

CLMC Bulletin 453 – 02/03/21

Lockdown restrictions loosening

Ahead of the Prime Minister [announcement](#) of a four-step end to the lockdown in England, the BMA published a [paper](#) setting out the principles and policy ideas which it believes should inform a sensible and safety-first approach to easing the current lockdown.

The BMA warned the Government to take 'cautious approach' to lifting lockdown restrictions as otherwise the NHS will be overwhelmed. Easing restrictions must be connected with measurable metrics and targets on virus circulation. Read more [here](#)

Although England is still in a national lockdown, as of 8 March, some of the rules will be changing, such as all pupils returning to school. More details can be found in the Government's [COVID-19 Response - Spring 2021](#), which sets out the roadmap out of the current lockdown and explains how the restrictions will be lifted over time.

Read the BMA's response to the PM's announcement [here](#)

GPC GMS Contract webinar 2021/22

GPC held 2 webinars setting out the updates to the [2021/22 contract](#). This presentation [slideshow](#) for the GPC 2021/22 contract webinar outlines the key points

COVID-19 vaccination programme

NHSE/I has sent a [letter setting out the additional steps being taken to support the vaccination of cohort 6 - adult carers and individuals added to the shielded patient list](#) - as a result of the COVID-19 Population Risk Assessment tool (QCovid). The letter also includes information on the availability of the national booking system for these groups.

This follows the letters to [people identified as high risk by COVID-19 Population Risk Assessment Model – under 70 years of age](#). GPC have since raised concerns with the Department of Health and Social Care about the impact this letter has had on some patients who have subsequently contacted their practice seeking more information. Although the letter clearly states, on GPC insistence, that patients do not need to contact their GP about the letter, many anxious patients are still clearly doing so, so we have asked whether modifications can be made to any future letters sent.

Signposting patient to access Covid vaccinations via pharmacy

Pharmacies in Tees are very happy to support the Covid vaccination campaign but are unable to handle the bookings; patients must book into the pharmacy slots by calling 119 or booking on line. We have been advised that Tees pharmacies are getting a large number of phone calls from patients who say they were advised to ring the pharmacy by their GP surgery. Please can you ensure your team signpost patients to book all appointments via [nhs.net](#) or 119.

Vaccinating people with a learning disability

As we know, multimorbidity is very common for those with a learning disability and we would, therefore, encourage all practices to contact all people on their learning disability practice register and offer an early appointment for vaccination.

Vaccinating people with Severe Mental Illness (SMI)

As people with SMI people face reduced life expectancy of 15-20 years when compared to the general population and have also been disproportionately impacted by the coronavirus pandemic, this group is also included in cohort 6 prioritisation list. Note that the Green Book defines SMI as schizophrenia or bipolar disorder, or any mental illness that causes severe functional impairment, and also includes people with an eating disorder and those with a diagnosis of 'personality disorder'.

Tailored invitation letters for local vaccination sites to invite these groups are available on the [FutureNHS platform](#).

COVID-19 Clinical Risk Assessment Tool (QCovid)

A [new online tool](#) that can help clinicians better understand how at-risk a person may be in being admitted to hospital or dying as a result of being infected with coronavirus is now available. The COVID-19 Clinical Risk Assessment Tool is powered by [QCovid®](#), a coronavirus risk prediction model created by the University of Oxford.

Clinicians can use the tool to risk assess individual patients or review those added to the [Shielded Patient List \(SPL\)](#) as part of the [COVID-19 Population Risk Assessment](#). There is though no requirement or expectation for practices to validate the latest update to the shielding list following the application of the QCovid tool.

There are some instructions for individuals and organisations to follow [before using the tool](#), including the requirement for a Data Protection Impact Assessment (DPIA) and privacy notice in place that covers the tool's use. A template [DPIA](#) and [privacy notice](#) have been provided to support you to do this.

Following concerns about the inclusion of some codes relating to gestational diabetes, NHS Digital has published specific guidance on gestational diabetes on their [COVID-19 Population Risk Assessment](#) page. This page also has a lot of detail about the development of the risk assessment tool and it has information about how patients can get more information if the page does not answer their questions (email risk.strat.spl@nhs.net). The RCGP has also developed a [flow chart](#) to support GPs when considering risk for patients with a history of gestational diabetes.

Vaccinating those aged under 18

As the AstraZeneca (AZ) vaccine is not licensed for use in those under the age of 18 – if any young staff members or volunteers (aged 16-17) present to a vaccination centre for vaccination, they should be referred to their GP or local hospital hub where they can access the Pfizer vaccine which is authorised for this age group. If the Pfizer vaccine is unavailable, JCVI have recommended that the AZ vaccine can be used as an alternative in those aged 16-17 years. This is outside the license and must therefore be done under a PSD and cannot be done under a PGD or National Protocol.

Vaccination cohort 5

Patients in cohort 5 (people aged 65 and over) have received a letter from the national booking system stating that they are now eligible for vaccination, with information about how to book into a mass vaccination site or a pharmacy. The letter also states that if the patient wishes to be vaccinated by their GP then they should wait to be contacted by their practice. Practices, however, have been told to prioritise patients in cohort 6.

To be clear, if practices vaccinate anyone in cohort 5 they will receive payment. However, the priority for practices should be those in cohort 6, which is a much bigger group, but once practices are in an appropriate position having completed cohort 6 they could contact patients in cohort 5 to invite them for their vaccination if they have not already received it. In order to manage patient expectations and to prevent additional patient enquiries, practices may wish to contact their patients in cohort 5 to inform them that they will be contacting them in the near future to give them the opportunity to receive their vaccination locally if that is their preference.

GPC expect people in cohort 7 to shortly receive similar letters, and the same points with respect to cohort 5 apply to 7.

NHSE/I has this week published a letter on [Supporting CCGs to address vaccine inequalities](#), which describes further action to enable and locally deliver community activity and engagement to support COVID-19 vaccination access and uptake, building on the vaccine uptake strategy.

NHSE/I has also published guidance on [Further opportunities for PCN and Community Pharmacy vaccination sites to partner with community venues to deliver temporary vaccination clinics](#).

The GPC [guidance on the COVID-19 vaccination programme](#) includes information about what is expected of practices and the support available to enable practices to prioritise vaccine delivery.

Vaccination patients who are HIV positive

People living with HIV, at all stages of infection, should be offered the vaccination due to the associated immunosuppression, and are as such part of cohort 6. Most of these patients will be invited for vaccination by their GP, however, for the small proportion who has declined sharing their HIV status with their GP, HIV clinics should encourage and support these patients to share their HIV status with their GP.

Studies on COVID-19 vaccine efficacy

Three new studies about COVID-19 vaccine efficacy have been published, as summarised below:

EAVE II Study (Pfizer and Oxford/AstraZeneca vaccines)

The [EAVE II study](#) looked at the efficacy of the single dose regimen of both the Pfizer and the Oxford/AstraZeneca vaccines at reducing hospitalisations from COVID-19 over a number of timeframes, post vaccination. Hospitalisations are defined as an individual who is hospitalised with COVID-19 as the principle reason for hospitalisation within 28 days of a positive PCR test. The paper found that the vaccines have an 85% (Pfizer) and a 94% (Oxford/AZ) efficacy at reducing hospitalisations after one dose, respectively – although this varied over different time periods post-vaccination.

PHE monitoring of the early impact and effectiveness of COVID-19 vaccination (Pfizer) in England

Public Health England has published their initial [findings from the rollout of the Pfizer COVID-19 vaccine](#), assessing the impact the vaccine has had on across relevant metrics such as infection, hospitalisations and deaths. For over 80s one dose of the Pfizer vaccine is 57% effective at reducing incidence of symptomatic COVID-19, and this rises to 88% after two doses. It also showed that mortality was reduced by just over 50% if the patients became infected. When cases do occur among elderly groups, vaccinated over 80s are half as likely to die or be hospitalised from COVID-19 as their unvaccinated counterparts.

PHE SIREN study of efficacy rate of Pfizer vaccine among healthcare workers

Public Health England has also published the [SIREN study which looks at efficacy rate of the Pfizer vaccine](#) at preventing both symptomatic and asymptomatic COVID-19 among healthcare workers under 65 years of age.

The study found that effectiveness against infection was 70% after one dose which rose to 85% after two doses. However, partially vaccinated patients who can still get COVID (the 30%) are more likely to produce vaccine resistant variants and there is still significant risk of nosocomial infection with the doctors acting as vectors.

These are encouraging findings as this is among the first real world data that suggests the vaccine will likely reduce onward transmission.

Updated BMA COVID risk assessment tool

The BMA has updated their [risk assessment tool \(PDF\)](#). This can help you to quantify your biological risk and should be used to facilitate your work-based risk assessment. It does not replace the need for a comprehensive risk assessment that employers must undertake in addressing the risks posed by COVID-19. [Read our full guidance >](#)

Annual allowance repayment scheme 2019/20

The annual allowance repayment scheme, which was introduced in England and Wales following BMA lobbying, guarantees that any annual allowance tax charge for eligible clinicians will be compensated for at the time of retirement. Under the scheme, if an eligible clinician who is a member of the NHS England and Wales pension scheme incurs an annual allowance tax charge, they must elect to pay this through scheme pays - and you must not pay this tax bill using cash.

GPs retiring by 31 March 2021 who are eligible to apply for the [2019/20 Pensions Annual Allowance Charge Compensation Policy](#) can submit their application form via [PCSE](#) until 21 March 2021. Application windows for other GPs will open after the mandatory scheme pays election deadline for 2019/20 closes on 31 July 2021. To qualify for the policy you must first submit a scheme pays election [\(SPE2\) form for 2019/20 to NHSBSA](#).

[Find details about how the scheme and how to apply >](#)


Medicine Delivery Service

Following the announcement for [Clinically Extremely Vulnerable \(CEV\) patients to continue to self-isolate](#), NHSE/I will continue to commission the Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service until 31 March 2021.

NHSE/I has sent a [letter](#) to Dispensing Doctors and community pharmacies setting out the details. The [Service Specification](#) has also been updated to make it more generic so that it can be applied in other situations moving forwards e.g. if a therapeutic agent for Covid suitable for supply in Primary Care is identified. Read more on the [NHSE/I webpage for community pharmacy](#)

21/22 Advanced Clinical Practitioners (ACPs) applications: NOW OPEN

The application process for organisations within the north east and north Cumbria to apply for HEE support to train advanced clinical practitioners is now open and the application form can be found [here](#).

Further details can be found in the attached document:  [Supporting Advanced Clinical Practitioner Training NENC 2021-22.pdf](#). Please note this includes details on the new training grant offer 21/22.

Key points to note:

- The supporting document contains details about the funding offer from HEE, employers' responsibilities/commitments and how to apply. If you have unanswered questions, please email advancedpractice.ne@hee.nhs.uk.
- The application process includes the opportunity to apply for a "fast-track" route to develop employees into new ACP roles when they already have significant experience and qualifications at ACP level.
- The **deadline to apply is Friday 26th March 2021**.
- HEE will notify organisations of the outcome of their application by Monday 19th April 2021.
- Each organisation applying must nominate a single contact to lead on the ACP process and act as a key liaison for all enquiries relating to ACPs. All applications must be approved and submitted by the same lead contact.
- You will be required to submit a job description and job plan for your trainee ACP(s) upon applying, to ensure your application is considered.

GPC Durham/Cleveland elections

Nominations have **now reopened** to a seat on the General Practitioners Committee (GPC) in our region. The deadline for nominations is **12pm Friday 19 March**. This seat is for a three-year term, 2021-24 sessions, subject to governance structure review. Voting will take place from 22 March to 19 April. To submit your nomination please visit <https://elections.bma.org.uk/>

Please find further information about the GPC [here](#) and more information about sitting on a BMA committee [here](#).

For any further questions relating to the role or the GPC please contact info.gpc@bma.org.uk. If you have any queries regarding the election process, please contact elections@bma.org.uk.

Mental health and wellbeing – looking after you and your practice team

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary, and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to [offer wellbeing services via Validium](#) for **ALL working in general practice** within Tees (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA's report on the [mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA continues to offer [wellbeing services and confidential 24/7 counselling and peer support](#) for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. For hard copies of the Wellbeing [poster](#), please email wellbeingsupport@bma.org.uk

There is also a wealth of NHSE provided [support available](#) to you and your team including a **wellbeing support helpline**, a **24/7 text alternative**, [peer to peer, team and personal resilience support](#), **free mindfulness apps** and the [#LookingAfterYouToo coaching offer](#).

NHSEI have recently developed a new communications [toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.

[BMA COVID-19 guidance](#)

The BMA [COVID-19 toolkit for GPs and practices](#) includes updates in the COVID-19 vaccination programme section and protecting clinically extremely vulnerable (CEV) patients section. There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

[GPC GP Bulletin](#)

Read the latest GP bulletin [here](#)