

## Beds & Herts LMC Ltd: Weekly Update for Practices, Thursday 16<sup>th</sup> December 2021



### 1. LMC update on specialist treatment of symptomatic COVID-19 in vulnerable patients

- Our understanding is that there is a list of vulnerable patients in the community (who are at highest risk of complications from COVID-19) that has been centrally identified.
- The Covid Medicines Delivery Unit (CMDU) will contact these patients directly and advise them on how to access specialist treatment should they develop symptoms and have a COVID positive PCR test.
- If a GP identifies a clinically vulnerable patient who has COVID-19 symptoms, and who has not been centrally identified and contacted, we have been advised that the GP should urgently inform the CMDU, so that they can take over the care of those individuals.

**LMC Comment:** We are still awaiting confirmation as to the mechanism by which practices can urgently inform the CMDU. As soon as this is confirmed we will circulate the process.

- The oral anti-viral, Monupiravir, is available for patients aged 18 years and over and the CMDU will organise triage and delivery of this drug directly to the patient.
- Monoclonal antibody treatment will be available at hospital centres, and again, CMDU will contact patients who would qualify for this treatment and co-ordinate this care.
- The treatment will be available from 20<sup>th</sup> December 2021, and we await written guidance from the CMDU for practices and patients.

### 2. Isolation Rule Changes for Healthcare Workers

Updated advice published yesterday by the government ([available here](#)).

The most significant change for practices is the following:

*“Staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case. If the staff member develops symptoms of COVID-19 during this period, follow the guidance in [section 2.1](#).”*

The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to staff returning to work:

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should not have [any travel related isolation requirements](#)

- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10-day self-isolation period

If any of the above cannot be met, the staff member should not come to work and should follow the stay at home guidance for the full 10-day period.”

### 3. Next steps for the NHS Covid-19 Vaccine Deployment

The following letter from NHS was distributed yesterday, further to NHSE letter published on 13<sup>th</sup> December 2021 available [here](#), below is a summary of the guidance and LMC comments.

We have broken the summary of this guidance down into two segments:

- a. Information relevant to all practices (regardless of if you are delivering the COVID vaccine)
- b. Information relevant to practices and PCNs involved in the vaccine programme

#### a. Guidance for all Practices

- From the 12<sup>th</sup> December 2021 it is requested that you clinically prioritise your services to free up clinical capacity to focus on the COVID-19 vaccination programme alongside delivering urgent or emergency care. You are asked to do this by deferring some services into the new year, where you can do so safely.
- Any patient with an *urgent presenting complaint, or potentially serious underlying and unmet clinical need*, should be assessed, managed, and referred onwards as appropriate.
- Patients with symptoms that are *suspicious of cancer, or concerned that they may have cancer*, should again be assessed, managed, and referred onwards if appropriate.
- Any routine care that can be safely postponed should be rescheduled until the new year or signposted to NHS 111 online for self-care advice, or to local community pharmacy.

**LMC Comment:** We have always advocated that Practices should prioritise their patients’ needs as best serves their patients. Further guidance on clinical prioritisation is expected from NHSE, RCGP and BMA in the coming days.

- Discussions are taking place to flex medical certification requirements to release capacity within general practice. We will forward further information when known.

## **b. Information for PCNs Delivering the Covid Vaccine**

- From 15<sup>th</sup> December 2021, all eligible patients in Cohort 12 will be able to book a booster on NBS at a minimum of 3 months (91 days) since their 2nd dose (in addition to cohorts 1-11).
- The housebound, care home residents and staff and people who are severely immunosuppressed remain a priority.
- Changes will be made to the Green Book Chapter 14a (will be available [here](#)) which temporarily remove the requirement for patients to wait 15 minutes in some circumstances after receiving an mRNA vaccination.
- The National Protocol for Pfizer-BioNTech (Comirnaty<sup>®</sup>) and Moderna (Spikevax<sup>®</sup>) has been updated ([click here](#)). This becomes operational from Thursday 16<sup>th</sup> December 2021.
- All sites on the NBS are asked to immediately upload as much NBS capacity as possible. Sites are required to review their DNA rates and adjust capacity uploaded to the NBS accordingly. This should include capacity on bank holidays.

**LMC Comment:** The COVID vaccination DES does commit practices signed up to it to provide a service 8am to 8pm, 7 days a week, including Bank Holidays. Please be aware of this DES requirement, as the NHS could ask for services to be delivered over the Christmas Bank Holidays.

- All PCN sites are asked to consider how to best support clinically vulnerable and frontline health and social care workers (HSCW) and make whatever reasonable adjustments are available to minimise wait times.
- PCNs should engage with their CCGs to access additional financial support from funds provided by NHSE for both clinical and non-clinical additional staff and workforce.

### ***Pfizer or Moderna as second dose, where AZ was first dose***

- By 17<sup>th</sup> December 2021, NBS will be enabled to allow individuals to book second doses of an alternative mRNA vaccine (Pfizer-BioNTech (Comirnaty<sup>®</sup>) or Moderna (Spikevax<sup>®</sup>)) when they have received a viral vector-based vaccine (AstraZeneca (Vaxzevria<sup>®</sup>)) as first dose.
- JCVI guidance remains that where possible, the first two doses of the primary course of immunisation should be of the same vaccine.
- However, in accordance with MHRA and JCVI requirements, an alternative authorised vaccine may be offered to complete a course of vaccination when it is considered that there might otherwise be a delay in accessing a second dose (for either patient or operational reasons, including where a patient refuses a particular vaccine or where a site does not have the same vaccine as the first dose available).
- Patients should be made aware that this may lead to a higher risk of short-term side effects.

- These patients will receive specific call/recall communications this week.

***Vaccination Centres are asked to:***

- Ensure all possible capacity is being utilised, including opening more lanes and PODs.
- Extended opening hours, at a minimum to 12 hours a day and to include opening 24/7 wherever possible. Support for security and other support services such as cleaning can be provided.

**LMC Comment:** It is unclear how this is accessed. We are seeking further guidance from CCGs

- PCNs & Practices should prioritise visits to care homes & housebound individuals with an expectation that they will be completed this week. Practices have been asked to confirm arrangements by completing the following [survey](#) by 12.00 17<sup>th</sup> December 2021 – this Friday.

***Severely Immunosuppressed cohort***

- PCNs are reminded to offer a 3<sup>rd</sup> dose to this cohort from 8 weeks after their second dose.
- Additionally, from 10<sup>th</sup> December 2021 all PCNs to offer booster vaccination to eligible individuals in this cohort, three months after their third primary dose.
- Additional admin support with call/re-call please is available from your CCG.

***National Booking Service (NBS)***

- Practices wishing to be onboarded onto the NBS contact your CCG commissioner urgently.

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**BHLMC Job Board** - Advertise your practice vacancies or search for jobs on our [Job Board](#). If you are interested in posting an advert please contact [lmadmin@bhlmc.co.uk](mailto:lmadmin@bhlmc.co.uk) for more information.

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