

LMC COVID update call
Wednesday 17th March 2021

Dr Iain Morrison welcomed everyone to the meeting and introduced the guest speakers for the evening.

2nd dose Vaccine Supply into Practices

Stephen McBurney, *Associate Director Pharmacy Services, NHS Lothian*

All current Pfizer vaccine stock is being reserved for staff and care homes 2nd doses, therefore the Astra Zeneca vaccine is being used across all mass sites. While there is some weekly variation in supply quantities, we are confidently planning to distribute 16,500 doses to Lothian practices both this week and w/c 22/3, and a further 10,000 on w/c 29/3. Reassurance that this stock is protected and the plan prioritises GP practices for 2nd doses – only once this has been distributed will other vaccines go to mass centres.

Allocation to practices will be prioritised based on TURAS data for >80s, including dates 1st doses were given. Highly confident practices will have their required supply before 12 weeks, however if there are any deliveries not as expected please email gms.contract@nhslothian.scot.nhs.uk. Advised to only book clinics once you get confirmation of vaccine supply, not before.

Return of unused 1st dose supply from practices shored-up mass vaccine centres to deliver a further 3,500 in the last few weeks. Reclaim is now paused, so practices who still have 1st dose stock can use it. At the end of 2nd dose phase NHSL Pharmacy team will collect unused stock and make sure it's repurposed at mass sites – please don't turn up at mass sites with vaccine – the site can't accept it, it breaks the cold chain and would have to be discarded. It will be collected from practice by NHSL Pharmacy team.

Short dated stock (has different coloured cap and doesn't have any "extra" dose) is NOT coming to GP practices – this will go to the mass sites. The stocks to practices should still have the overage/"extra" dose, although not guaranteed. Reminder that you **cannot pool doses** (one vaccine dose made from more than one vial).

FROM CHAT

Lothian Public Health Pharmacy team have info for practices on managing small, short term temperature deviations in cold-chain storage – a/w confirmation on when this will be issued.

Exceptional Pathways

Lorna Willocks, *Consultant in Public Health, NHS Lothian*

For patients who don't fit the system – overall programme is on track to get through groups 1-9 by mid April, so most are either with allergy or <50s and not in "at risk" group.

Practices are receiving lots of enquiries from potential Group 6 patients who think they should be on this list. The Anaphylaxis campaign website <https://www.anaphylaxis.org.uk/covid-19->

[advice/pfizer-covid-19-vaccine-and-allergies/](#) is really helpful for patients. Also helpful is Flow Chart * – e.g. if patients need to get one vaccine in particular for clinical reasons.

Others are mainly those about to start chemotherapy (should be referred from secondary care). But more and more patients feel that they should be added, particularly following coding change. If GPs feel that a patient needs to be in Group 6 they CAN refer in same way as for allergy and pregnant people (form from CMO letter of 6th March was highlighted, although it was suggested that we continue with the form developed in Lothian for Exceptional Pathways instead – on NHS Lothian letter* 18/3 from Iain Morrison, David Small & Lorna Willocks).

https://forms.office.com/Pages/ResponsePage.aspx?id=veDvEDCgykuAnLXmdF5Jmhgmg_MLrtJt_mk9tk8MLahUQkxTTEFOR0dVNjQ3NDU5VzdINDAwVjhVRSQlQCN0PWcu

Queries about Group 6 please see

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/961287/Greenbook_chapter_14a_v7_12Feb2021.pdf. Table 3, pages 10-11.

FROM CHAT

Asthma rules as follows;

People who have 'Active Asthma', (defined as have a diagnosis code for Asthma and having received a prescription of either an inhaler or montelukast in the last 12 months) who have received 3 or more prescriptions for oral prednisolone in the last two years.

People who are recorded as ever having had an asthma admission. This needs to be recorded with either 'Emergency asthma admission since last appointment' or 'Emergency admission, asthma'

David McKay, *Clinical Director, Dermatology*, covered the allergies pathway.

Initial December warnings (later rescinded) for allergies have created anxiety. The pathway is based on MHRA and Green Book guidance but the simple message is that the risk of severe allergic reactions is very small for both vaccines – 1:100,000 so a very unlikely event.

If a patient has an established PEG allergy, unexplained anaphylaxis, anaphylaxis to multiple drug classes or prior incipient anaphylaxis they should be referred through this pathway for 1st dose and vaccine will be given in hospital. Please send via SCI Gateway preferably via “advice-only” route and David will action. They will then either vaccinate in ID clinic, or in the community if that is deemed safe, in which case they will arrange. He has limited resource for this so not likely to be instant answers.

Virtually everyone else can be vaccinated in GP – even with allergies to other vaccines, foods, drugs, etc.

Blood clot risk is currently very much in the media, with MHRA and EMA Committee due to report on Thursday 18/3. The MHRA website (patients) and EMA (professionals) are very good.

Of the 17 million AZ doses given to date in Europe, 11 million of them in UK, there have been 15 cases of DVT and 22 PE, and MHRA are very clear that this is no more than expected for the age range being vaccinated. No current evidence that these are caused by the vaccine. 11 European countries are freezing use of AZ for now, but the loss of confidence and vaccine hesitancy as a result is an issue. COVID is deadly and is itself associated with VTE.

16-18 age group (and <16 needing vaccination) are now the only gap in pathways – working with colleagues in Child & Adolescent Health and will share pathway once finalised. They need to have Pfizer vaccine, which currently has low supplies, but hoping this would be delivered in Sick Kids.

FROM CHAT

Temporary Residents - If GPs were due to vaccinate the cohort that the T/R was in, then they should do so, if they have missed the GP approach then I would suggest, but would need conformation from NHS Lothian team, that they should be referred in much the same as a missed Group 6 person.

Overall Vaccine Programme update

David Small, *Primary Care Transformation Director, NHS Lothian*

NHS Lothian has delivered 321,000 vaccines to date, 40% of eligible >18 population. 74,000 (probably slightly understated) of these have been delivered by Lothian GPs – a great achievement by everyone involved.

Lothian has been a bit behind due to having slightly less than our population share of vaccine but a disproportionate AZ supply arrived in the last week or two so we're catching up;

- Cohort 6 (under 65 at risk, unpaid carers (DSS carers allowance), unpaid carers self referral) is almost finished – this is a huge group.
- Now doing 60-64 age group
- 50-59 invites will start to be issued next week to vaccinate from w/c 29/3
- On track to vaccinate everyone down to age 50 by mid April, obviously dependant on supply.

It's fully recognised that supply levels have been variable, and there are likely to be issues with supply of AZ in April as reported in the press. However Moderna is coming into play in mass venues and clinics, possibly late March/early April which will help.

Our aim to have everyone >18 vaccinated by early summer.

* FROM CHAT*

Currently taking a few days to turnaround enquiries from patients who have used the "missed appointments" form online – it's not instant.

Mass Vaccine Centres

Pat Wynne, *Nurse Director for Primary and Community Care, NHS Lothian*

The mass and local vaccine centres have been up and running since the start of February. Quite a challenge due to variable supply levels, however centres have remained open regardless to maintain local access, reducing/increasing the number of stations operating accordingly, sometimes resulting in a slow flow through some venues.

Gorebridge site opens tomorrow (Thurs 18/3), giving a mass centre in every Lothian region. This will have NHSL clinical leads but is staffed by the military.

Looking to open a second site at the Lowland suite at RHS, 50 stations with significant capacity from April.

The local centres (mini mass vaccination centres) are operated by HSCPs and there is a closely linked, joined up process between them and the mass centres.

Recruitment into the mass centres is ongoing. Those that have gone through induction should now have received an EOL account email sent to the email you registered with to show/book the shifts available. Sometimes goes into junk mail so please check. If not received please email eRostering@nhslothianscot.nhs.uk.

Working through approx. 100 people volunteering from practices – further induction days planned for 27/3 + 28/3. We have inducted 966 people so far but still need more. Anyone who is thinking about it – please volunteer! Email COVIDwfvac2@nhslothian.scot.nhs.uk to register. Any help much appreciated.

There was an issue with patient appointment letters being delayed early this week – an error with the national system. They will receive a letter in the next few days offering them a new appointment – hopefully no calls to GPs!

Proof of vaccination

Iain Morrison, *Lothian LMC Chair*

The need for a solution for proof of vaccination has been raised at Vaccination Programme Board and also nationally – looking for a 4 nation solution so unlikely to be here soon. In the interim, it's very difficult for practices to refuse a targeted Subject Access Request (SAR), which is supplied free of charge, with 30 days to comply. However if practices are receiving significant numbers of request, you can write to the patient immediately to advise it could take up to 90 days. If proof is needed faster, patients have the option of paying for a medical report (chargeable). These are interim measures until we get a proper solution – GPs cannot be the go-to for this evidence of vaccine in the longer term.

2021/22 Enhanced Services

Alison McNeillage, *General Manager, Primary Care Contracts, NHS Lothian*

Iain firstly thanked the Chief Officers and PCCO for their support of the Anticipatory Care LES in General Practice – a very welcome additional investment of £200,000. This is funding for 21/22, with discussions pending for further investment.

21/22 Enhanced Services were considered by LMC earlier this week and should be out with practices by end of the month. There are 4 with changes;

- DMARDS – increased number of drugs, increased payment for one (mercaptopurine) where considered particular extra workload
- Drug Misuse now called Drug Dependence
- QI SESP – some amendments, mainly social distancing aspects round meetings and so on.
- Anticipatory Care LES – additional responsibilities for lead practice; attend 2 meetings p.a. for peer support; additional section on concern on quality of care; reference to QI toolkit.

For Q1 2021/22, NHS asks practices to do their best with Enhanced Services but recognise that there will be activity that impacts due to the pandemic so to do what is clinically appropriate. Practices should record and report as normal but will not be financially penalised for Q1.

The aim to use Q1 to try to return to normal with ES programmes so that when Q2 commences, everything is in place (including meetings, etc). LMC consider this fair.

QI Team/Toolkit

Often in management meetings, the evidence behind acute care is vast, however although anecdotally we all know how busy we are in general practice, we have no standard approach to record this and it's difficult to use a small handful of practices to represent the whole Lothian GP body.

In conjunction with QI team, we're hoping to launch a toolkit that we would be keen for practices to sign up to. It includes an opportunity to share the outcomes from each practice with the LMC alone, who would use the aggregated data to demonstrate the significant work across the whole of Lothian general practice. The data could also be used as a tool for additional support to try to alleviate the pressure that we're all currently experiencing. Rebecca Green has been working very hard on this – <https://qilothian.scot.nhs.uk/pc-toolkit-workload>. A plea was made to all practices to engage in the SESP this year and also to consider sharing your outcomes with the LMC.

Future of Zoom meeting

Our regular Zoom meetings have been very valuable and have helped us all through the pandemic. We plan to hold another meeting in about 6-8 weeks time to focus on how we emerge from the pandemic – what do we want to keep from the new ways of working, what do we want to return to. Some guidance to slowly get back to our new normal.

Anyone who has anything that they feel would benefit from wider sharing, please contact the office - lmc@nhslothian.scot.nhs.uk.

2018 GMS Contract

LMC will shortly be reviewing the PCIP trackers from each of HSCPs, and looking to launch a practice-based questionnaire to gain a clearer picture of the true contract deliverables within practices to date.

Plans moving into 2022/23 haven't been shared with SGPC yet but we'll keep you updated.

Phase 2 discussions have only recommenced having been paused in Jan last year so there's a long way to go before this starts. Phase 1 will continue for time being.

Iain thanked everyone for tuning in, and warmly thanked our guest speakers.

Please contact the office if anything we've missed. lmc@nhslothian.scot.nhs.uk.

* attachments re-circulated with these meeting notes.