LMC ViewPoint

The newsletter of Leeds Local Medical Committee Limited *February 2021*

UPDATE FROM PUBLIC HEALTH ENGLAND

Accurate as of 24/2

It is a year since the first Covid 19 case was found in Leeds. It has been an unprecedented time, with huge challenges for all of us in our professional and personal lives. The response from all partners in Leeds has been incredible and I want to thank primary care colleagues for the vital role you continue to play. In this update, I want to update you on the latest position in Leeds, vaccination progress and outline the key roadmap steps announced this week.

The case rate in Leeds is down to 165.4 per 100,000. The fall in case rates has slowed down this week, consistent with trends in other parts of Yorkshire and Humber. Leeds has the lowest infection rate across West Yorkshire. It is above the current Yorkshire and Humber rate of 153.9 and above the national rate for England of 122.7 per 100,000. During the last week the majority of wards in the city have seen the infection rates decrease. All wards are now below 300 per 100,000, 7 wards have a rate of between 200-300 per 100,000, 21 wards have a rate between 100 and 200 per 100,000 and 5 wards are now below 100 per 100,000. Estimates suggest the variant first identified in Kent is now the dominant form of the virus nationally, and accounts for over 85% of Leeds cases, with an increasing trend. It is important to note the control measures remain the same regardless of the strain of Covid-19. Whilst the vaccination rollout and this roadmap provide some optimism, we know that the threat remains substantial. The message continues to be to do all you can to reduce spread and protect yourself and others.

The Covid-19 vaccine programme continues to be rolled out at pace across the city, with extensive work being done on vaccine inequalities. Over 200,000 people – representing over a quarter of people in Leeds - have now received the Covid 19 vaccine. This has been a fantastic achievement and I know your teams have gone above and beyond to deliver the vaccines. Cohorts 1-4 of the JCVI priority list have been offered the vaccine. The national ambition is to offer a first dose to cohorts 5-9 by 15 April, and to all adults by end of July. We are starting a roving vaccine approach in communities to complement delivery through the PCNs. This will deliver a rapid and responsive model in the coming weeks, which will be supported by community engagement activity. Here is a reminder of the really useful link for the NHS Leeds website information about vaccinations, where there are some great resources for you to share locally.

Covid 19 roadmap - the following steps are set out as the earliest possible date for these things to happen, with regular reviews that the tests are being met.

Step 1 part 1 – on 8 March

- All pupils and college students return fully. For a period, secondary school pupils and older will wear masks in classes.
- People can meet one other person outside for leisure activities, e.g. a coffee or picnic, not just for exercise. Children will still count towards this.
- Care home residents can receive one regular, named visitor.
- The “stay at home” order will stay in place.

Step 1 part 2 – on 29 March

- Rule of six - or two households - can mix in public outdoor spaces and private gardens.
- Outdoor sport for children and adults will be allowed.
- The official stay at home order will end, but everyone will be encouraged to stay local.
- People will still be asked to work from home where possible.
- No overseas travel allowed beyond the current small number of exceptions.

Step 2 – no earlier than 12 April

- Reopening of:
  - Non-essential retail, hair and nail salons, libraries and museums.
  - Pubs (inc. beer gardens) and restaurants, but only for outdoor seated table service. No need to have a meal with alcohol.
  - Settings inc. zoos and theme parks.
  - Social contact rules will apply, so no indoor mixing between households and limits on outdoor mixing remain.
  - Gyms and pools, but people can only go alone or with their own household.
  - Reopening of holiday lets with no shared facilities, but only for one household.
- Funerals can have up to 30 attendees, while weddings, receptions and wakes can have 15.
- While it is not part of step 2, this is the earliest point after which the bulk of university students could know about the resumption of face-to-face classes. A review of this will take place at the end of the Easter holidays.

Step 3 – no earlier than 17 May

- Most mixing rules lifted outdoors, with a limit of 30 people meeting in parks or gardens. Indoor mixing will be allowed, up to six people or two households.
- Indoor venues will reopen (pubs, restaurants, hotels, play centres and cinemas). The new indoor and outdoor mixing limits will remain for pubs and other hospitality venues.
- This will be the earliest date at which international holidays could resume, subject to a review nearer the time.
- For sport:
  - indoor venues can have up to 1,000 spectators or half capacity, whichever is lower;
  - outdoors the limit will be 4,000 people or half capacity, whichever is lower.
  - very large venues such as big football stadiums, where crowds can be spread out, will have a limit of 10,000 people, or a quarter full, whichever is fewer.
- Weddings will be allowed a limit of 30 people, with other events such as christenings and barmitzvahs also permitted.

Step 4 – no earlier than 21 June

- All legal limits on mixing will be removed and the last sectors to remain closed, such as nightclubs, will reopen. Large events can take place.
- There are likely to be changes to wider social distancing measures but this will be decided in a separate review.

Further information, including the roadmap's publication, is available here.

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 which was sent out last week. GPC England 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 that patients do not need to contact their GP about the letter, many anxious patients are still clearly doing so, so they have asked whether modifications can be made to any future letters sent.

COVID-19 Clinical Risk Assessment Tool (QCovid)

A new online tool that can help clinicians better understand how at-risk a person may 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 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.

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.

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.

We 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 NHSE/I letter Vaccination of JCVI cohorts 5-6 and additional funding for vaccination in residential settings outlines the next stage of the vaccination programme. It also contains information about an additional payment of £10 on top of the Item of Service fee for vaccinations given to all those in residential settings, such as care homes for people with learning disabilities or mental health problems, or hostel/hotel accommodation for the homeless, where it would not be possible for these patients to attend vaccination sites.

Transport of Astra Zeneca vaccine to GP practices within the PCN Grouping
The SPS SOP (Standard Operating Procedure) has been updated to make clear that the Astra Zeneca COVID-19 vaccine does not need to be used immediately after being transported within the PCN grouping. The SOP states:

1.1.2. The vaccine should be used as soon as it is received or immediately put in a refrigerator to be administered as soon as possible thereafter. *This has been defined as meaning within 24 hours or over the following days.*

National pool of Steward Volunteers
A national pool of Steward Volunteers is available to support non-clinical tasks at vaccination sites, including PCN and community pharmacy sites. These are ready-to-use, unpaid volunteers who are managed, trained and paid expenses by the NHS volunteer responders programme. Steward Volunteers can undertake any tasks which support the smooth running of vaccination sites and would not normally be filled by paid staff. These include managing queues, greeting and directing people, monitoring numbers and overseeing social distancing measures. Primary care sites can access these volunteers by request via their lead employer and volunteers will be provided free of charge to local sites. The maximum shift length is six hours. Read more here.

Vaccine hesitancy
Surveys have shown stark differences by ethnic group in attitudes to COVID vaccines, and a quarter of younger women fear it would affect fertility. The BMA has published guidance and resources on how to communicate with different groups about the vaccine.

The British Fertility Society and Association of Reproductive and Clinical Scientists has also published some COVID-19 Vaccines FAQs to help address some of the vaccine hesitancy relating to fertility.

Thank you from the Prime Minister
In his daily statement on the Coronavirus on 10 February, we were pleased to see the Prime Minister thanking all those involved in delivering COVID vaccines in local GP sites, such as Alwoodley Medical Centre in Leeds:

"And I want to thank all of those involved for their heroic efforts: the doctors, nurses, military medics, local authorities, transport planners, warehouse operatives, delivery drivers, countless volunteers, often working through the night or even digging out snowed-in vaccination centres, like the community effort at Alwoodley Medical Centre in Leeds last Saturday so GPs, nurses and their teams could deliver 1,200 doses that day."

Watch the clip here (24mins 46 seconds in)

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 finds that the vaccines have an 85% (Pfzier) 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 Pfzier 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

GP contract values for 2021/22:
The funding details for the 2021/22 contract changes have now been published.

Global sum will increase by £3.82 (4.1%) to £97.28
QOF point value will increase by £6.33 (3.3%) to £201.16
Out of hours adjustment will increase by £0.14 (3.0%) to £4.59

GPC England have also done a webinar to outline the details of the contract changes. This will be available on the BMA website shortly. The slides from the presentation are attached.

Flu vaccine reimbursement 2021/22
NHSE/I has issued guidelines on vaccines for use during the 2021/22 flu programme, following the publication of JCVI advice. The vaccines recommended for use are:

Those aged 65 years and over: aQIV or QIVc (where aQIV is not available)

At-risk adults, including pregnant women, aged 18 to less than 65 years: QIVc or QIVe (where QIVc is not available).

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 >

White Paper on NHS reform and Integrated Care Systems
The BMA has produced a new member briefing on the UK Government's White Paper on NHS reform - *Integration and Innovation: working together to improve health and social care for all* – published last week, which sets out a range of proposals that would see dramatic changes for the NHS in England. The briefing provides a summary of those changes, the BMA's initial analysis of them, and outlines how the BMA is working to influence the proposed legislation on behalf of members.

NHSPS- service charges dispute
The BMA supported five GP practices to bring a legal challenge against NHSPS try to clarify the legal basis for NHSPS's dramatic increases in how service charges are calculated. The BMA now continues to support the same practices to defend legal proceedings brought against them by NHSPS in response to their claims. It is extremely concerning that NHSPS- a company owned by the Department of Health and Social Care- are pursuing this course at a time when frontline doctors are facing a national health crisis.

Through the legal action, NHSPS have admitted that they cannot rely on the Charging Policy in isolation as a legal basis to increase charges- as we have said all along. As set out in a letter to practices [attached], the BMA now recommends that GP practices facing similar demands for increased service charges that have not been explained to these five practices should insist that NHSPS provide a full explanation of the legal and factual basis on which their charges have been increased. To assist practices, the BMA have prepared a template letter [attached] for you to amend as appropriate and send to NHSPS

Lung cancer campaign launch
Public Health England has launched the next phase of the 'Help Us, Help You' campaign, urging people to come forward and seek advice if they are worried about possible symptoms.

This new stage of the campaign focuses on lung cancer, with the aim of raising awareness about its key symptom – a cough that lasts for three weeks or more. It is hoped that this will encourage those most likely to get lung cancer and who have this symptom, but do not have COVID-19, to

contact their GP practice, reminding the public that cancer remains a priority and that the NHS is here to see them safely.

A cough for three weeks or more that isn't COVID-19 could be a sign of cancer. Contact your GP practice. However, if you've got a new, continuous cough, contact Test & Trace. #HelpUsHelpYou

A campaign toolkit and posters are available free of charge on the Public Health England (PHE) Campaign Resource Centre.

NHS Discharge Medicines Service
The NHS Discharge Medicines Service (DMS) has been launched and is available in all community pharmacies in England. The service has been established to ensure better communication of changes to a patient's medication following discharge, with NHS trusts referring appropriate patients. It is hoped that this will improve outcomes, prevent harm and reduce readmissions.

NHSE/I has published some resources for the DMS, including guidance, a cross sector toolkit and training and assessment materials to support clinical teams across community pharmacies, PCNs and hospitals to deliver the service.

The DMS does not replace the role of general practice in managing patients' medicines on discharge. The cross sector toolkit includes a checklist for general practices and PCN pharmacy teams, which sets out how to work collaboratively, and provides examples of where the community pharmacy may require information, support and clinical expertise from practices.

Amendments to European Health Insurance Cards (EHICs) and S1 forms (UK) Regulations
There have been some minor amendments to the GMS and PMS regulations relating to European Health Insurance Cards (EHICs) and S1 forms, to allow for reciprocal healthcare arrangements with EU member states.

The change has been made via the Reciprocal and Cross-Border Healthcare (Amendment etc.) (EU Exit) Regulations 2020 which support the process of EU exit. The amendments are within the contract regulations that govern *information relating to overseas visitors* (GMS regulation 74F and PMS regulation 67F) – where, if patients choose to provide EHIC, S1 or PRC details on registration, then GPs must forward those details to NHS Digital or NHS BSA.

The new wording allows for the possibility that, on registration, patients may in future submit other (unnamed) documents which are equivalent to EHICs or S1s, which could be required as part of a "listed healthcare arrangement" between the UK and an EU/EEA country (or the EU). However, at present, the UK government has not agreed any listed healthcare arrangements which establish EHIC or S1 equivalent documents, so for now there is no possibility of patients submitting them.

Verification of death process between YAS and WY Police
West Yorkshire Police have changed their approach to unexpected deaths in the community following an ambulance attendance.

When Yorkshire Ambulance Service (YAS) attends an unexpected death they will now contact the police control room directly. The police will triage the incident over the phone and will only attend if it an unnatural death or if any suspicious factors are evident. All other deaths will be recorded and then closed down by the police control and will not be passed to the Coroner.

The YAS clinician on scene is required to inform the patient's own GP directly in hours or via 111/Out of Hours service which will allow the patient's own GP to consider completing a Medical Certificate of Cause of Death (MCCD).

If the GP is not able to provide a MCCD then the usual referral should be made by the GP to the Coroner's Office directly. Work is on-going to develop a system to provide GPs with a YAS

electronic Patient Record to provide information and aid the completion of the MCCD, until this system is live, the information will be passed verbally by the on-scene clinician.

Please see this document on ways to provide feedback to the Integrated Urgent Care (IUC) Service regarding calls to NHS 111 Any concerns or questions about the process can be addressed to yas.clinicaldirectorate@nhs.net

Yorkshire Evening Post - articles

- 30th January 2021 – 'It has given me hope. There is light at the end of the tunnel'. link
- 11th February 2021 - Alwoodley residents ecstatic after Boris Johnson praises local Medical Centre in Downing Street Covid daily briefing link
- 14th March 2021 - 'PM praises volunteers for community spirit' link

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COMINGS AND GOINGS

Good bye and best wishes to…

Dr Sarah McSorley leaves Allerton Medical Centre at the end of February to take up a role specialising in Child & Adolescent Mental Health which is a particular area of interest for her. We are sad to lose such a dedicated and committed member of the team but delighted that she has such an amazing opportunity.

Victoria Allen is leaving Leigh View Medical Practice on Friday 12th March 2021. The new Practice Manager will be Mr Daniel Robinson.

Practice vacancies at…..

Vesper Road & Morris Lane Surgery are looking to recruit a GP Partner, please see link below

https://beta.jobs.nhs.uk/candidate/jobadvert/A0753-21-6097

LMC ViewPoint is published by Leeds Local Medical Committee Limited
Registered Office: 2 Farrar Lane, Leeds, West Yorkshire. LS16 7AA
Tel: 0113 295 1460 fax: 0113 295 1461 email: mail@leedslmc.org website: www.leedslmc.org
Twitter: @Leedslmc