



## COVID 19

**YORLMC Advice and Guidance: 11 January 2021**

**From: Dr Brian McGregor, Medical Secretary/COVID-19 Lead, YORLMC Ltd**

As we almost come the end of a full year of having to deal with the Covid pandemic, we should reflect that this has been a year like no other and is unlikely to be repeated for any of us in the rest of our careers. General practice has risen to every challenge that has come its way, and in the last few weeks has demonstrated how to efficiently mobilise a mass vaccination programme to try and lead the way forwards in managing Covid on behalf of society.

Much has happened since our last communication, things are moving so quickly that even between writing this update and sending it out, it's likely that there will be further changes and guidance. Consequently, it's important that all GPs do their very best to regularly review the [guidance available](#).

Since our last update there has been a national lockdown imposed, which was essential to try and reduce the impact that Covid is now having on the NHS. This has brought back shielding for the clinically extremely vulnerable, you should now be able to access [home deliveries of medication](#) and should receive either text messages or letters with regards to the need to shield. We have yet to reach the peak of this third wave, yet already there are some hospitals in the south when more than 50% of beds are filled with Covid cases.

Important documents not to be missed are an [update to the SOP for general practice](#), and those documents relating to the [vaccination programme](#); these include the deployment in community settings, [staffing support](#) to deliver in care homes, including a [link to NHS futures](#) for those without a login the papers are at **Attachment 1**.

There has been the [introduction of a second vaccine](#) and a similar process would be anticipated for the recently announced third vaccine. Of particular importance is the ability to [move the second vaccine](#) to other sites, and it has also recently been agreed that this vaccine can be sent from vaccination hubs to individual practices. The [latest version of the enhanced service](#) has also been released.

Most hubs are progressing well with addressing the over 80s, and the second vaccine from AstraZeneca will allow them to enter and vaccinate those in care homes. Practices are reminded that healthcare workers are included in the second cohort and [should be prioritised](#). Whilst there is no formal system or coding in place for this we would anticipate and expect that practices should try to facilitate offering a vaccination to anyone in a frontline role who identifies with them. This would include specifically locums and other primary care staff, including agency or bank staff, who may well be [able to assist](#) in delivering some of vaccinations following guidance in relation to flexible pooling of staff. Whilst acute trusts should be facilitating vaccination of colleagues working in primary care, it may also be that practices could facilitate early vaccination of these groups if requested.

The vaccination schedules have also been adjusted, following [a letter](#) and a review at the highest levels (please see **Attachment 2** for the JCVI view along with the NHSE view at **Attachment 3**). The BMA [has objected](#) on this particular issue, with regards to the impact on general practice and admin staff, but unfortunately the guidance stands as suggested on 30 December. Practices undertaking

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this work should be reimbursed £1000 for doing so. The BMA has [published its own guidance](#) with regards to the vaccination programme.

On 7 January alongside the directive to prioritise healthcare workers (**Attachment 4**) with regards to vaccination, two other important documents were published, one was the agreement to utilise AstraZeneca vaccine in every practice. The second, and more important for impact on staffing and delivery, was with regards to [funding and workload within general practice](#) to facilitate the delivery of the vaccination programme. This states that virtually all QOF work is now protected, particularly the quality indicators and the prescribing targets. Minor surgery income is also protected for this quarter, and CCGs have been instructed to suspend LESSs. Appraisal can be suspended, but we encourage colleagues to consider the opportunity to undertake a reflective hour with a supportive colleague, to discuss challenges, aspirations and achievements that have developed over the last year. PCN CDs who have worked tirelessly throughout the pandemic but particularly with regards to mobilising and implementing the vaccination programme have seen the reimbursement increase from 0.25 whole time equivalent to 1.0 whole time equivalent. Whilst this recognises the time and effort that CDs have been putting in it does not create more hours in the day for them to be able to achieve what is being asked of them. Practices may want to consider the letter with regards to workload and demand reduction alongside [a paper produced earlier in the pandemic by the RCGP and the BMA](#). Some areas of the country are now at level 5 with regards their response to the pandemic.

The BMA is trying to carry out a twice-weekly survey to determine the rate of vaccination amongst doctors, if you do receive this by text it would help if you could complete the few straightforward questions being asked. They've also provided a [webpage for doctors to feedback their experiences](#).

Some practices may have noticed an [update to the GP contract](#), however this relates to changes in the 2021 contract that we agreed prior to the pandemic taking hold, and are merely the formalisation of those changes been put into words. Negotiations have started on what changes if any may occur next year, and an update should become available after the GPC meeting on 21 January.

Those with learning difficulties and severely mentally impaired continue to fare badly with regards to Covid, and therefore continue to be a priority given the inequality of the impact on this group. Practices continue to be encouraged to try and carry out the learning disability reviews and medicals, and guidance has been produced in relation to [communication with carers and families](#).

Throughout my career I have never known it to be as busy as it is currently. General practice is trying to maintain services, deal with winter pressures, address the backlog and increased morbidity in relation to work that has been put aside over the last year to deal with the pandemic, yet also trying to deliver the most ambitious and far-reaching vaccination scheme this country has ever seen. We have all worked extremely hard just to mobilise the scheme, particular with a degree of micromanagement that has been seen already. However, this is just the start. We need to appreciate that we are in this for the long haul. Please take time to support your colleagues, to consider your own resilience, and ensure that we are all working as a team pulling in the same direction. Please also remember that are secondary care colleagues are busier than they have ever been throughout the pandemic and having to deal with younger more acutely unwell patients than previously. Take time to consider that all of us are busy and under stress and consider this in all your communications. As an LMC we are here to work for you and if there is anything that we can do to support you in your endeavours please let us know. In October and November, general practice delivered almost 15 million vaccinations for the flu campaign in record time. We have already shown it can be done, we just need the supply chain to be reliable, and to be allowed time to plan and facilitate delivering this vaccine as efficiently as possible.

Do consider your well-being, do consider the well-being of those around you, be kind. Should anybody feel that they do need support the LMC does offer this both through and mentoring and pastoral roles, please see the [YORLMC website](#) for more information.

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