



WEEKLY NEWSLETTER – 13th April 2021

EXTRAORDINARY COVID-19 UPDATE

- ❖ [HRH Prince Philip, Duke of Edinburgh](#)
- ❖ [AZ Vaccine next steps for vaccination sites](#)
- ❖ [New AZ Guidance](#)
- ❖ [Government extends free COVID-19 PPE scheme until the end of March 2022](#)
- ❖ [Easing of restrictions](#)
- ❖ [Confirmatory PCR Testing](#)
- ❖ [Vaccine certificates](#)
- ❖ [Salaried GPs vaccination reimbursement](#)
- ❖ [Budesonide COVID-19 treatment trial](#)
- ❖ [Risk assessments for primary care staff](#) – BSOL Practices

1. HRH Prince Philip, Duke of Edinburgh

We were saddened to hear that HRH Prince Philip, Duke of Edinburgh, has died. He passed away peacefully on Friday at Windsor Castle. The BMA has passed on the organisation's deepest condolences to Her Majesty the Queen and the Royal Family on the death of Prince Philip. He was a dedicated public servant, and among his many other roles over the years kindly served as a past president of the BMA in 1959.

2. AZ Vaccine next steps for vaccination sites

Following [last week's update](#) from the Medicines and Healthcare product Regulatory Agency (MHRA) and the independent Joint Committee on Vaccination and Immunisation (JCVI) guidance in relation to the use of the AstraZeneca vaccine, NHSE have published the [next steps and actions for all vaccination sites](#).

JCVI is now recommending that 18- to 29-year-olds who do not have underlying health conditions putting them at increased risk of COVID-19 should be offered an alternative to the AZ vaccine where available. MHRA/JCVI confirmed that the [risk/benefit of getting the vaccine is favourable for the vast majority of people](#), but more 'finely balanced' in younger people. The under-30s in the UK will be offered an alternative to the Oxford-AstraZeneca vaccine, where available (but stated that they were not advising a 'stop' for any age group). The deputy CMO has suggested that there will be minimal impact on the timing of the vaccination programme as a whole.

MHRA and JCVI have made clear the balance of risk is still very much in favour of vaccination. It is therefore critical that we implement their direction in a similarly balanced and operationally robust manner so that we continue to deliver the life-saving programme.



Supporting the Business of General Practice

3. New AZ Guidance

All vaccine sites are expected to provide information to people attending for vaccination and the leaflets and product information sites will have already been updated with the new details. Here's a link to a PHE document that might help and an attached script (Enc.1) that could be added to practice websites for patient information [COVID-19 vaccination and blood clotting \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/covid-19_vaccination_and_blood_clotting.pdf).

Also attached is another useful PHE Document; What to expect after your COVID-19 vaccination (Enc.2)

The following presentation may also be helpful in supporting discussions with patients:

[PowerPoint Presentation \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/covid-19_vaccination_and_blood_clotting.pdf)

4. Government extends free COVID-19 PPE scheme until the end of March 2022

The Government is extending the provision of free COVID-19 PPE to health and social care providers until the end of March 2022. Following the previous announcement of free PPE provision until the end of June 2021, the scheme will now be extended to the end of March 2022 as the expectation of clinical experts is that usage will remain high throughout the next financial year.

This will ensure that General Practice, dentists, community pharmacy and opticians can continue to access rigorously tested and high-quality PPE. Providers should continue to access COVID-19 PPE via their current distribution channels.

5. Easing of restrictions

On 5 April, the Government in England announced that from 12 April there will be a further easing of COVID restrictions after the prime minister confirmed the [roadmap](#) is on track. From 9 April everyone in England will be able to [access free, regular, rapid COVID tests twice a week](#), including those without symptoms. Updates will be made to the NHS COVID-19 app in England to coincide with the universal testing offer. In response, [the BMA said it is vital that the public is made aware of the limitation and accuracy of these tests](#). Recent research into lateral flow tests suggests they can pick up around half of the people with symptoms but significantly fewer of those who have asymptomatic COVID. Further, there is evidence of an even lower detection of positive cases if people carry out the tests themselves.



6. Confirmatory PCR Testing

[Confirmatory PCR testing has been reintroduced](#) (from 1 April). Current guidance in England specifies that all individuals who receive a positive LFD test result are encouraged to take a follow-up PCR, whether the LFD test was assisted or self-reported. Contact tracing will begin immediately after a positive LFD result (e.g., without waiting for the result of follow-up PCR). The tracing process will be stopped, and self-isolation notices rescinded where there is a negative follow-up PCR test result obtained within 72 hours of the LFD test result. This is intended to reduce the number of people self-isolating unnecessarily because of false positives from antigen LFD tests at low population prevalence.

7. Vaccine certificates

The Government confirmed that a COVID-19 status certification system will be developed over the coming months which could allow higher-risk settings to be opened up more safely and with more participants. Over the coming months, a system will be developed which will consider three factors: vaccination, a recent negative test, or natural immunity (determined on the basis of a positive test taken in the previous six months). Events pilots will take place from mid-April to trial the system. All pilots are checking COVID status, which will initially be through testing alone but in later pilots, vaccination and acquired immunity are expected to be alternative ways to demonstrate status.

GPC England has been discussing these proposals with the Government and NHS bodies to ensure there would be a minimal impact on GP practices, and this has been accepted. We need to avoid the expectation that people can secure evidence of vaccination or testing by obtaining a letter from their GP practice.

8. Salaried GPs vaccination reimbursement

The BMA have received reports of salaried GPs being asked by practices to volunteer for vaccination on a goodwill basis with no payment or time off in lieu from their practice. While any clinician can volunteer to support vaccination clinics, funding models should not rely on this, and employees should never be coerced into doing so. GP practices are paid to administer COVID vaccinations and payment of staff is included in the costing of this funding. Salaried GPs should be fully remunerated for any vaccination shifts and should not feel pressured to take these on a goodwill basis.

9. Budesonide COVID-19 treatment trial

As a result of a government protocol relating to limits on messages from national bodies this week in advance of the funeral of Prince Philip, NHSEI have asked the BMA to circulate advice they would normally have sent to practices about a reported trial which you may have already seen in the news <https://www.bbc.co.uk/news/health-56717486>



BSOL Practices

10. Risk assessments for primary care staff

With the suspension of shielding, and as we work towards the roadmap out of lockdown, risk assessments with staff should be carried out again so the correct measures can be put in place to support everyone.

Based on the reflections from the first risk assessment that was carried out, two main issues were identified; these were a lack of a standardised tool for assessments, and the interpretation and actions needed as a follow-on from the risk assessment to support the employers and staff to put the necessary support in place.

We are aware there is a range of very good evidence-based tools available, and also the interpretation for some of them, but BSOL CCG have chosen the modified SAAD (2) developed by a group of GPs and a practice manager, and modified it to suit the local needs and population.

It has been shared with the CCG's Quality and Safety Team, and it has been approved as a standard tool for BSOL CCG to adopt across Birmingham and Solihull.

Practices are encouraged to use this tool when reassessing staff, to ensure we have a standardised assessment across Birmingham and Solihull, and to inform the CCG of the necessary support that needs to be put in place.

This is not a compulsory document, and has been put in place as a guide and currently remains as a dynamic document.

The assessment tool can be accessed [here](#).

If you have any questions or concerns, please email r.jha@nhs.net

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 can not 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/>