

Covid-19

----- Guidance for practices



Date: 07.04.2020

Please be aware that this is a rapidly evolving situation.

Non-acute essential care

- There are many routine general practice services which are essential to maintain health over the short and long terms.
- While some services have been de-prioritised during the immediate pandemic response, it is important to look at how we continue to offer important aspects of routine care to our patients through remote consultations where possible, prioritising those with the highest health need.
- Some will require face to face interventions and these should be combined into the least number of appointments where possible.

These services include (but are not limited to):

1. Routine vaccinations
 2. Seasonal vaccinations
 3. Cervical smears
 4. Essential injections
 5. Postnatal checks
 6. Contraceptive services
 7. Drug monitoring and medicines management
 8. Long term condition management
 9. Early diagnosis of cancer
 10. Supporting people with learning disabilities
- The RCGP has produced revised guidance on the [prioritisation of workload during Covid-19 \(updated January 2021\)](#).
 - The roll out of the Covid-19 vaccination programme will also require practices to look at prioritising workload in light of available workforce.
 - Commissioners should engage with their local LMCs to prioritise Local Enhanced Services according to clinical need and levels of Covid-19 activity.
 - While there were income-protected indicators for QOF during 20/21, [payments for 21/22 will be based on activity](#) unless further guidance is published advising otherwise.
 - [QOF indicators for 21/22](#) are based on requirements for 20/21 with some minor amendments. The value of a QOF point has increased by £6.33 (3.3%) to £201.16.

1. Routine vaccinations

- NHS England published a [letter with an update on vaccination and immunisation changes for 21/22](#).
- From the 1 April 2021 the provision of vaccination and immunisation services became an essential service for all routine NHS-funded vaccinations with two exceptions: childhood and adult seasonal influenza, which will continue as enhanced services, and Covid-19 vaccination.

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- The Childhood Immunisation Target DES was retired on 31 March 2021 and a new vaccination and immunisation domain in the Quality and Outcomes Framework (QOF) introduced for 2021/22.
- During a pandemic it is important to maintain good vaccine coverage and uptake to reduce the likelihood of preventable disease outbreaks.
- Londonwide LMCs have developed [separate guidance on delivering a safe immunisation programme during the pandemic, taking into account infection prevention and control \(IPC\) principles](#).
- Prioritisation should be given to time-sensitive vaccines for babies, children and pregnant women.
- The London Immunisations team have released a [set of FAQs for practices and patients](#).
- Childhood Immunisations
 - All routine childhood immunisations from birth up to and including vaccines due at one year of age should continue including the first MMR dose.
 - All doses of targeted hepatitis B vaccines for at-risk infants should be offered promptly.
 - Please continue to offer and provide BCG vaccinations where available. Please risk assess and prioritise those infants aged 0-1 who either reside in a borough of a TB incidence rate of >40 per 100,000 or live in a household with a parent or grandparent from a country with a TB rate of >40 per 100,000.
- Maternal Vaccinations
 - Please ensure that pertussis vaccination continues to be offered to pregnant women. Where the vaccination cannot be provided in maternity, this should be given by the GP.
- Pneumococcal vaccination
 - To continue for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation). Risk groups include patients:
 - With a solid organ transplant.
 - Undergoing active chemotherapy or radical radiotherapy for lung cancer.
 - With leukaemia, lymphoma or myeloma at any stage of treatment.
 - Having immunotherapy or other antibody treatments for cancer.
 - Having other targeted cancer treatments which can affect the immune system.
 - Who had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs.
 - With severe respiratory conditions.
 - With rare diseases and inborn errors of metabolism that significantly increase the risk of infections.
 - On immunosuppression therapies sufficient to significantly increase risk of infection.
 - Who are pregnant with significant congenital heart disease.
- Shingles vaccination
 - Practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

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2. Seasonal vaccinations

- NHS England have [published their first letter regarding the 21/22 flu season](#). We are awaiting publication of further guidance and the national DES.
- The [Covid-19 vaccine delivery programme](#) was launched in December 2020. Londonwide LMCs have produced a [guide to the Covid-19 vaccination programme](#) which is updated as we get new guidance.

3. Cervical smears

- Following the suspension of the collection and processing of smear samples in London due to laboratory and workforce capacity in March, a further letter was issued on 8 June **advising that cervical screening would recommence, including sending out reminder letters to eligible women.**
- Practices will need to contact the Cervical Screening London laboratory collections service on couriers@tdlpathology.com or 020 7307 7373 to arrange sample collection and transport. Health Services Laboratories have provided a [list of contact details](#) for other enquires.
- High risk patients who were already referred to colposcopy will continue to receive services under the colposcopy unit.
- Further details for sample takers were released in the following updates in [June](#), [July](#), [September](#) and [November](#) 2020.

4. Essential injections

- Essential injections should continue to be provided e.g. Prostag, aranesp, clopixol, testosterone:
 - Practices/PCNs to consider the safest way of delivering these, ensuring that risk of Covid-19 exposure is minimized and combining with other appointments if required
 - Patients should be taught to self-administer where appropriate
- Vitamin B12 injections
 - Depending on the cause of the B12 deficiency, it is worth considering if oral B12 supplements are appropriate. The BSH have issued further [guidance regarding B12 during Covid-19](#).

5. Postnatal checks

- A 6-8 week postnatal check for mothers is now an essential service as part of the GMS contract
- Where possible combine maternal and child postnatal checks with childhood immunisations at 8 weeks; this may require designated clinics where capacity allows.
- Baby checks:
 - Remote consultation for verbal assessment of maternal and baby health and wellbeing and concerns prior to immunisation appointment should happen at 6-8 weeks, explaining that examination will take place at 8 weeks with the immunisation appointment, followed up by a phone call to explain examination findings and outcomes if required. Partners will usually not be able to attend the appointment, which will also need explaining. Please see our separate guidance on [managing immunisations](#).

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- To minimise risk of Covid-19 exposure, practices must ensure thorough infection control measures and ensure that the area and equipment have not been used by staff or patients with high likelihood of Covid-19 or exposure to Covid-19.

6. Contraception

- It is essential to maintain access to contraceptive services during the pandemic.
- The FSRH has produced [guidance for health professionals regarding the provision of contraception during the pandemic](#) (updated 16 October), and a guide to [ensuring the provision of sexual and reproductive healthcare \(SRH\) services during the second Covid-19 wave and beyond in the UK](#) (updated 9 October).
- They have also produced a [patient information leaflet regarding contraceptive and abortion services](#).

7. Drug monitoring and medicines management

- Essential drug monitoring must continue. Even during pandemic peaks, drug monitoring needs to be prioritised for:
 - Those at risk of a serious adverse drug event that can be identified through monitoring.
 - People taking a narrow therapeutic index drug during a phase when intensive monitoring is still required (e.g. upon initiation).
 - Patients who have recently had an illness that may have impacted on how their drug works.
 - It is particularly important that drug monitoring continues for patients on DMARDs and warfarin.
 - If possible, blood monitoring for lower risk medications and conditions, e.g. ACEi, antipsychotics, thyroid disease should continue where capacity allows. Consider increasing the interval of testing if clinically safe to do so.
- Please see our guide on [Medicines management and drugs monitoring](#).
- Please see our guide on [Medicines management and monitoring for mental health](#).
- The Specialist Pharmacy Service has written [Covid-19 Medicines Summaries for 28 specialities](#).

8. Supporting patients to manage long term conditions

- Practice should consider prioritising reviews for those at higher risk of adverse outcomes. This includes patients whose LTCs are poorly controlled, patients in BAME groups and those in deprived populations.
- Management of long-term conditions (LTCs) should be carried out remotely wherever possible.
- Practices can consider signposting patients to online patient facing resources. [Please see our website for some links](#).
- Management should take into account the need to appropriately prioritise elements of routine preventative care due to reduced staff capacity, the limitations due to the need to limit face to face assessment, and the lack of access to some routine investigations.
- For further information please see our separate guidance [on managing long term conditions in primary care](#).

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9. Early cancer diagnosis

- During the Covid-19 pandemic we have seen significant reductions in the number of people diagnosed with cancer compared to last year. While some of these numbers have recovered, some are still well below average, particularly lung cancer.
- The QOF QI module is in place until the end of March 2022 and supports practices with identifying cancer at an earlier stage.
- The PCN DES early cancer diagnosis specification continues until the end of the five year deal and also supports practices and networks to increase diagnosis of cancer at an earlier stage.
- [Further guidance from Londonwide LMCs](#) with resources from Cancer Research UK, Macmillan and other sources is available to support practices and networks.

10. Supporting people with learning disabilities

- Evidence from PHE shows that individuals with learning disabilities were up to six times more likely to die from Covid-19 than the general population. Priority should be given to ensuring accessible information is available for this patient group, with LTC prioritisation given to individuals with learning disabilities.
- There is a new [QOF QI indicator for 20/21](#) to support learning around patients with learning disabilities. This has been extended until March 2022.
- There is also a PCN DES Impact and Investment Fund indicator measuring the percentage of patients on the learning disability register aged 14 and over who received an annual learning disability health check.