



**Issue 116/Wednesday 12 January 2022**

This is the latest round-up of information for GP practices, produced by South East London CCG. Should you have any questions or need advice, contact your local borough primary care team in the first instance; they will escalate anything they can't resolve to south east London's Coronavirus co-ordination centre.

Please check for any borough-specific information, which will be attached to this bulletin by your borough primary care commissioning team.

## COVID-19

### **Operational guidance following JCVI advice on the booster vaccination of eligible 12 to 17 year olds and household contacts of immunosuppressed people**

**From today, all vaccination sites can begin to invite via Local Booking Systems**

- Booster for young people aged 12-15 years old who are in a clinical risk group, or who are a household contact of someone who is immunosuppressed, from 91 days following their last dose of the primary vaccination course
- Booster for young people aged 12-15 years old who are severely immunosuppressed from 91 days following their last dose of the primary vaccination course. Please note for severely immunosuppressed individuals, the primary vaccination course comprises 3 doses, and the booster is the 4th dose for this group.
- Booster for all remaining 16 and 17 year olds from 91 days following their last dose of the primary vaccination course.

The updated PGD and National Protocol was published on the 7 January and is available here: [Coronavirus » Legal mechanisms \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/legal-mechanisms/). The Green Book has been updated.

Bookings on the national booking service (NBS) for 16 and 17 year olds is scheduled for 17 January. The national walk-in finder website will be updated by 17 January latest to sign-post to booster offers for eligible 12-17 year olds at age appropriate sites. **Note, in the interim until the walk-in website is updated, 16 to 17 year olds who are attending a walk-in clinic for a booster can now be offered a vaccination. We also encourage practices to start to invite 16 and 17 year olds this week to attend for their booster.**

This guidance is to be read in conjunction with our system letter ([here](#)) from 23 December 2021 and JCVI advice ([here](#)) from 22 December 2021.

Alongside vaccination of these groups please continue to vaccinate our vulnerable cohorts, care home residents and staff, immunosuppressed people, those who are unvaccinated and look to explore all opportunities to drive uptake from your site.

Please also [see tips for increasing local demand](#) and maximise the deployment of vaccination supply close to its expiry date. Please ensure that stock usage is prioritised in line with expiry date, site size and throughput highlighting risks of excess through your usual system and regional routes.

### **Booster for eligible 12-15 year olds and 16 to 17 year olds**

- Comirnaty® 30 microgram/0.3ml dose vaccine is the recommended vaccine for those aged 12-17 years.
- No changes are required to the Point of Care Systems to enable the recording of booster vaccinations to those aged 12-17 years old. The warning messages for most PoC applications will be updated by 17 January. Please note that this warning message should not prevent clinicians from vaccinating and recording the booster dose.
- **Recording boosters for severely immunosuppressed 12-15 year olds in PoC systems:** For these patients, the booster dose will be their 4<sup>th</sup> dose 91 days following their third primary vaccination dose. Please record this as a *second booster*. Point of Care Systems such as Pinnacle support the recording of multiple boosters.
- Please note: boosters for 16 and 17-year-old severely immunosuppressed and household contacts of those who are immunosuppressed are already recommended, as set out in Chapter 14a of the Green Book.

### ***Booking systems***

- We expect booster appointment bookings for 16 and 17 year olds to be available on the NBS from 17 January. 16 and 17 year olds will be able to book into booster slots already set up by sites that have made themselves accessible for this age group. An NBS booking pathway for boosters for 12-15 year olds who are in a clinical risk group or household contact of someone who is immunosuppressed is currently being considered. Further detail to follow.
- **National call/recall:** for booster doses for 16 and 17 year olds are scheduled from Mon 17 January. National call/recall efforts to supplement local call/recall arrangements for booster doses for 12-15 year olds who are in a clinical risk group are currently being considered. Further detail to follow.
- From 17 January, the national walk-in site finder at [www.nhs.uk/grab-a-jab](http://www.nhs.uk/grab-a-jab) will be updated to direct 16- and 17-year-olds and 12 –15-year-olds in a clinical risk group for their booster to age-appropriate walk-in sites who are compliant with the readiness checklist Part A (for 16- and 17-year-olds), and Part A and B (12–15-year-olds) available [here](#).

### ***Site requirements: processes at site arrival for all children and young people***

- All sites must have processes in place at arrival to identify eligible 12-17 year olds attending for their booster. All staff, including front-of-house volunteers and site security must be briefed on these requirements.
  - Eligible children and young people must be identified at check-in and immediately routed to be seen by appropriately trained staff, and to receive the correct dose and vaccine.
  - Please note that for individuals in clinical risk groups such as severely immunosuppressed patients, priority access such as fast track lanes

should be considered to ensure they do not experience long waiting times for their appointment.

- Note that recent infection with COVID-19 would require deferral of vaccination as follows:
  - For 12-15 year olds in a risk group, vaccination should be deferred until 4 weeks following the start of symptoms, or the day of a positive test sample for asymptomatic individuals.
  - For 16 to 17 year olds who are not in a risk group, vaccination should be deferred until 12 weeks following the start of symptoms, or the day of a positive test sample for asymptomatic individuals
- Sites should have policies in place to support people with a disability and the provision of reasonable adjustments. Staff should be aware of these practices and where practical needs should be identified prior to attendance and shared with staff to ensure a positive experience for all.

### **Consent and Mental capacity consideration:**

- Providers need to follow the principles in The Green Book Chapter 2: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/994850/PHE\\_Greenbook\\_of\\_immunisation\\_chapter\\_2\\_consent\\_18\\_June21.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994850/PHE_Greenbook_of_immunisation_chapter_2_consent_18_June21.pdf)
- Where the assessment indicates a young person lacks mental capacity to consent to the vaccine, discussions with family members/carers and anyone appointed as a Health or Welfare Deputy or with Lasting Power of Attorney should begin early, and preparations made for a best interests decision in line with the checklist in Section 4 of the MCA (where applicable). Additional guidance can be found <https://future.nhs.uk/NationalCOVID19VaccineEquality/view?objectId=102201797>

### ***Post-vaccination observation of children and young people***

- The required 15-minute observation period is currently suspended across the programme for most people being vaccinated. However, some children with specific risk factors still need a period of observation as detailed in table 5 in the Green Book on the management of patients with a history of allergy ([here](#)). As this is a temporary suspension, we would like to remind providers that if re-introduced, there should be appropriate estate and pathways to accommodate the 15minute wait.

### **IMMEDIATE ACTIONS REQUIRED**

#### **Actions for practices and PCN Groupings**

- From today, all PCN-led sites signed up to the Phase 3 Enhanced Service specification can administer booster vaccinations to eligible 12 -15 year olds who are in a clinical risk group, severely immunosuppressed or household contacts of someone who is severely immunosuppressed, and 16 to 17 year olds.
- PCN-led sites vaccinating this group need to complete the checklists to ensure that the workforce is appropriately trained to support this cohort.
  - The Phase 3 General Practice Enhanced Service specification has been updated to enable PCN Groupings to vaccinate this additional group with immediate effect and the updated specification can be read [here](#).
  - With immediate effect, GPs are asked to undertake local searches to identify the following and to enable the vaccination of
    - 12 -15 year olds who are in a clinical risk group or household contact of someone who is severely immunosuppressed
    - 12-15 year olds who are severely immunosuppressed,

- Searches should include local searches of patient lists and the GP COVID-19 vaccine dashboard. This request is necessary for the reasons of public interest.
  - NOTE: The GP COVID-19 vaccine dashboard has an existing category for severely immunosuppressed people aged 12-15 years. The dashboard will be updated to include categories for 12-15 year olds who are in a clinical risk group in due course. This request applies to all GP sites regardless of participation in the COVID-19 vaccination programme. PCN Groupings are asked to run searches by 21 January [14 days post the date of this letter] at the latest.
  - If a GP practice is not participating in the COVID-19 vaccination programme or not able to deliver boosters to this group, please ensure you provide a list of all identified eligible children to your local commissioner as soon as possible and by 21 January [14 days post the date of this letter] so that provisions can be made to invite and vaccinate this group.
  - Please ensure for identified severely immunosuppressed patients who cannot be vaccinated via the GP/PCN that they receive a GP referral letter confirming eligibility and appropriate timing for a booster for these patients to be able to use available walk-in clinics.
- As a reminder, a temporary supplement of £10 is provided for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022, that includes boosters (fourth doses). Point of Care Systems are being updated to reflect this change.

If you have any questions please contact [england.vaccinecentresgroupsupport@nhs.net](mailto:england.vaccinecentresgroupsupport@nhs.net) for Vaccination Centres Support or [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net) for Local Vaccination Centres (Primary Care Networks and Pharmacies).

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## **Guidance: Assessing, Monitoring and Treating COVID in General Practice and Accompanying Assessment Pathway**

[This guidance](#) has been developed to support frontline clinicians with the assessment, monitoring and treatment of patients who present to general practice with symptomatic COVID-19. There may be local variation in the pathways to access community monitoring and therapeutics. This guidance aims to provide a high-level overview on which patients are eligible, as well as information on how to support your patients to access these interventions.

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## **Guidance for GPs dealing with patients requesting medical exemption from COVID-19 vaccinations.**

Both the BMA and LMC have issued guidance which can be found below.

[COVID-19 vaccination exemptions - COVID-19: toolkit for GPs and GP practices - BMA](#)  
[Covid-19 vaccination medical exemption certificates guidance.pdf \(lmc.org.uk\)](#)

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## **Updated Covid-19 vaccine advice to LVS centres and GP practices for individuals with previous allergic reactions**

South East London CCG have updated this resource, which is designed to support primary care staff with the review of patients who have had a previous allergic reaction. The updated resource now includes information relating to the Moderna vaccine and the temporary suspension of the 15-minute wait in individuals without history of allergy.

Please see the [link](#) to the guidance for further information and contact your Medicines Optimisation Team if you have any further queries.

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## Updated UKHSA guidance: confirmatory PCR tests to be temporarily suspended for positive lateral flow test results

From 11 January, those who receive positive lateral flow device (LFD) results for COVID-19 will be required to self-isolate immediately and will not be required to take a confirmatory PCR test. Please see [letter](#) from 8 January in full here.

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## Availability of Lateral Flow Tests

Intermittent availability of Lateral Flow Tests recently via the BAU route <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests> has impacted staff across the ICS. This has been met with a focus to bolster the availability of tests through this route, with a 200% increase in delivery slots and increased orders of LFT's from manufacturers. NHS Digital are working to provide NHS staff an enhanced delivery function through this route. Staff are encouraged to persist with ordering as usual, but may find that **more than one attempt** daily is required at this stage. Where PC and H&SC staff are still unsuccessful, the SEL Testing Team will provide staff access to a route for personal collection of an incident stock of LFT's through local Borough Testing supplies. Guidance can be sought by contacting [selccg.covidtesting@nhs.net](mailto:selccg.covidtesting@nhs.net). Monday to Friday. Practices who require PCR Tests stock for symptomatic patient use should contact [Making COVID-19 PCR testing available in general practice \(publishing.service.gov.uk\)](#)

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## COVID-19 testing and reporting

Regular antigen testing of all practice staff is critical to protect staff and patients and slow the spread of Covid-19. Staff testing is vital - even after vaccination. ALL test results regardless of outcome must be reported. Find out more [here](#) in our weekly update and below:

**Staff testing:** Reminder that all staff vaccinated or unvaccinated, should still be undertaking twice weekly asymptomatic testing using lateral flow test kits obtained from the .gov website (See below) and reporting ALL results on the government website. This is still needed to protect staff, colleagues, family member and patients within their care. It is advised when reporting to set up an account, this makes it quicker to report subsequent test results as previous information is pre-populated. You can also scan the QR code on the test cartridge in cases where the text is too small to read easily.

**Lateral flow test kits for vaccination sites:** Please note that staff and volunteers should be accessing test kits via the national government website and should be testing and reporting before attending site. Order: <https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests> and Report: [Report a COVID-19 rapid lateral flow test result - GOV.UK \(www.gov.uk\)](#). However, sites are still encouraged to hold a small supply for emergency use in cases where staff or volunteers turn up without having tested. Please let the SEL CCG Testing Team [selccg.covidtesting@nhs.net](mailto:selccg.covidtesting@nhs.net) know if you need any small supplies for emergency use and we will support obtaining a small number of kits from our Local Authority Partners.

**PCR kits in surgeries:** Reminder that GP practices should have a small stock of PCR kits for use in emergencies for staff or patients who present with possible covid symptoms. Assistance in ordering these can be made via the Specialist Team via 119.



Please follow the link for information. <https://www.gov.uk/government/publications/covid-19-testing-in-general-practice>

Changes to collection of lateral flow kits from local sites and pharmacies: Many collection sites are now requiring a 'collection code' before issuing up to 2 lateral flow test kits (7 tests in each box). The code can be obtained by following the information on the government website <https://test-for-coronavirus.service.gov.uk/collect-lateral-flow-kits> to obtain a collect code via text and email. Alternatively, some collection points are displaying a QR code which can be scanned to access a form which once completed will generate a collect code.

Lateral flow Instructions in other languages: SEL have successfully managed to petition for the 3 main languages used by Afghanistan's to support the many other translations already available. These can now be found on the government website: <https://www.gov.uk/guidance/covid-19-self-test-help>

Any testing questions please contact [avril.satchwell@nhs.net](mailto:avril.satchwell@nhs.net) Head of SEL CCG Covid Testing or the wider SEL Testing Team at [selccg.covidtesting@nhs.net](mailto:selccg.covidtesting@nhs.net)

## GP Updates

### Action required by 13 January - co-design opportunity for new electronic health record

Guys and St Thomas' Trust and Kings College Hospital Trust will be implementing [Epic Electronic Health Record \(EHR\) system in 2023](#). This will not only have benefits to patients and staff but there will also be benefits to our primary care colleagues.

The Trusts will be introducing a new clinic letter template that aims to streamline and standardise the information primary care colleagues receive from the Trusts. They are looking for a group of GPs representing the boroughs in South East London to provide their thoughts on the template.

This group would be provided with the template letter, a short online survey and in addition be invited to discuss the template at an **optional** online feedback session.

If you would like to take part please review [the attached letter](#) by **13 January** on [SurveyMonkey](#).

There is a feedback session on 21 January from 1.30- 2.30. Register [here](#).

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### Funding arrangements for bed and community care capacity in the hospice sector

As outlined in the NHSE/I letter dated 13 December 2021, grant funding is to be made available, to secure and increase NHS capacity for 13 December 2021 to 31 March 2022. '[Funding arrangements for bed and community care capacity in the hospice sector, December 2021 to March 2022](#)', has now been published which outlines the aim of the grant and how payment will be calculated. In addition, it states the CCG position of maintaining existing funding arrangements. Please direct any queries regarding this guidance to [england.covid-eolc@nhs.net](mailto:england.covid-eolc@nhs.net). [Supporting Q&As with further detail](#) have also been published by Hospice UK

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## Drug Safety Update: Dapagliflozin: Indication for type 1 diabetes – withdrawn

The marketing authorisation holder for dapagliflozin withdrew the indication for type 1 diabetes across Europe and in the UK in October. A [letter was sent to UK healthcare professionals](#) to inform them of the withdrawal. The other indications of dapagliflozin are unchanged. The decision to voluntarily withdraw the indication in type 1 diabetes (T1DM) was not driven by any new safety concerns and followed commercial considerations due to a specific European-wide regulatory requirement for this authorisation.

For people with Type 1 diabetes taking dapagliflozin, please contact the patient's usual specialist diabetes team for advice.

### Advice for healthcare professionals:

- Any discontinuation of dapagliflozin in patients with T1DM must be made by or in consultation with the patient's usual specialist diabetes team
- After stopping dapagliflozin treatment, frequent blood glucose monitoring is recommended
  - An increased insulin dose may be needed, which should be undertaken carefully to minimise the risk of hypoglycaemia or hyperglycaemia
- Dapagliflozin has a diuretic effect associated with a decrease in blood pressure, a small increase in blood pressure may be seen upon discontinuation.
- Diabetic ketoacidosis is a known side effect of dapagliflozin, reported with common frequency in T1DM. Additional risk minimisation materials to mitigate risk are no longer available.

See [Drug Safety Update: Dapagliflozin \(Forxiga\)](#) for further information.

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## SEL Prescribing Support Dietetic Service UPDATES

The adult and children's PSD Team continue to run their services across all boroughs in South East London. The teams support GP practices by providing advice and review for adult patients prescribed oral nutritional supplements (ONS) and for children prescribed extensively hydrolysed formulas for suspected non IGE cow's milk allergy (CMA). The aim of the service is to ensure prescriptions are clinically appropriate and cost effective.

- **Contact Us:** If your practice would like support reviewing ONS or CMA prescriptions please email [gst-tr.prescribingsupportdietitians@nhs.net](mailto:gst-tr.prescribingsupportdietitians@nhs.net)
- **Education Webinar:** Malnutrition and appropriate prescribing of Oral nutritional supplements. The Adult SEL PSD team would like to invite you to a one-hour free lunchtime webinar (one CPD point) on Friday 28 January 2022, 1330-1430. The focus will be on identifying malnutrition, appropriate products to prescribe and when to refer to specialist services.
  - Please book your attendance via the link below:  
<https://www.eventbrite.co.uk/e/malnutrition-and-appropriate-prescribing-of-oral-nutritional-supplements-tickets-225757947097>
- The SEL Non-IgE Cow's Milk Allergy (CMA) Rapid Access Clinic is open to referrals. This service will support parents/ carers through the correct diagnosis and management of non IGE cow's milk allergy, including the reintroduction of milk process.
  - Please send referrals via e-RS. Our service is listed under Speciality: Dietetics, Clinic Type: Food Allergy and Intolerance. The referral form is on DXS and can be found under the NHS South East London Secondary Subscription for the ICS on DXS under the Nutrition and Dietetics folder.

## Coordinate My Care - LDA Template Development Group

The current CMC contract will end in London on the 31 March 2022 and [Better](#) has been selected as London's development partner to provide the technical infrastructure to co-create urgent care plans across London. Jessica Howe, Learning Disabilities and Vulnerabilities Specialist with London Ambulance Service is leading a working group to help develop a template specifically to incorporate the needs of people with learning disabilities and autistic people. She is seeking representation from GPs with an interest in LD and LD Acute Liaison Nurses to join the group. The next meeting is January 2022 14:00-15:00. Please direct all expressions of interest to [Jessica.howe6@nhs.net](mailto:Jessica.howe6@nhs.net).

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## Fraud alert – fake invoices being sent to GP practices

Read the alert [here](#).

## Cancer updates

### Updated - South East London Cancer Alliance

Please find below a link to the latest version of the update, which also includes FAQs for primary care on cancer services in south east London to support GPs and patients during the pandemic.

[Cancer updates for GPs \(22 December 2021\)](#)

## Online seminars, webinars and e-learning

### Upcoming NHSE/I events

- **January – March 2022 (multiple dates).** [CPCS workshops with RPS & RCGP](#)
- **Thursday 13 January, 5pm – 6pm.** [General Practice webinar](#)
- **Wednesday 19 January, 12pm – 1pm.** [Transitional Safeguarding](#)
- **Wednesday 19 January, 1.30pm – 2.30pm.** [Social Prescribing Link Worker Learning and Development Webinar Series: Tackling Health Inequalities](#)
- **Thursday 20 January, 12pm – 1pm.** [Sexual abuse and assault](#)
- **Friday 21 January, 12pm – 1pm.** [Online Abuse by Staff with Indecent Images](#)
- **Wednesday 2 February, 9am – 12pm.** [Digital Health Innovation Collaborative – free online event](#)

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## New monthly update session for non-medical prescribers in SEL practices



Join on Eventbrite:

- [Thursday 3 Feb 2022 - 12.30 to 14.30 - Mental Health](#)
- [Wednesday 2 March 2022 - 12.30- 14.30 - Pain management](#)

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