

LMC COVID VACCINE CALL Wednesday 20th January 2021

Iain Morrison, Chair of Lothian LMC, opened the meeting and welcomed everyone.

He thanked all practices who responded to the short notice request last Thursday for notes of interest to deliver the vaccine to the age 75-79 and Clinically Extremely Vulnerable (CEV) (shielding) categories. 75% (80 practices) responses were in favour of signing up for both with only 3 practices feeling they couldn't sign up to either, therefore a decision was made to progress with both. The new Enhanced Service for the age 75-79 (Cat 3) and CEV group (Cat 4) will go out to practices Thursday 21st January to allow practices to sign up to both. This is only for ambulant patients who can make their way to the practice.

HSCPs also emailed practices late last week to ask for help in vaccinating the Housebound group. This is separate to the inclusion of Housebound in the earlier >80s LES which was more for opportunistic cases for GPs, rather than all Housebound patients on practice records as requested by HSCPs. The goodwill is very much appreciated and any help to HSCPs is very welcome.

It's hoped that as many practices as possible sign up to the new ES, although practices are under no obligation to do the Housebound, 75-79 group or CEV. We feel we're making the right decision by delivering these quickly and locally with the GP playing a key role in protecting our most vulnerable.

Iain handed over to Drummond Begg, member of COVID Vaccine Programme Board, to host the rest of the evening.

Drummond compared our current position to building a plane while in flight and commended the remarkable work going on behind the scenes.

Lothian Overview

David Small, Primary Care Transformation Director, NHSL

Wave 1 is underway with 39,000 vaccines delivered so far to staff & care home residents (this doesn't yet include the >80s vaccines delivered by practices where data is in the clinical system, so likely to be an additional +10,000.) Staff clinics will run to end of Jan and a mechanism will be agreed for staff not yet vaccinated.

Care Homes should be done by end of Jan, with risk assessments being done where there are outbreaks in homes. Also focussing on completing >80s Housebound by end of Jan, this requires the use of >80s supply sent to general practice fridges.

Confirmed that 2nd dose is built into modelling so there's enough vaccine to give same patients 2nd dose within 12 weeks (AZ). Concerns re planning for 2nd dose at 12 weeks and risk of missed vaccines due to illness, etc. Pat Wynne has asked Scottish Govt for a view to bringing forward the window to remove risk and allow some flexibility within practices. We will communicate as soon as we know more.

Wave 2 will start 1st Feb start;

- Practices signed up to the Enhanced Service will do 75-79 & CEV (approx 40,000)
- Health Board will concentrate on 70-74, 65-69, 60-64, then those with underlying conditions – all by end March (based on expected vaccine supply).

Categories 7, 8 and 9 down to age 50 are expected to start in April.

No decisions yet on any younger than 50.

New approved vaccines expected in the spring could change the shape of the programme.

Mass venues plus 10 local clinics, run by HSCPs;

EICC –1st Feb

West Lothian clinic planned to start 1st Feb

Queen Margaret University (drive through)

RBS at the Gyle (drive to & walk through) – mid Feb

Pyramids Business Park (drive to and walk through) – mid Feb

Gorebridge – tbc

Royal Highland Showground may also have additional capacity.

Consistent message – don't phone your practice!! Letter clearly states that and a specific number is given if they want to change their appointment. Practices will call patients to book over 75s /CEV as per >80s campaign.

Drummond Begg

The focus tonight is on the practicalities of getting as many people vaccinated as possible, while accepting that vaccine supply is the rate-limiting step across the world - we currently have the biggest surge of people ending up in hospital as a result of COVID.

IT System recording

Ian Thompson, Lothian GP and IT guru

Practices may be vaccinating some patients as Temporary Residents (TRs) due to shielding/travel restrictions – how is this recorded to ensure records are up to date and payment is received?

If GPs use their own GP IT system, data can be extracted from there. It will also be captured from Vaccine Management Tool (TURAS). To ensure it can be matched with their records at their home practice, we need to include – name, DOB and their usual home postcode (not where they're currently staying).

If you have a patient without a CHI number, you can follow this process [VMT no CHI.mp4](#) (if this link doesn't open, copy and paste onto Google Chrome).

Staff vaccines should be registered on TURAS unless they're a registered patient at your practice (then use your GP IT system).

An interface on the National Clinical Data Store between systems to allow PMs to check their vaccine numbers and corresponding payment to be made is yet to be built, however there is a

good level of confidence that this will be available in early Feb, similar to other rapid developments during the pandemic.

We need a simple system that we can use to claim that we know is reliable. Information to practices will follow from PCCO.

Contracts and Supplies

Alison McNeillage, Primary Care Contracts Manager, NHSL

The ES for 75-79 and CEV will be sent out to practices Thursday (21/1) AM and we're asking for replies by **midday Friday 22/1** to either confirm sign up/no sign up. **RESPONSE IS REQUIRED** as we need to rapidly plan the vaccinations for patients from practices who don't sign up.

Blue lidded bins were issue a few weeks ago – further supplies are coming, also gel sachets for inside bins, alcohol swabs and hand gel. More info to come, but if practices have any shortages in the meantime contact GMS Contract team and they'll try to help.

Packaging update – packaging can be shredded and put it in the orange bags, not blue bins as previously advised.

Vaccine Supply

Stephen McBurney, Associate Director Pharmacy Services, NHSL

No AZ vaccine is currently being held by NHS Board – it's all going straight to GPs.

27,500 doses out to GPs in first 2 weeks, each practice will have received some, those with most >80s receiving first. 37,000 by end of this week and another 6,500 doses next week which should complete the >80s group.

75-79s – today instructed national procurement to get next 4 shipments in (34,000 doses) and further shipments will be provided for shielded (CEV) cohort.

By 2nd week in Feb, a further 24,000 doses are expected with every practice due to get delivery (unless not signing up to 75-79 & CEV groups).

These numbers assume 100% uptake of the vaccine (rather than earlier 75%) and 10 doses per vial, whereas feedback is 11-12 obtained. (increasing confidence that supply overall is sufficient). Updating PGD to reflect this and allow this to be used rather than wasted, building greater confidence into the system.

Drummond - Hopeful that we should have a bit more than we need by mid February, although there is no backup supply so must be made aware of any incidents due to spillages, cold chain loss, etc., as it's not readily replaceable.

We will also look at where oversupply in practices is in large numbers and there will likely be asks in cluster basis to move supply if required. We need to think as a collective and support each other.

We will also work out a mechanism for your patients if you can't take part in the new ES – more detail to follow.

Confidence in Pfizer supply for staff & clinics. This has been modelled through to the end of the year and this includes taking off the numbers of those already vaccinated earlier in the year before being used in mass centres.

Lorna Willocks, Immunisation coordinator, Consultant in Health Protection, NHS Lothian

Really pleased that practices are delivering vaccines to our vulnerable groups, 75-79s and >80 as GPs know their patients and many of these groups are very anxious about leaving the house.

JCVI categorisation of “clinically extremely vulnerable” are all patients who have received a letter from the Chief Medical Officer to say that they're in a shielding category. Latest list update 15th Jan.

Practices should start their >75 search before moving onto CEV 2nd week of Feb.

Drummond highlighted that it's possible that, based on delivery dates, some practices may creep into the 3rd week of Feb and he encouraged everyone to try to see this in 2-3 week blocks rather than a day here or there. Be positive and be confident that supplies of AZ come to practices as soon as possible, direct from distributor.

Adverse events

During trials these were much less frequent in the elderly and more frequent in younger groups (1st dose). It's more likely to expect an adverse effect with the 2nd, even if not experienced with the 1st dose. May want to stagger staff 2nd doses to minimise impact. Really important that any significant events are yellow carded.

Drummond

Waste reduction

The latest version of the Practice Action Plan (v8) includes principles around waste reduction rather than strict instructions – protect lives first of all, follow the JCVI rules unless there is a good ethical reason not to.

Waste reduction is about making good decisions based on virtue. If you've got a few doses left, go through your standby list, if you've exhausted all over your Wave 1 group (>80s staff, community pharmacists), phone a 79 year old. Be pragmatic.

Try your best to do it in order – you are senior clinical decision makers, you'll make a good decision. Aim is to have zero waste.

Mass Centres

Pat Wynne, Director of Nursing for Primary and Community Care, NHSL

The response from the GP community to help at mass vaccine centres has been incredible – it's taking us longer than planned to get back to people – a small army working through job families, rosters, work patterns, contracts, etc. Lots of learning. Please be patient, if we haven't got back

to you yet, we will. Also still looking for more volunteers – if you're interested in getting involved in the mass campaigns, please email covidWFvac@nhslothian.scot.nhs.uk.

The EICC will open on 1st Feb. Currently doing scenario planning, arranging ID badges, system access, induction sessions to be familiar with the process – expecting 600 people to attend - people will receive an invite to these. Leadership teams now being put in place at each site. Look at pictures on EICC on Twitter to see some of the work underway.

Drummond: - think ahead to when you're 80 and look back at what you did in 2020 and 2021.

Give all you can - but not MORE than you can, that's the road to burnout.

Be kind and work together with all in NHSL / HSCPs as a team - #teamLothian.

Also we need to be GPs too looking after all the other non-COVID illness – but if we can support in our non-practice time, that will help.

Drummond finished with a few slides;

Stephen Covey's Circle of Concern/Influence.

Circle of concern- everything's wrong, economy, people's behaviour, etc, but it's outside my control.

Circle of influence/ control - in Lothian our job is simple – we have the ability to put vaccines in people's arms, we can sign up to an ES, we can fill out the form to be recruited to one of the centres, and we can turn up and do our best. We can do it cheerfully and try and spread positivity. We can try to be the best version of ourselves. This is within our control.

2nd slide - Vaccine day in snowy Penicuik – versatile team not stopped by snow to vaccinated people in nearby residential home.

We'll get through this and we'll achieve it.

Thanks to Lothian LMC for doing all the hard work, and thanks as ever to the panel.

Iain Morrison closed by thanking everyone for attending and echoing Drummond's words.

It's hoped we'll get a really good uptake on the latest ES and think it'll introduce a bit of joy at work which is badly needed. Appreciate everyone is very busy but it gives us a bit of control over this pandemic.