

23rd December 2020

Dear Colleagues,

We had hoped that Monday's newsletter would be the last before Christmas but the information and updates just keep coming I'm afraid and so we have compiled this last newsletter for you should you have time to look over it.

INCREASED FEE FOR COVID-19 VACCINATION FOR CARE HOME RESIDENTS AND STAFF

In order to increase the speed in which care home residents can be provided with protection from COVID-19, NHSEI has agreed to increase the payment to support the additional time and resource needed to deliver the COVID vaccine to care home residents in the care home setting. There will now be a supplement of £10 per dose on top of the current £12.58 Item of Service fee, for COVID vaccines delivered in a care home setting. The supplement will be payable on completion of the second dose for all vaccines administered between 14 December 2020 and 31 January 2021. Where exceptional circumstances (as defined in the enhanced service specification) mean that only one dose was able to be delivered, and this dose was delivered on or before 10 January 2021, the supplement will be payable on the first dose only. Further detail of the reporting and payment arrangements will follow shortly.

The additional fee recognises the urgency of the current situation and the challenges of taking the Pfizer vaccine to care homes, as well as the speed and the time period involved where practice groups may need to vaccinate care home residents and staff. This does not apply to housebound patients as it is anticipated that the AZ/Oxford vaccine should mean that we can revert to a delivery model more akin to flu where community nursing teams can assist. We will provide more details as soon as possible.

STAFFING SUPPORT TO DELIVER THE COVID-19 VACCINE TO CARE HOME RESIDENTS AND STAFF

Last week a small number of practice groups piloted an approach to deliver the vaccine in care home settings using a roving model. NHSEI are now expanding this rapidly across England to deliver an increased number of vaccinations in these settings as soon as possible. This has become particularly urgent in view of the rapid rise in the prevalence of COVID-19 across the country.

Where practice groups require additional staffing support, they have been asked to liaise with their CCG and local lead employer as soon as possible detailing the types of workforce required and the time periods it is required for. NHSEI are also asking lead employers and regions to identify staff recruited to support the delivery of the vaccination programme locally to provide support. In addition, they expect community trusts to support short term deployment of staff to support vaccinations of these residents and that these staff are paid by their normal employer for the work undertaken, be this as part of their normal substantive pay arrangements or bank pay if they are an ad hoc worker. In all circumstances the local employer pay and terms and conditions should apply. Funding will be made available and distributed to providers locally for work undertaken to support this. There will be no recharging arrangements to primary care specifically for work related to care home vaccinations. The letter outlining these arrangements can be found [here](#).

COVID-19 VACCINATION PROGRAMME SOP

The [COVID-19 vaccination programme SOP](#) has been updated and now includes information about the use of the 6th dose in a vial and the details practices will need to start vaccinating care home residents. Earlier this week NHSEI delivered vaccine through some wave 1-3 local vaccination sites to care home residents and their staff, starting with larger care homes. A [letter has been sent to waves 1-3 sites](#) with further details. Practices can order packs of 75 doses to take straight in to their care homes.

All the NHSE/I guidance about the CVP can be accessed [here](#). The GPC England [guidance](#) about the COVID-19 vaccination programme is also regularly updated.

6TH DOSE OF THE COVID-19 VACCINE

MHRA have produced further information on the 6th dose of the COVID vaccine and how this can be used. Consumables to support the use of the additional dose will be sent directly to designated sites, and added to second dose deliveries. Healthcare professionals must always use the correct volume of diluent, and after dilution must aim to secure five full 0.3ml doses of this Pfizer-BioNTech COVID vaccine in line with the manufacturer's instructions and as outlined in the [Information for Healthcare Professionals](#). After that has been

done, there may be potential for a sixth full dose with some vials due to variances in fill volume and the syringe/needle hold up volume combinations used. This should be subject to health care professional judgement on a case by case basis.

The manufacturer has stressed that care should be taken to ensure a full 0.3 mL dose will be administered to the patient from the same vial. Where a full 0.3 mL dose cannot be extracted the contents should be discarded. The vaccine does not contain a preservative so it is best practice for all doses to be used as soon as possible after dilution, although all doses from a single prepared vial must be administered within 6 hours of the time of dilution.

TRANSFER OF VACCINATION INFORMATION

We are in discussion with NHS Digital to resolve the current inability to electronically transfer information about COVID-19 vaccinations given in to EMIS patient records. EMIS and NHSD are currently deploying a mechanism for this to be done automatically and this should go live in January. Until then practices do not need to manually process this information. If they do file this they should follow the advice from EMIS on the key qualifiers that need to be manually added. Once the automatic arrangement is deployed it will duplicate this information and it is possible that the practice entered information may be disregarded. The clinical safety processes are currently being worked through and more information will be provided as soon as possible.

COVID-19 STANDARD OPERATING PROCEDURE

The [GP Standard Operating Procedure](#) has been updated and republished to reflect some of the changes. The new or amended sections are highlighted throughout the document.

COMMUNICATIONS TO CLINICALLY EXTREMELY VULNERABLE (CEV) INDIVIDUALS IN TIER 4

Shielding has been reintroduced in Tier 4 areas in England, and as a result DHSC will be sending texts to patients on the Shielded Patient List in these Tier 4 areas. This is to ensure affected patients receive the right guidance quickly. This text will be sent from [GOV.UK](#) and texts are expected to start being sent today.

HOME DELIVERY OF MEDICINES SERVICE COMMISSIONED

The Community Pharmacy Home Delivery Service and the Dispensing Doctor Home Delivery Service has again been commissioned in accordance with the [home delivery of medicines and appliances during the COVID-19 outbreak: service specifications and guidance](#) for all patients on the Shielded Patient List

living in tier 4 areas from 21 December 2020 until 18 January 2020. All pharmacies and dispensing doctors in England will again be required to ensure patients on the Shielded Patient List receive their medicines at home.

ACCESS SERVICE ARRANGEMENTS

As part of the 5 year GMS contract agreement in England, there were plans to merge the two access schemes from April 2021, the extended hours scheme and the extended access service that provides services in all areas on evenings and weekends. This would transfer the responsibility and funding from existing providers to PCNs. Some PCNs already deliver both services, either individually or working together with others across their area, and have found this a way to help manage daytime workload pressures by making better use of the extended access appointments.

In view of the current focus on the COVID pandemic and vaccination programme, GPC England have encouraged NHSEI to delay this change, unless a PCN wanted to progress with it. NHSEI have agreed, and will be writing to commissioners this week to say that the national transfer of responsibility won't happen until April 2022 and local arrangements should remain in place until then. They'll also underline that existing local capacity can be used for COVID vaccination delivery.

POST PAYMENT VERIFICATION FOR DHSC FLU VACCINATION

NHSBSA has been requested by NHS England and NHS Improvement to deliver a national post payment verification process regarding flu vaccines for the 2020/21 season. This is to ensure DHSC supplied and locally procured stock is correctly claimed for as was communicated through the DHSC guidance on accessing the government-secured flu vaccines for GPs. The attached letter will be sent to practices outlining what will be involved.

BMA COVID TRACKER SURVEY

The full results of the latest COVID-19 tracker survey from the BMA, which attracted almost 8,000 responses and was conducted last week, were on Sunday. The survey findings paint a picture of a health service struggling to cope with both the direct impact of COVID-19 and the huge backlog of other treatments put on hold by the pandemic, and doctors distressed at not being able to provide the levels of care they want to and that patients deserve to receive. Among the key findings were that 88% respondents said they felt uneasy that they could not provide the standard of care they wanted during the pandemic and 33% said this unease had got worse since October. Thousands of doctors said they are not confident of their department or

practice's ability to manage either COVID-related (40%), or non-COVID (51%), demand in the coming weeks.

The survey also made it clear that pressure has continued to mount on the NHS in December, as more than half (52%) of respondents said they had seen a significant increase in the number of COVID cases in the last two weeks, 34% said current levels were higher than during the same point during the first wave and 33% of respondents said the level of demand for care of patients without COVID is now considerably higher than before the pandemic began.

CQC DNACPR REVIEW

CQC have been commissioned by DHSC to review Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions during the coronavirus (COVID-19) pandemic. This included reviews in 7 CCG areas. They have now published their methodology which can be seen [here](#).

Thank you for everything that you have been doing and that you continue to do.

Wishing you all a Happy Christmas and let's hope for a much better New Year.

MENTAL HEALTH AND WELLBEING

Wellbeing

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

Mentor Support

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

BMA Mental Health and Wellbeing

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. Access the [BMA's COVID-19 wellbeing pages here](#).

The BMA has welcomed the NHSE/I [announcement](#) of further funding for the expanded and rapid access provision of mental health services for NHS staff in England over the winter. This is urgently required and something the BMA has

been calling for to support the major challenges NHS staff are facing. At the ARM, a motion was passed expressing concern at the potential long-term impact of the pandemic and called for resources to support the profession. As we head into a second wave of the virus it is vital that staff are protected. [Find out more here](#).

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk this week:

[Flu Information for Practices Dec 2020](#)

OTHER COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)



WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

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All 20 practices are represented at Committee Meetings

Worcestershire and Herefordshire GPC Representative: Dr S Parkinson

**THIS NEWSLETTER IS PRODUCED FROM THE LMC OFFICE AT
ST STEPHENS SURGERY**

The next LMC meetings will be:

Worcestershire – 14th January 2021
Herefordshire – 13th January 2021