LINCOLNSHIRE LOCAL MEDICAL COMMITTEE

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

Covid-19 Frequently Asked Questions

AUTHOR

Lincolnshire LMC Secretariat with input from the LMC Committee

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NON-CLINICAL FAQs

General

How can patients prove they have "recovered from Covid-19"? (ADDED 10.08.2021)

The EU have developed a system whereby travellers in the EU can prove that they can travel in Europe. The Digital Covid Certificate asks that the person proves that they either are fully vaccinated, have "recovered" from Covid, or have a negative PCR test.

Practices are being asked by patients to provide supporting evidence that they have "recovered" from Covid. LMC advice is that there are two ways that patients can do this

1. Practice provides written letter/email of evidence. Practices can charge for this as it is not a contractual requirement.

Person gets access to their NHS medical record via NHS app or online system. These systems show positive PCR results and thus evidence that the person has had and survived Covid.

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What is included in the updated National Protocol?	(ADDED 04.10.2021)

The Pfizer BioNTech and Comirnaty® PGDs and National Protocols have now been updated and are available here: [Coronavirus » National Protocols for COVID-19 vaccines (england.nhs.uk)](https://www.england.nhs.uk).

The documents have been updated to include the following cohorts:

- individuals aged 12 years to under 16 years of age who are in an at-risk group
- individuals from age 12 years to under 18 years of age, who do not meet any of the other criteria for inclusion, as eligible for their first dose of the COVID-19 vaccine only
- individuals referred for a third primary dose of COVID-19 vaccine in accordance with patient specific recommendations from their specialist, GP or prescriber
- individuals eligible for a booster (third) dose as part of the national COVID-19 vaccination programme
- individuals who have experienced myocarditis or pericarditis determined as likely to be related to previous COVID-19 vaccination

They have also been updated to include additional information on immunosuppressed individuals, coadministration and incomplete vaccination.

Finance

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 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.

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'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.

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Staffing & HR

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

Has the shielding programme ended? (ADDED 24/09/2021)

The Government has announced that the shielding programme has now ended and patients will no longer be advised to shield. The Shielded Patient List will also be closed, and NHS Digital will retain the capability to identify high-risk patients in the future. Relevant patients will be written to inform them of this change and that support still available. Practices do not need to inform patients themselves, and any future changes to the COVID-19 risk status for patients will no longer be captured on the national list.

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Do practice staff entering a care home have to prove they have had Covid vaccination?	(ADDED 11/11/2021)

From 11th November 2021 NHS staff entering a care home are required to provide proof of Covid-19 vaccination.

Practice staff should either carry this proof on the NHS app or in an NHS letter.

It may be practical for practices to write to care homes to list those members of staff who have been vaccinated, and those who are exempt, so that the individuals do not need to provide proof on each attendance.

People who do not need to prove Covid vaccination are-

- Members of the health service deployed for emergency response, which for the NHS means staff deployed as part of an emergency ambulance response, including community first responders.
- People who have evidence of a medical exemption.
- People who have used the self-certification process to prove they have been vaccinated overseas.
- Under 18s

More detail can be found on the NHS FAQ

How do health and social care staff book booster vaccines?	(ADDED 04/10/2021)

The COVID-19 vaccination national booking service is open for frontline health and social care staff to book a booster vaccine appointment through self-referral.

Practice staff involved in direct patient care or who have contact with patients are eligible for a booster.

Staff can book their appointment online here or by ringing 119. As part of the booking process, they will need to self-declare they are a frontline health or social care worker. When booking, they will be advised on the evidence they will need to provide at the vaccination site as of proof of employment. Health and social care workers (HSCW) will only be vaccinated if official proof is presented.

HSCW should verbally declare at check-in at the vaccination site that:

- they are a frontline health or social care worker, as identified by the Green Book and the SCW SOP, and outlined in the eligibility overview Table 1,
- the type of role/work they do; and
- the name of their employer.

They are asked to provide as proof of employment as a HSCW **one** of the following:

- A workplace photo ID,
- A recent letter from their employer (last 3 months), or
- A recent payslip which shows their employer (last 3 months).

Has the guidance around self-isolation and healthcare changed?	(ADDED 04/10/2021)

On 16 August 2021, the guidance around self-isolation following exposure to or contact with a COVID-19 positive person changed for those people who are double vaccinated.

The advice to healthcare workers is different to the advice to the general public because of the vulnerabilities of the

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patients we interact with.

This is the current position for:

Double vaccinated staff:

- Household contacts (including people who you have been sharing any accommodation with) should NOT return to work and must complete the full isolation period.
- Non-household contacts there is no requirement to self-isolate however you will need to comply with the following instructions:
  - Do not attend work if you have any symptoms of COVID-19, even if these symptoms are mild.
  - Have a negative PCR test before return to work.
  - Complete daily lateral flow tests for 10 days following last contact with the case and report these results through the portal.
  - If you have a positive lateral flow test do not come to work, arrange for a PCR test and isolate.
  - Comply with infection prevention and control precautions, including PPE and social distancing.
  - If you are working with highly vulnerable patients a risk assessment is required and consideration should be given to redeployment.

Unvaccinated or partially vaccinated staff:
If you are notified as a contact - you must self-isolate.

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

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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”

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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**.

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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.

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.

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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

What is the new CQC New monitoring approach? (UPDATED 25.08.2021)

The Care Quality Commission (CQC) are moving on from their transitional monitoring approach and are introducing a new monthly check of the information and data they hold on GP practices.
Further details are available in the CQC draft monitoring approach provider guidance, **please see Appendix A21**.

What is involved in the new CQC monitoring approach? (UPDATED 25.08.2021)

This monthly review will involve the CQC publishing a statement on their website for your practice. This will let patients know that that the CQC have not found any evidence that tells them they need to re-assess the rating or quality of care at that service at that time.

These will be for services that are:

- rated good or outstanding &
- meet all the regulations &
- where the CQC are not undertaking any regulatory activity &
- where they have not found evidence that tells them they need to reassess the rating or quality at that time

For GP services this evidence would include;

- information directly received by CQC
- such as safeguarding
- whistle-blowers
- incident reports
- patient experience information

It would also include a number of national data sources, for example;

- GP patient survey
- QOF data
- These national metrics are the same ones that CQC publish after an inspection, as part of the Evidence table.

What happens after the monthly check? (UPDATED 25.08.2021)

If your allocated CQC inspector has any concerns about the data/information they have received they will contact your practice in the first instance to discuss this with you. For perceived higher risk services CQC will carry out an inspection.

As part of these changes, from 15 June 2021, you may notice a statement appearing on your page on the CQC website. You will receive an email the day before it goes up on the services' page on our website letting you know.

Practices will no longer be contacted on an annual basis for a telephone interview.

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CLINICAL FAQs

PPE

What does the new IPC guidance say? (ADDED 15.06.2021)

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 10/08/2021)

New guidelines Risk Minimisation in Spirometry Re-start set out how we can return to performing spirometry. However, spirometry should only be used where there is diagnostic uncertainty.

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 performed for individuals where a specific clinical question needs to be answered. Spirometry should not be routinely carried out to diagnose COPD, as this can be

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diagnosed clinically. 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.

Testing

What is the Post Positive PCR Antibody Testing Initiative (PPPATI) and how will it affect practices? (26/08/2021)

The Post Positive PCR Antibody Testing Initiative (PPPATI) was launched across the UK on 24th August to better understand vaccine effectiveness and immune response to COVID-19. This initiative is for surveillance purposes only and no additional action is required from healthcare practitioners. Patients will not be directed to GP practices following their result.

Antibody testing for SARS-CoV-2 guidance is to assist healthcare practitioners in the primary care setting and aid in potential future discussions with patients regarding antibody testing, vaccination, infection, and risk. This guidance outlines that:

- The presence of detectable circulating antibodies will almost certainly result in a mitigation of disease severity on exposure to virus, but antibody status alone cannot be used to confidently assure against protection from infection
- Over 99% of people generate antibodies after a full schedule of vaccination and this response is anticipated to remain detectable for approximately 10 months. Waning mechanics are not fully understood and vary between individuals
- Waning of antibodies below detectable range over time will likely not result in loss of protection from severe disease, but infections are likely to be possible
- Different variants are more likely to evade any protection afforded by previous infection by another variant or by vaccination but disease severity is still likely to be mitigated.

COVID-19 Exemption

What is a Covid-19 medical exemption? (Added 21/10/2021)

Patients can currently request a medical exemption from Covid-19 testing or vaccination. Information for patients is available on gov.uk

It is a contractual requirement for GPs to respond to patient requests for an exemption certificate, and there is a £44 fee for completing the process.

Government guidance suggests that people who may be exempt are

- **people receiving end of life care** where vaccination is not in the person's best interests
- people with learning disabilities or autistic individuals, or people with a combination of impairments **where vaccination cannot be provided through reasonable adjustments**
- a person with **severe allergies** to all currently available vaccines
- those who have had an **adverse reaction to the first dose** (for example, myocarditis)

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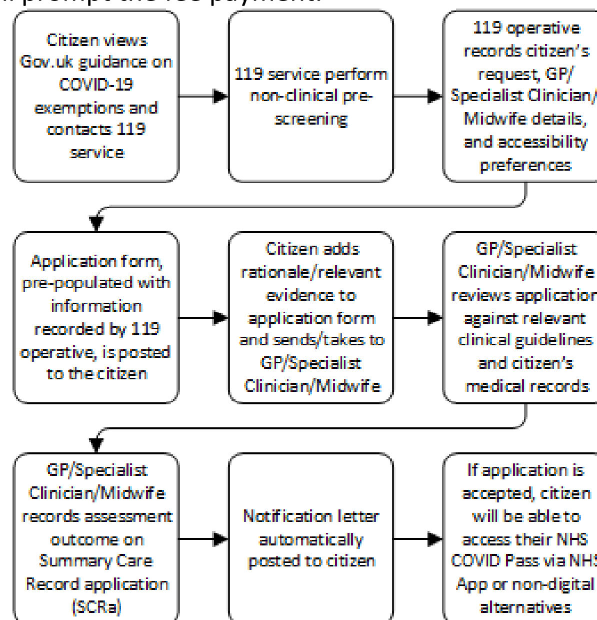
Other conditions may also require exemption, and GPs can make this judgement with patients. Not wanting the vaccine, or not feeling well after previous vaccines, are not legitimate reasons for an exemption.

Pregnant ladies should be encouraged to have the vaccine, but if they choose not to have the vaccine the Mat B1 certificate can be used to show exemption and another exemption is not required.

If a patient is under the care of a specialist, the regulations allow us to signpost the patient to the specialist to respond to the exemption request.

When a person wants to get a Covid-19 exemption certificate they have to apply through 119 service. The person will be sent an application form by 119 which they will give to their GP practice, specialist, or midwife. The GP practice, specialist, or midwife will then decide whether or not the person is exempt and record this on the Summary Care Record application (SCRa). This is what will prompt the fee payment.



Practices will need to have access to the SCRa. To gain access to SCRa the practice should follow the steps set out by NHS Digital- Summary Care Record application (SCRa) COVID-19 Exemptions Information

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.

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Who should get a "Third primary dose" of vaccine? (ADDED 07/09/2021)
JCVI have issued guidance about who should get a "third primary dose" to boost their immunity to Covid-19. These individuals may not have mounted a full response to the first two doses due to suppressed immunity. The groups who should receive the "third primary dose" are- 1. Individuals with primary or acquired immunodeficiency states at the time of vaccination due to conditions including: • Acute and chronic leukaemias • Chronic lymphoproliferative disorders • HIV/Aids with CD4 < 200 • Primary or aquired cellular and combined immune deficieincies • Those who had received stem cell transplants in previous 24 months • Those who had received stem cell transplanst over 24 months ago with ongoing immunosuppression or GvHD • Persistent agammaglobulinaemia 2. Individuals on immunosuppressive or immunomodulating therapy at the time of first and second vaccination including: • those who were receiving or had received immunosuppressive therapy for a solid organ transplant in the previous 6 months • those who were receiving or had received in the previous 3 months targeted therapy for autoimmune disease • those who were receiving or had received in the previous 6 months immunosuppressive chemotherapy or radiotherapy for any indication 3. Individuals with chronic immune-mediated inflammatory disease who were receiving or had received immunosuppressive therapy prior to vaccination including: • high-dose corticosteroids (equivalent to ≥ 20mg prednisolone per day) for more than 10 days in the previous month • long-term moderate dose corticosteroids (equivalent to ≥10mg prednisolone per day for more than 4 weeks) in the previous 3 months • non-biological oral immune modulating drugs, such as methotrexate >20mg per week (oral and subcutaneous), azathioprine >3.0mg/kg/day, 6-mercaptopurine >1.5mg/kg/day, mycophenolate >1g/day in the previous 3 months • certain combination therapies at individual doses lower than above 4. Individuals who had received high-dose steroids (equivalent to >40mg prednisolone per day for more than a week) for any reason in the month before vaccination. There is more detail in the JCVI guidance Practices are not expected to identify these patients until appropriate system searches are made available.

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

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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.

Can Covid-19 vaccine be co-administered with flu vaccine? (UPDATED 15.09.2021)

Public Health England have confirmed on 14th September 2021 that Covid booster and Flu vaccines can be administered together.

"The ComFluCOV trial indicates that co-administration of the influenza and COVID-19 vaccines is generally well tolerated with no reduction in immune response to either vaccine. Therefore, the two vaccines may be co-administered where operationally practical."

What do I do for people who have had vaccines abroad? (UPDATED 09.09.2021)

If you have a person requesting a vaccine having received a vaccine abroad then you should follow the guidance in Annex 1 of the *COVID-19 vaccination programme: Information for healthcare practitioners*. The advice is different for different vaccines, so this helpful table will hopefully answer any questions you have. If you are still uncertain then check with CCG Covid vaccination team.

Currently there is not a central mechanism for capturing details of overseas Covid vaccines, and only vaccines delivered in the UK can be accepted as evidence for UK Covid certification/ the NHS Covid Pass.

A technical solution to support the recording of vaccinations overseas in the NHS immunisation management service (NIMS) is in development, and we will provide an update as soon as possible.

Patients should be told that at this time, only vaccines delivered in the UK will count towards UK Covid certification and that the NHS is working on a solution.

If a patient registered with a GP in England makes you aware they have had a vaccination overseas, it is also good practice for GPs to record the details as free text in the clinical notes section of the patient's GP record. The vaccination can be coded as a first or second dose, but type of vaccine will not be able to be coded as only vaccines given in the UK have SNOMED codes. Overseas vaccinations should not be added to the Pinnacle (Outcomes4Health) point of care system as this will result in incorrect GP payments.

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

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.

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Under 18s

Which young people should be getting vaccinated? (UPDATED 07.09.2021)

NHSEI letter of 5th August sets out which groups of children and young people should be offered the vaccine. This is a summary of that information-

- All 16-17 year olds should be offered one dose of Pfizer vaccine
- 16-17 year olds in "at risk groups" should be offered two doses of the Pfizer vaccine
- 12-15 year old at risk of severe disease (children with severe neurodisabilities, Down's Syndrome, underlying conditions resulting in immunosuppression, profound and multiple learning disabilities (PMLD), severe learning disabilities or who are on the learning disability register) should be offered two doses of the Pfizer vaccine
- Any child or young person 12 or older living with an immunosuppressed individual should be offered two doses of the Pfizer vaccine
- JCVI have added the following to the list of at risk 12-15 year olds-
    - haematological malignancy
    - sickle cell disease
    - type 1 diabetes
    - congenital heart disease

The Green book Chapter 14a has been updated to reflect this guidance.
The Enhance Service Specification has also been updated to reflect this guidance.
MHRA have approved Pfizer vaccine for 12 years and older.
NHSEI letter to practices on 13th August has asked practices to search for eligible children and share this list with your PCN or CCG so that these individuals can be invited for vaccination.

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.

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.

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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

Boosters and Third Primary Doses

Who should get a "booster"? (ADDED 15.09.2021)

JCVI have recommended that all people who were in Groups 1-9 of the initial Covid-19 vaccination phase should receive a "booster".

1	Residents in a care home for older adults Staff working in care homes for older adults
2	All those 80 years of age and over Frontline health and social care workers
3	All those 75 years of age and over
4	All those 70 years of age and over Clinically extremely vulnerable individuals (not including those under 16 years of age
5	All those 65 years of age and over
6	Adults aged 16 to 65 years in an at-risk group
7	All those 60 years of age and over
8	All those 55 years of age and over
9	All those 50 years of age and over

Individuals in these groups should have a booster 6 months after they received second vaccine dose.

JCVI advises that individuals should be offered Pfizer/BioNTech vaccine as the booster, or a half dose of the Moderna vaccine.

If the patient cannot tolerate mRNA vaccines they can have AstraZeneca vaccine as a booster.

Immunocompromised individuals are advised to have a "third primary dose" and may later also require a "booster".

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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).

Should we be providing proof of vaccination? (UPDATED 15.09.2021)

It is **not** practices' responsibility to provide patients with evidence of Covid-19 vaccination.

Patients can get a NHS Covid Pass many ways. Practices should signpost patients to the NHS Covid Pass website or 119. Patients will be able to download the pass via the NHS App or NHS Covid Pass service. They can also request a paper pass.

Alternatively, patients can gain access to their medical records using your system's online tool and can print a record of their vaccinations.

If a patient has incorrect data on the NHS App this may be a technical issue with Pinnacle. This should be highlighted to CCG Covid vaccine team by emailing the discrepancy and patient details to lccg.primarycarelincs@nhs.net

If the patient received a vaccine outside the UK this will not appear on the NHS App. There is no way currently of correcting this as non-UK vaccines are not accepted as part of the NHS Covid Pass.

Pregnancy & Breastfeeding

What advice should I give to pregnant women? (UPDATED 20.08.2021)

The RCOG state that Covid-19 vaccination is recommended in pregnancy. All pregnant women over 18 in the UK have now been offered a Covid-19 vaccine.

Vaccination is the best way to protect against the known risks of Covid-19 in pregnancy for women and babies. Women may wish to discuss the benefits and risks with their healthcare professional and reach a joint decision based on individual circumstances. However, pregnant women do not need to have a discussion with a healthcare professional to receive vaccination against Covid-19.

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Covid-19 vaccines do not contain ingredients that are known to be harmful to pregnant women or to a developing baby. The vaccines being used in the UK are not 'live' vaccines so cannot cause Covid-19 infection in you or your baby. There is no evidence that Covid-19 affects fertility. Women trying for a baby do not need to avoid pregnancy after vaccination.

The JCVI recommends the Pfizer-BioNTech or Moderna vaccines are offered in pregnancy, where available. The vaccine is considered safe and effective at any stage in pregnancy however some women may choose to delay the vaccine until after 12 weeks, but there is no evidence that delaying is necessary.

What advice should I give to women who are breast-feeding? (UPDATED 20.08.2021)

The Royal College of Obstetrics and Gynaecology recommend Covid-19 vaccination for breastfeeding women. The benefits of breast feeding are well documented. There is no plausible mechanism by which any vaccine ingredient could pass to your baby through breast milk. Women should not stop breastfeeding to receive vaccination against Covid-19.

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

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