

**Consortium of Local Medical Committees**

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# The COVID Vaccination Programme

# A Message from your LMC Chairs & Chief Executive

We know that you will all want to do the best for your patients to treat and protect them from the Corona virus. You are also working very hard to keep up with seeing and treating non COVID patients with the greatest needs. Now that you are being asked to play a major role in the COVID vaccination programme your natural inclination will be to do all you can to help.

We are also aware that many of you are struggling to cope with your existing workload, facing increasing patient demand, both COVID and non COVID, and picking up the burden of work transferred from secondary care as they struggle to cope. You are doing this against a background of depleted staffing levels in your own teams and in those teams that work with you. The result is exhaustion, stress and burnout.

Many of you have looked to your LMC for guidance as you are asked to commit in the next few days to an incredibly challenging programme, without much detail, that may commence in a few weeks’ time. We cannot be prescriptive in any advice that we give you; circumstances and pressures will vary from practice to practice, PCN to PCN and in different health communities. We would ask that you consider the following issues before you make a decision to participate or not:

1. You are being asked to make a commitment with very little information available. Whilst we appreciate it may be possible to make a commitment in principle it is not clear whether you will be able to change your mind if, as more detail emerges, it becomes clear that it is an impossible ask. We ask that there is more clarity on this.
2. The timescale for responding is impossibly short and does not allow time for adequate consultation with member practices in a PCN. It is important that all practices in a PCN are on board for whatever decision is collectively made by the PCN.
3. The requirements of the scheme appear incredibly rigid, with 7 day working for 12 hours each day. We understand that some flexibility may be emerging in the national debate, but this is not yet clear. This stipulation appears to be related to the characteristics of the vaccine being supplied, where batches of vaccine will come in batches of 975 doses, to be made up on site, with a short shelf life. However, the supply of vaccine is not assured and may be intermittent, particularly in the early stages of the programme. You may well staff the site for a 12 hour shift only to find the vaccine is not available. Who will carry the financial risk for this?
4. This is a hugely complex task and one that will only succeed if there is a huge wrap around support for the practice staff carrying this out. Are there sufficient admin people out there to organise the flow of patients, clinicians to oversee the drawing of the vaccine and suitable HCAs to do the jabs? Are these to be paid for out of the £12.58 per dose or will CCGs and NHSE be levering in oversight and logistical support. You will need clarity on this.
5. There is uncertainty around the various components of the whole programme. There is talk of large vaccination centres and secondary care trusts carrying out a significant part of the programme. What component will general practice be expected to carry out and how will it all be coordinated? We need clarity on local plans.
6. There is to be a national call - recall system and practices are expected to run their own call and recall system alongside this. How will this work in practice - the national systems put in place so far in relation to COVID have hardly been an outstanding success! What extra administrative burdens will this bring? How will PCNs know how many patients to call, matching supply of vaccine with eligibility criteria and staffing rotas and with what work is being done in other vaccine centres.
7. This is a direct quote from the letter sent by NHSE on 9th November:

*“Practices will need to provide the majority of the required staff from their own workforce, though additional workforce, including volunteers may be available through agreed national frameworks or through any existing local channels. PCN partners in community services or community pharmacy may be able to support delivery. If practices want to use the Bring Back Staff Scheme and GP returners to recruit additional staff, they should liaise with their regional Bring Back Scheme leads to identify CVs and availability.”*

This brings up all sorts of uncertainties - who is to organise this extra workforce, can they be mobilised quickly enough, who bears the cost of any training and how are they paid. It is also worth bearing in mind the other pressures that community staff, also with depleted numbers, are under to support early discharge schemes and the COVID Virtual wards. I can’t see how individual practices can be expected to “liaise with their Regional Bring Back Scheme leads.”

1. It is obvious you can’t do this programme and the day job. However, the letter from NHSE has a clear expectation *“Our shared ambition is for general practice to remain fully open and accessible to all patients. We also recognise that the additional workload of a COVID-19 vaccination programme may require practices to prioritise clinical activity*.” The Government answer is to give you your share of £150m (roughly £2.50 per patient) to fund extra capacity to do the day job. But is this money enough, is there clarity around the criteria for accessing this money, and is there the workforce out there to spend it on?
2. The government quite clearly can’t accept general practice stepping things down and it looks like they are leaving these prioritisation issues to individual professional judgement. The BMA/ RCGP traffic light is a bit of a help but not sufficient. We need a local framework and understanding to help prioritise patient demand and give some cover when the complaints/ litigation comes in.
3. The national requirement is that PCNs advise their CCG of nominated sites to carry out the vaccination programme by Tuesday 17th November. What does this mean in practice - is the PCN them committed to the programme or is it just an outline expression of interest? Locally this timescale has been brought forward to Friday 13th November. We suggest that this is unreasonable given all the uncertainties.
4. The formal commissioner offer to PCNs / practices will be made on Monday 23rd November, but the final enhanced service specification will not be available until later. We understand that certain detail of the service specification is reliant on the vaccine that is actually available but PCNs and their practices cannot be expected to sign anything without some essential detail about the volume of patients they will be expected to vaccinate, (and how this relates to other vaccination centres,) the level of logistical and workforce support available to them  through their CCG /NHSE and some level of clarity on likely vaccine supply chains.

In summary we recognise the value of this programme in protecting the population from COVID and that there is some urgency in starting such a programme. We also recognise your desire to play your full part in supporting your patients through this programme. However we are concerned at the lack of notice that has been given, the degree of implied urgency that is being pursued when there is no certainty that the vaccine will be available, or in any credible volumes, and the many questions that remain to be answered so that PCNs and practices can make an informed decision as to whether it is possible for them to take on this work. We would also suggest that there is clarity around what remains to be expected of general practice in dealing with non COVID work and that there is a local scheme and cover for individual clinicians and practices in deprioritising non-essential work.

The LMC will, as ever, support whatever decision you come to. We will support those practices and PCNs that want to commit to this programme and, equally, we will support those practices and PCNs that don’t feel able to commit. We have spent a great deal of time exploring and debating the issues surrounding this programme over the last 3 days. If you feel you would like to seek further advice from us, or clarification of any particular point, do not hesitate to contact us.