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## COVID-19 Vaccination Programme Update

From Monday 15 February the focus will be on offering the vaccine to Cohort 6. More guidance will be available soon on the specific categories to call and recall, and the definitions of 'carer' and 'at risk groups' will be defined. This particular group isn't quite the same as the similar group of people who would be invited to have a flu jab, but it is a very large group. Therefore, the:

- Mass vaccination centre (MVCs) will invite and focus on Cohort 5
- Local vaccination centres (LVCs) will invite and focus on Cohort 6

All health and care staff should continue to be offered a vaccine, including locum, bank and agency staff. To ensure the second dose rollout is accurate, first doses must be recorded on Pinnacle so that the calculations are correct.

The JCVI advice on priority groups for COVID-19 vaccination in the UK can be found [here](#).

Vaccines will continue to be delivered over the Easter period and, although the COVID vaccination service will continue as a 7-day service, there are no plans at this time to ask GPs to open over the Easter Bank Holiday weekend, but this will be reviewed as the pandemic goes on.

The [Green Book](#) Chapter 14a - COVID-19 - SARS-CoV-2 continues to be updated and the latest version (12 February 2021) includes information on the Moderna mRNA vaccine, further changes to the advice on managing allergic history and allergies after dose 1 and updated information and clarification of advice on pregnancy.

## General Updates:

### Flu Vaccine

In the history of flu campaigns, the 2020-21 campaign has been the most successful. Practices who have any excess central stock vaccines must contact their regional team, PCN or CCG to see if it can be distributed elsewhere, because it can't be returned. Advice on reimbursement and ordering of flu vaccines for the 2021-22 season has also been [published](#).

### Shingles Vaccine

Those who were eligible for the shingles (catch-up) vaccination programme may have turned 80 years old during the pandemic and missed the opportunity to be vaccinated. This small cohort can still have the vaccine up until 31 March, but it would need to be given under a PSD because they are not included under the PGD.

### Cervical Screening

Practices must continue to book appointments for all eligible women who request screening, whilst prioritising cervical screening for both high risk and normal call and recall invitations for screening. They must not be asked to contact the Practice at a later date to arrange their appointment, it should be booked and rescheduled if it's necessary to cancel it for some reason. Updated [guidance](#) on the training of cervical sample takers is available from [Public Health England](#)

### Cancer Screening Campaign

Usual levels of cancer referral activity are much lower, with 32.5k fewer people having been treated for cancer since March 2020, and this is a great cause for concern. The 'Help us help you' campaign is continuing, and a new campaign focused on lung cancer will be launched on 15 February, encouraging anyone who has had a cough for 3 weeks or more to speak to their GP. Whilst breathlessness and a persistent cough are symptoms of COVID-19 it's important to check any overlap of COVID-19 and cancer symptoms.

### SNOMED Long-COVID Codes

New SNOMED codes for long COVID-19 are available and Practices should search for 'post' COVID-19, as it is defined by NICE, on their clinical system. Reporting of long COVID is also important for future data research and learning.

## Mental Health Practitioners (MHPs)

As part of the Additional Roles Reimbursement Scheme (ARRS) Mental Health Practitioners (MHPs) will be introduced, along with up to 50% funding for PCNs for MHPs employed by the Community MH Provider. PCNs are not eligible for funding for MHPs employed directly by PCNs. It's the role of the Community MH Provider to have all the employer responsibilities such as recruitment, pre-employment checks, line management, clinical supervision and indemnity. The benefits of the MHP model include:

- It reduces the 'employment' burden for PCNs
- No formal MH referral processes are required
- The MHP works as part of the PCN MDT
- The MHP can access and draw down on a range of Provider MH services
- The MHP provides a bridge between Primary Care and specialist MH providers
- They become part of a wider reform and expansion of community MH services

There will also be an opportunity to have a Children and Young Person (CYP) MHP, which will be reimbursed on the same basis.

## Inclusion Health

This is an area which aims to prevent and address health and social inequalities of particular groups such as:

- Gypsies, Roma and Travellers
- People experiencing homelessness
- Vulnerable migrants
- Sex workers
- People in contact with the criminal justice system
- People with learning disabilities

As mentioned in our last bulletin, Practices shouldn't turn people away who try to register without proof of ID/address or immigration status, and new patients should be offered an initial health assessment to identify vulnerability to COVID and code as CEV as appropriate. Practices should also add information to their website to make it clear that patients don't have to provide ID to register with a GP Practice, which will help to develop an inclusive health service. An online self-assessment tool is also available for PCNs from [Inclusion Health](#).

## CQC's Regulatory Approach

At the start of the pandemic the CQC paused routine inspections and only focused on responding to any risk and, whilst their regulatory role hasn't changed during the pandemic, they have kept this decision under review. In their latest [update](#), they make it clear that for

now they will continue to only undertake inspection activity in response to a serious risk of harm or in response to the pandemic. Their main aim is to “continue to act to keep people safe from harm, protecting their human rights while supporting providers to focus on delivering care, including the COVID-19 vaccination programme”.

For primary medical services this means the CQC will only inspect in response to significant risk of harm, including concerns raised by people working in services and people using them, and when they can't seek assurances through other routes. If an inspection is necessary, the CQC will carry out as much activity off-site as possible.

### **Find my NHS number**

Many of us don't know our NHS number or where to find it, so a [new service](#) is now live to help patients find it. Practices should promote this to their patients.