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# Primary Care Connect

THE WEEKLY PRIMARY CARE UPDATE FOR  
HAMPSHIRE AND THE ISLE OF WIGHT

Issue 9 | 21 July 2021

Dear colleagues,

"We live in strange times" is a famous quote which is very appropriate for what we are experiencing now.

We are in the third wave of a global pandemic, with a rising number of people infected with COVID-19 and lots of children presenting with respiratory tract infections. All of this results in the current workload in general practice being much greater than we would normally expect at this time of year.

The COVID-19 vaccination programme locally has been a great success with more than 2.3 million doses given and more than 90% of those most at risk have received two doses - two-thirds of these have been given by general practice.



I would personally like to thank all my colleagues for all their hard work which has made the COVID-19 vaccination programme locally such a great success and by conservative estimates has saved more than 1,000 lives in Hampshire and the Isle of Wight.

There are major concerns that the NHS could be under even greater pressure during the winter months with COVID-19 and flu. We are now looking to ensure that all of those who are at greatest risk have a booster dose in the autumn with a combination of the COVID-19 booster and flu vaccination.

Phase 3 is the planned COVID-19 booster programme. This will start on **6 September and run until the end of January 2022. Practices are asked to indicate their willingness to participate by 28 July**. The boosters can be delivered at the same time as the flu vaccination and this may be an efficient way of vaccinating those in care homes, residential settings, the housebound and the homeless.

For all other patients it will be for practices and their PCNs to decide the best way of delivering these important vaccinations. Practices will receive the normal IoS fee for flu vaccination, £12.56 for each COVID-19 vaccination delivered and a £10 supplement for vaccines delivered in care homes or in people's homes for the housebound.

The booster vaccinations will be delivered by general practice, community pharmacies, large vaccination centres and hospitals. We know the workload in general practice is currently excessive but without the vaccination programme it would be even worse and for the next stage of the vaccine programme we are going to need general practice to play a major part.

As yet we do not know which vaccines we are going to use for the booster but it is likely to be a combination of vaccines depending on the outcome of the Cov-Boost trial.

Now there is more flexibility in moving the vaccine and we will work with each PCN to try and ensure the maximum participation and uptake among our practices within the guidelines.

**Dr Nigel Watson**

**Clinical lead - COVID-19 vaccination programme – Hampshire, Southampton and Isle of Wight Clinical Commissioning Group**

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**Urgent Microsoft software update**

# Microsoft



*Installing Updates...*

To address a critical security issue affecting Windows computers, Healthcare Computing is currently deploying a security update to all computers in practices.

**To assist with this, we are asking practices to ensure all workstations are left switched on and logged out overnight on both Wednesday 21 July and Thursday 22 July.**

Any laptops in the practice should be left switched on and connected to the practice network using a network cable. Laptop users at home can manually install the update by following the instructions.

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**Survey - improving communications to support practice staff**



The Hampshire, Southampton and Isle of Wight Clinical Commissioning Group's Communications and Engagement team wants to hear from you!

We want to ensure communications resources are coming to you in a timely way and we cover the key topics you are faced with.

We want to know what help is valued by you, what additional support is needed and what communications channels you have, so that we can support in the best way possible.

Some of you may have already [seen this survey](#) - if you have then no need to fill it in twice - but if not, we would appreciate if practices could take a few minutes to fill it in and return to [hsiccg.gpportal@nhs.net](mailto:hsiccg.gpportal@nhs.net) by **Friday 30 July**.

The insight is invaluable in helping us to ensure we are supporting you to address the communications challenges you face.

Thank you for all that you do and your feedback so far.

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**COVID-19 vaccine: second dose intervals**



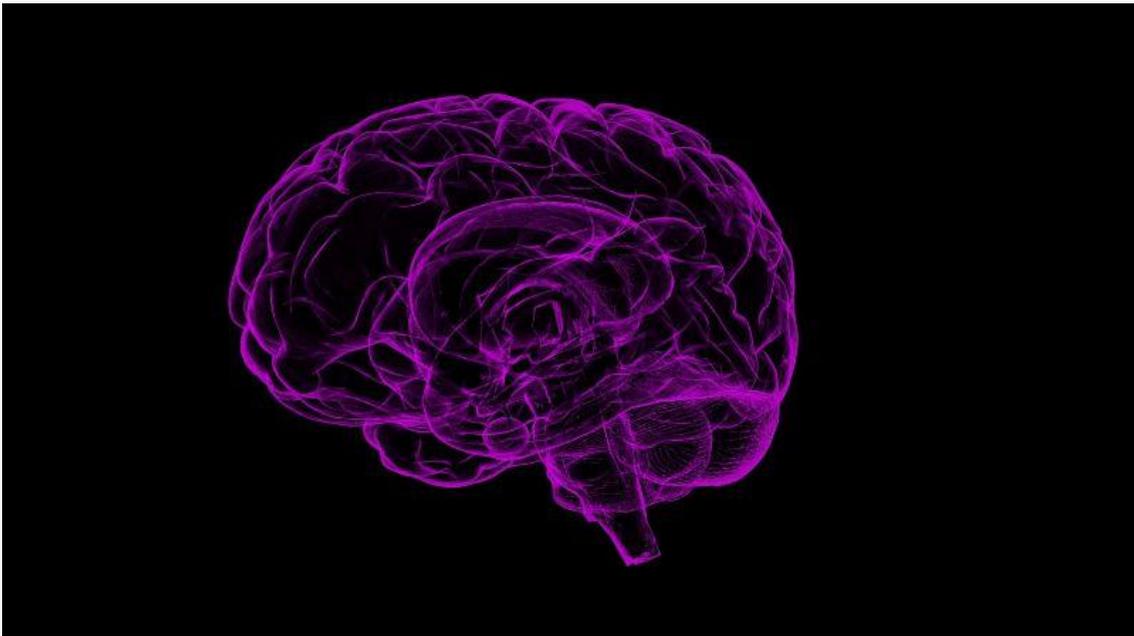
NHS England has shared the following reminder about the second dose interval for COVID-19 vaccines:

**All second doses should be given at least 8 weeks apart** unless there is a clinical reason for it to be given any earlier. i.e. prior to immunisation treatment or transplant. It is based on [JCVI guidance as described in the Green Book](#).

A [second dose script](#) to help respond to patients is available, alongside [a poster](#) for you to download and use.

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**Accessing neurology services at UHS**



We are working with University Hospital Southampton NHS Foundation Trust (UHS) to trial a different way of providing advice and guidance (A&G), starting with neurology.

**From 2 August**, we will be introducing an 'intelligent triage' option, extending the referral pathway for neurology to include A&G for new patients (previously A&G was limited to known patients only).

Primary care will continue to use eRS, but all requests for neurology A&G or referrals will go via a single route – 'Neurology – Intelligent Triage' (service ID: 7948544). The separate 'Neurology – Advice and Guidance' route in eRS will be closed to new requests with information signposting referrers to the new Intelligent Triage listing.

Any outstanding A&G requests made prior to 2 August will be answered so there is no need to resubmit and they will not be 'lost'.

All requests made via Intelligent Triage will go into one system in UHS, and be reviewed by a consultant neurologist. **GPs can specify if they have a particular preference for either A&G or a referral/ appointment.** If no preference is stated, the consultant will manage them in the way they judge most clinically appropriate. They will take an 'advice first' approach, so wherever possible A&G will be offered (with or without an investigation). If the consultant feels that an outpatient appointment (virtual or face to face) or other outcome is more appropriate, they will arrange this for the patient.

We are planning to introduce a similar approach in dermatology soon, for referrals not suitable for community dermatology services where these exist. We will then monitor these services and if this approach is successful following GP evaluation and feedback, we will look to extend it so there is a consistent approach for the majority of specialities in UHS.

Your feedback will be important, and we will be in touch to find out what you think, and whether this is working for you.

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## Child Death Overview Panel reminder



Practices will be aware we have a statutory duty to report and review all child deaths locally and strategically at the Child Death Overview Panel (CDOP).

The aim of the panel is to review the information to help prevent future child deaths as set out in the [Child Death Review Statutory and Operational Guidance 2018](#) and in accordance with [Working Together to Safeguard Children 2018](#).

This is a multi-agency function and primary care is vital to this process with the information

they know about a child and their family's journey.

If you are approached to share information by way of a statutory reporting form by the Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) CDOP Team (via a secure and nationally approved system, eCDOP), this must be completed.

This applies to all agencies involved in a child's journey. Further information for the [national process](#) and [local process](#) is available.

## Reminder of materials to support Hands Face Space message



### Suggested website wording or Facebook post

Dear patients,

Over the past 18 months all of us have had to rapidly adapt the way we work and live due to the ongoing coronavirus pandemic.

Thank you to all our patients for your continued support, patience and understanding during this time.

We know some of our patients have felt frustrated with all these changes, and we understand these frustrations.

As a GP practice, we care for some of the most vulnerable people in our communities. To help keep us all safe we, along with all other GP practices across the country, have been involved in a complex operation of collaboration, creativity, commitment and digital innovation so that we can continue to support you throughout this pandemic and beyond.

We have made general practices more accessible than ever before as we now offer video/online consultations and phone consultations - alongside our traditional face-to-face appointments.

We know that many of our patients have welcomed these different ways of access as they can choose what best fits their need and lifestyle to contact us.

We want to assure you that we have always been, and continue to remain, here for you and your healthcare needs. This includes offering face-to-face appointments when clinically appropriate.

You may have seen that on Monday 19 July, coronavirus restrictions were eased in England.

However, Public Health England's infection prevention control guidelines and hospital visiting guidance are set to remain in place for all staff and visitors in healthcare settings, GP practices, hospitals, dental practices, optometrists and pharmacies to ensure patients and staff are protected.

For our practices, this means we continue to ask patients to either call or use an online consultation form to make contact initially.

If you visit us please continue to:

- Wear a mask or face covering (unless you are exempt)
- Wash your hands or use hand gel provided at the practice
- Keep a safe distance from others

We want to thank everyone again for your continued support as we all work together to continue to provide the best possible care and keep you, and our staff, as safe as possible.

Thank you.

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On Monday (July 19) COVID-19 restrictions were lifted in most public places.

However, Public Health England's infection prevention control guidelines and hospital visiting guidance are set to remain in place for all staff and visitors in healthcare settings, GP practices, hospitals, dental practices, optometrists and pharmacies to ensure patients and staff are protected.

For our practices, this means we continue to ask patients to either call or use an online consultation form to make contact initially.

It also means anyone accessing or visiting healthcare settings must continue to wear a face covering and follow social distancing rules.

To help practices share this message with their patients and communities, a number of updated assets are available for you to download and use.

You may wish to use the following wording to use alongside your social media post:

**As a GP practice, we care for some of the most vulnerable people in our communities. To keep us all safe when you visit us, please continue to:**

[A4 poster design x 3](#)

[Twitter post design 1](#)

[Twitter post design 2](#)

[Facebook post design 1](#)

[Facebook post design 2](#)

[National social distancing poster](#)

[National social distancing email banner](#)

[National text message, website and FAQ templates](#)

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## Leadership Academy training events



The Leadership Academy is offering sessions to support a variety of roles within primary care. Events available include:

- Supporting your people when noticing burnout
- Sustaining a good team culture
- Conversations to build resilience
- The power of coaching techniques
- BAME coaching programme

For more information visit the [Leadership Academy](#) event page.

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## Recruitment and retention information available



Work is being carried out to introduce staff, who were initially hired in on a temporary basis into the vaccine centres, to secure permanent employment in the system.

There could be opportunities to fit Band 2 front of house and the Band 3 vaccinator roles into ARRS positions such as GP assistant and nursing associate.

If you feel you would like to take advantage of this scheme, please contact Eve Haworth to find out more.

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## Encouraging GP registration



We know that some people think that they cannot register with a GP if they do not have an address or proof of identity - this has been a particular issue in some people accessing COVID-19 vaccinations.

People in England do not need proof of address, ID, an NHS number or proof of immigration status to register or see a GP.

Practices can download and use the following assets to help dispel the myths:

- [Please come and register with your local GP poster](#)
- [Welcome to our practice](#)
- [Social media toolkit](#)

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**How to submit a story for the bulletin - we  
want your news!**



Welcome to our new-look bulletin - we hope you are finding it useful!

If you have any content you would like to see included in Primary Care Connect then we would love to hear from you.

When you submit a story please provide the following:

- **A short headline**
- **A few paragraphs to say what the story is**
- **Clearly include any links or documents that accompany the piece**
- **A suitable image or a suggestion of the type of image to go with the piece**

Deadline for content is **midday Tuesday**. Items submitted after this will be considered as to whether it needs to be included in the following day's bulletin, or if it can be held for an extra week.

Please send content to [hsiccg.gpportal@nhs.net](mailto:hsiccg.gpportal@nhs.net)

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**Primary Care Connect Portal**

Wessex LMC

NHS England bulletin



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**Our mailing address is:**

[hsiccg.gportal@nhs.net](mailto:hsiccg.gportal@nhs.net)

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