



WEEKLY NEWSLETTER – 6th April 2021

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COVID-19 Updates

1. COVID-19 vaccination supply

Vaccination sites are encouraged to continue their efforts in maximising uptake in cohorts 1-9 during April, focusing on those in the lower cohorts first, which are yet to be vaccinated.

There will be very limited vaccine available for first doses in April and vaccination sites should now preferentially use spare vaccine from second dose clinics to give to other patients due a second dose, although they retain the clinical discretion to give it to others as a first dose, particularly those living with immunocompromised patients as set out in the [letter from NHSE/I](#).

The BMA are expecting a statement from JCVI shortly on details relating to the next phase of vaccination for groups 10-12.

2. Household contacts of patients with weakened immune systems

The [JCVI is recommending that adults who are over 16 and living with adults who have weakened immune systems](#), such as those with blood cancer, HIV or those on immunosuppressive treatment including chemotherapy should be prioritised for the COVID-19 vaccine. NHSE/I has [written](#) to practices [about the](#) next steps, including a template letter practices can use to inform patients that their adult household contacts are eligible to have the COVID-19 vaccination, and also published [operational guidance](#) to vaccinate this cohort.

When inviting this group of patients please be mindful of potential confidentiality issues that may arise. Practices need to ensure that confidentiality is maintained at all times, this may require a discussion with Clinical Staff, Managers and any member of staff who is recalling patients.



3. Maximising vaccine uptake in underserved communities

NHSE/I has published a problem-solving [framework to help maximise vaccine uptake in underserved communities](#), setting out best practice and practical guidance for implementing a range of interventions to ensure equitable access to COVID-19 vaccination and drive uptake.

4. Pinnacle now features reporting functionality

Pinnacle has now released reporting functionality in their platform. This move comes after lobbying from both GPC England and the Joint GP IT Committee, calling for a solution to support PCN-led vaccination sites with reporting. To support users with their service delivery Pinnacle have introduced several service reports that can now be accessed from the "Reports" tab. Only users with the "Site administrator – user management" permission will be able to see this tab. Please follow instructions sent out in LVS email. All requests for access to PID extracts will be subject to an approval from Pinnacle on behalf of NHS England. For further queries please contact the National Service Desk: Telephone: 0300 200 1000; Email: vaccineservicedesk@england.nhs.uk

5. End of shielding for clinically extremely vulnerable

As of 1 April, [clinically extremely vulnerable \(CEV\) people in England no longer need to shield](#). CEV patients are still advised to continue to take extra precautions to keep themselves safe, even after receiving both doses of the COVID-19 vaccine. Read the government guidance [here](#)

Practices are reminded to continue to add and remove patients, as appropriate, from the Shielded Patient List, as it may be necessary to identify this cohort in the future. Information on how to do so is available on the [NHS Digital website](#).

Read the BMA [guidance for practices](#) about arrangements for patients at high-risk of coronavirus.

The BMA also has guidance for [doctors isolating and those in vulnerable groups](#)

6. Community pharmacy pandemic delivery service

You may be aware of the recent addition to the community pharmacy [pandemic delivery service](#) which allows pharmacy contractors and dispensing doctors to support the delivery of prescriptions to people who have been told to self-isolate by NHS Test and Trace.

Pharmacy contractors have reported that some people told to self-isolate, particularly the household contacts of COVID-19 positive patients, do not seem to be following the guidance and consequently are still presenting in pharmacies.

It is suggested all primary care providers flag the option to have prescriptions delivered when prescribing for COVID-19 positive patients, to try to ensure they stay away from all primary care premises.



7. COVID-19 rapid guideline: managing COVID-19

This new single NICE [guideline](#) brings together existing recommendations on managing COVID-19 in children, young people and adults in all care settings. It includes new [recommendations on therapeutics](#), and replaces many COVID-19 rapid guidelines, including those for managing symptoms (including end of life) in the community and managing suspected or confirmed pneumonia in adults in the community.

General Updates

1. Mental Health Practitioner funding for Community Mental Health Trusts

For community mental health providers for adult/older adult mental health services the funding is increasing significantly, which should support the commitment made in reference to embedded MH practitioners being available to every PCN that wants one.

There are a couple of parts to this: (a) increases in baseline funding for all CCGs, for adult and older adult community mental health; and (b) additional transformation funding on top of this to support the transformation of services and new models of community mental health provision:

All STPs in England will, from April 2021, begin to implement new models that cover a targeted proportion of PCNs within their STP footprints in line with [the Community Mental Health Framework](#). By March 2024, new models will cover 100% of PCNs in every STP.

In order to achieve this, the national mental health programme will allocate the following total national transformation funding amounts on a 'fair shares' basis to every STP in England:

2021/22: £121m – for every STP to implement new models in a first wave of PCNs

2022/23: £295m – for every STP to increase PCN coverage

2023/24: £366m – for every STP to reach 100% PCN coverage

In addition to this national transformation funding, all CCGs in England will receive continued year-on year increases in their baseline funding to invest in adult and older adult community mental health services equitably across their footprints. This means that even those footprints within a local system that are not covered by new models in 2021/22 or 2022/23 will still benefit from additional investment in community mental health services. For adult and older adult community mental health, CCGs across England will receive a total of £519m extra funding by 2023/24.

So, a funding stream is in place for MH trusts to fund the 50% of MH workers. The challenge some of us may face from MH trusts is that they may not necessarily agree that these funding increases enable them to support the embedded MH practitioner for each PCN. If that is what you are facing, please do let Birmingham LMC know as soon as possible so we can raise this with the GPC.



2. Changes to UHB phlebotomy services

As of 01.04.2021, University Hospitals Birmingham will no longer provide a phlebotomy service at BMI Edgbaston. Patients can still have their phlebotomy appointment at an alternative, local, off-site location including at the Birmingham New Street Railway Station and at the Yardley Green Road Hub. Patients access the off-site services by appointment only, during Monday to Friday, and will be contacted directly by UHB. More information can be found [online](#).

Options are currently being explored to provide additional locations where Birmingham residents can access remote blood test services. For more information, please contact UHB [via email](#).

3. New rapid response search service for enquiries regarding Lasting Powers of Attorney

The Office of the Public Guardian (OPG) has launched a new service which will allow you to request a rapid search of their registers in order to find out if an adult at risk has a registered LPA/EPA or deputyship in place. It is designed to help you to make urgent decisions about the care of a vulnerable adult. More information on how to use it can be [found online](#). For any questions, please contact spencer.ireland@publicguardian.gov.uk.

4. BMA moral distress survey

The BMA has launched a [survey on moral distress](#), open to all UK doctors, including retired doctors, although it is not aimed at medical students. The survey will remain open until *Sunday 11 April*.

The survey asks about your understanding of moral distress and moral injury, whether you have come across these terms before or have experienced them. The impact of COVID-19 and potential solutions are also considered. The findings will be used to make recommendations and allow the BMA to help mitigate this problem throughout the UK's medical workforce.

Take the survey, and read more about moral distress and how it impacts doctors, [here](#).

Please note that the LMC are unable to accept calls or hold communications with patients, we are GP representatives, and we would respectfully ask that Practices do not advise patients to contact us. Could we also remind Practices that any copies of patient related correspondence MUST be anonymised as the LMC cannot accept patient identifiable data.

Please note our office contact times remain 10:00-16:00 and any queries on the day should be directed to birmingham.lmc@nhs.net as we are currently remote working so would be grateful if all contact were made via the nhs.net email.



Helpful Links:

BMA COVID-19: toolkit for GPs and GP practices <https://www.bma.org.uk/advice-and-support/covid-19/gp-practices/covid-19-toolkit-for-gps-and-gp-practices> Comprehensive guidance for GPs, partners, and practice managers to manage employment and contractual issues and service provision during the coronavirus pandemic.

GOVERNMENT WEBSITE: <https://www.gov.uk/coronavirus> for recent and upcoming changes, guidance & support.

NHS ENGLAND: <https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/>