good hand hygiene • maintaining social distancing • improving ventilation • use of face coverings for all people in clinical settings • use of Type II face masks for all patients • use of Type II face masks for all clinical staff • use of remote consultations rather than face-to-face where clinically appropriate • decontamination between patients • restricted access to clinical settings Furthermore, regarding PPE the guidance specifies- • Gloves should be worn if there is a risk of contact with blood, other body fluids, or non-intact skin, and should be changed between patients • Aprons should be worn if having patient contact less than 2 meters, and should be changed between patient contacts Eye protection should be worn if risk of contact with blood or other body fluids, or if the patient is "high risk"

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.

Should practices be performing spirometry?	(ADDED 06/05/2021)

New guidelines Risk Minimisation in Spirometry Re-start set out how we can return to performing spirometry. These guidelines advise that spirometry itself is not an aerosol generating procedure, but that coughing is, and that spirometry often causes patients to cough. Thus spirometry should be carried out in a way to minimise the risk of coughing and spread of infection. PPE should be worn by clinicians performing spirometry and this should be apron, gloves, visor, and surgical face mask.

To further reduce the risk of infection spread, spirometry should only be prioritised for individuals where a specific clinical question needs to be answered. COPD can be diagnosed clinically based upon symptoms and response to treatment, and spirometry can be used to confirm the diagnosis. Practices making a clinical diagnosis can code *Spirometry not indicated (415570002)* or *Spirometry reversibility testing not indicated (279261000000103).*

Not all practices are commissioned to carry out spirometry. Practices which are commissioned to carry out spirometry can resume this activity by following the guidance. Practices which are not commissioned to carry out spirometry should refer patients in which they have a specific clinical question for respiratory assessment.

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

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? (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.

How long is the Pfizer/BioNTech COVID-19 vaccine shelf-life now? (24/05/2021)

New storage conditions for the Pfizer/BioNTech COVID-19 vaccine, that extend the length of time the thawed vaccine can be stored at normal fridge temperatures from 5 days to 31 days, have been approved by the Medicines and Healthcare products Regulatory Agency (MHRA).

Further information is available here
Regulatory approval of Pfizer/BioNTech vaccine for COVID-19 - GOV.UK (www.gov.uk)

What do I do if a specialist advises a patient to have a specific vaccine? (ADDED 28/05/2021)

If a specialist advises a patient to have a specific vaccine which is not readily available, it is not the practice or PCNs responsibility to organise this. The specialist should contact the CCG vaccination team to arrange for the patient to have the specified vaccine.

If a patient contacts the practice requesting a specific vaccine, advise them that you will liaise with the specialist. Then contact the specialist by email, and copy in your Shona Brewster at the CCG, so that the specialist and the CCG vaccine team can work to facilitate the patient getting the correct vaccine.

Suggested wording for the email

Dear XXX, you have advised patient XXX that they require vaccine XXX. This vaccine is not readily available. Please liaise with the patient and the CCG vaccine team to ensure that the patient receives the vaccine that you are recommending.

Patient Group Directive – PGD

Where can I download a copy of the PGD? (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.	

Under 18s

Vaccinations for under 18s	(24/05/2021)

The following people under 18 are eligible for vaccination:

- Clinically extremely vulnerable (cohort 4) click here for more information
- Clinically vulnerable (cohort 6) please refer to Table 3 in Chapter 14a of the Green Book
- Under 18 staff/volunteers/apprentices in health and social care (cohort 2)
- 12-16 year olds with severe neuro-disabilities who receive institutional care (whether full time or regular visits to such settings)

Prescribers should apply clinical judgement to consider both the risk of Covid-19 infection itself and the impact it might have on any underlying disease.

The Astra Zeneca vaccine can be used in this group only in exceptional circumstances:

- People with severe allergies/anaphylaxis to Pfizer or its components (usually polyethelene glycol-PEG)
- On the advice of an allergy specialist, for people with idiopathic anaphylaxis or a history of anaphylaxis to other medicines.
- People who are housebound (when it can be difficult to transport Pfizer)
- When all efforts to enable the individual to receive Pfizer at another time and/or location have been exhausted (generally within 4 weeks)

When the risk of delaying vaccination outweighs the risk of harm from COVID-19 infection itself.

Informed consent	(24/05/2021)

AZ is not authorised for use in people <18 years because clinical trials did not include this cohort. New studies are underway to examine this age group but as yet there is no published evidence on safety or efficacy.

It is essential, as part of the process of obtaining informed consent from the patient or their parent/guardian that this lack of evidence is discussed alongside:

• The patient's individual risk of exposure to COVID-19

• Their risk of severe disease from COVID-19

• The impact that COVID-19 infection may have on any underlying condition

• Any side-effects or potential harm associated with AZ vaccination

Although not a legal requirement, it is good practice to document the discussion.

Patient specific direction	(24/05/2021)
It is unlawful to vaccinate someone under 18 years with AZ unless delivered directly by an Authorised Prescriber (usually a doctor) or under a PSD that has been completed by an Authorised Prescriber.	

Second doses	(24/05/2021)
As stated in the AZ next steps letter on 7th May, all those who have received a first dose of the AstraZeneca vaccine should continue to be offered a second dose of AstraZeneca vaccine, irrespective of age. The second dose will be important for longer lasting protection against COVID-19.	

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.	

Second Doses

Should GPs be writing letters for patients asking for an early second covid vaccine dose? ADDED (30.07.2021)

Patients should not receive a second vaccine before 8 weeks unless there is a clinical need or in very exceptional circumstances such as military deployment, (travel for holidays does not count).

If a specialist wants a patient to have an early vaccination it is for them to arrange through the CCG vaccination cell, not the responsibility of general practice.

It has been brought to our attention that 119 call handlers have been advising patients to approach their GP for a letter to access an early second covid vaccination. This should not be happening. The CCG are aware of this issue and are working to stop this advice from being given. In the meantime, if your practice receives such requests please decline the request and inform the CCG via the generic primary care mailbox: lincsprimary.covid19@nhs.net

Post-Vaccine

What should I do for people with headache after Astra Zeneca Vaccine? (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 & Funding

What is the maximum period for COVID vaccination claims? (ADDED 18/06/2021)

From the beginning of June 2021, the deadline for practices claiming payments for COVID-19 vaccinations will be 3 calendar months following the calendar month in which the vaccination was administered.

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.

What are the cut off dates for declaring covid vaccination activity? (04.05.2021)

- For sites with vaccination activity for December, January and February the upcoming declaration window (1st – 6th May) is **the last opportunity to declare activity against these months**.
- For claims for the funding additional reasonable set up costs including additional clinical waste costs the claim cut-off date will remain at 6 months from when the first vaccine was administered.
- For on-going additional reasonable costs including additional clinical waste costs the claim cut-off date is either 6 months from when the cost was incurred or the 31st March 2022 whichever is earlier.
- For the clinical directors funding and SMS funding the claim cut off will remain as 3 months after the end of the time period the funding covers.
- For funding that was only available up to 31st March 2021 such as the £1000 rebooking funding and the additional admin workforce funding if these have not been claimed by the 31st March and if they have been accrued in the accounts then the cut-off date is 30 June (3 months after 31st March).
- The declaration window within MYS will open at 00:01 on Saturday 1st May and close at 23:59 on Thursday 6th May. Any declarations submitted outside of this time window will **not** result in payment the following month.

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? (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.

How many point of care systems can a PCN use? (ADDED 18/06/2021)

To minimise the risk of duplicate payments resulting from a PCN grouping entering vaccination events on two Point of Care systems simultaneously,

- PCN groupings can now only use a single Point of Care system within a single calendar month to enter new vaccination events.

The only exceptions being,

- for changes to existing events or
- during the transition period to a new Point of Care system

Pregnancy & Breastfeeding

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