

# Coronavirus (Covid-19) communication



2 February 2021

Dear Colleague

Welcome to our latest Mword.

As you know, our CEO Michelle is currently on the mend from her own bout of Covid-19 and I am deputising until she returns to us. But whilst there may not be as much of a 'Michelle' tone to this Mword, be assured it is still focussed on giving you all the information that you need.

Confronted with the sobering news that we have now seen over 100,000 Covid-19 recorded deaths since the pandemic hit us last year, it is more important than ever that you continue to care for yourselves, your teams and your patients safely. It is reassuring that we are seeing incidence, death rates and admissions coming down. And hopefully there will be less pressure on us to burn ourselves out as the nights get lighter and the darkness outside lifts a little.

1. Vaccine hesitancy i: addressing concerns.
2. Vaccine hesitancy ii: local delivery matters.
3. New contract letter and London weighting.
4. Connecting sessional GPs.
5. And finally .... burnout and support.

## 1. Vaccine hesitancy i: addressing concerns.

You may have seen that a [recent poll](#) by the Royal Society for Public Health found that BAME respondents who were not willing to be vaccinated were especially receptive to offers of further health information from their GP. Over one third (35%) said they would likely change their minds and get the jab if given more information by their GP about how

effective it is.

With Ramadan fast approaching some members of the Islamic Faith, who will be fasting, may be anxious about having the first vaccine now as their next dose will be due in April in the middle of Ramadan. The British Islamic Medical Association is highlighting messaging from Islamic scholars who have said that the [vaccine does not invalidate the fast](#) . This and other information which may help you and your practice team address patient concerns can be seen [here](#).

We know that general practice holds a unique and trusted position in local communities. With increasing concerns about vaccine uptake and vaccine hesitancy in London, particularly amongst BAME communities, it is positive to note that the Mayor of London, Greater London Authority and NHS England London are all planning activity including videos, online material and pan-London Q&As with specific vaccine hesitant communities over the next few months. Short notice, but some upcoming events are:

- A virtual event for the Bangladeshi community, run by Camden Council this evening (Tuesday, 2 February) at 8.30pm, featuring Professor Kevin Fenton, Regional Director, Public Health England, and the Bangladesh High Commissioner. The event is open to all [via Zoom](#) using Webinar ID: 88569205344.
- A virtual event chaired by Lord Simon Woolley CBE, Founder of Operation Black Vote, also featuring Professor Kevin Fenton and community leaders, run by Westminster City Council on Wednesday, 3 February at 6.30pm. Places for the free event, billed as for open and honest conversations about the Covid-19 vaccination and the opportunity to pose questions to local health experts, can be [reserved via Eventbrite](#).
- And there is a [Covid-19 vaccine seminar](#) organised by the NHS Race and Health Observatory on Thursday 11 February from 5:00-7:00pm which will be exploring these issues further.

Keep an eye on our website and Twitter feed for more details. In the meantime, our website has some useful FAQ for you to refer to.

## **2. Vaccine hesitancy ii: local delivery matters.**

We know that those who are vaccine hesitant often place greater trust in the practice staff and locations they are familiar with. So the confirmation of flexibility provided in today's NHSE primary care bulletin is reassuring. It states:

"Moving the Oxford/AstraZeneca vaccine between locations across a single primary care network (PCN) grouping is encouraged if it will help minimise inequalities, maximise access and ensure timely vaccine usage. Moving vaccine within a PCN grouping is perfectly legal but the vaccine MUST be moved safely."

### **3. New contract letter and London weighting.**

The [new contract letter](#) was released on 21 January 2021. We are considering the detail, but it is also worth noting that after many calls, meetings and lobbying we now have further details, from the same letter, on London weighting and ARRS. Additional cost of living payments can be made to newly recruited ARRS staff in recognition of the additional costs of living and working in the Capital. So far so good, especially in the context of current predicted underspends. However, there will be no additional funding to provide for the additional costs of living and so, assuming the barriers to recruitment are overcome, GPs will face a difficult decision.

If GPs want to be good employers and recognise the increased cost of living in London through paying London weighting to colleagues funded through the ARRS, they will consequently be able to recruit fewer staff than practices without the same high costs for their staff elsewhere in the country. This will impact on the offer to patients. Alternatively, practices can offer equity to patients in London with respect to the services of colleagues in additional roles, but only if GPs fail to recognise the increased costs of living and under-paying staff compared to peers doing the same job in other settings in the Capital.

With our regular workforce survey consistently showing a third of all GP surgeries in London carrying GP and nurse clinical vacancies, is it really right to make it even harder for practices to recruit and retain staff? And with increasing health inequalities across the Capital, is it right that patients have access to a lesser offer from the ARRS than elsewhere? How will that help patients get the primary care they need? We are continuing to argue for recognition of the increased costs of living and working in London to be factored in and will update you as matters progress.

### **4. Connecting sessional GPs.**

Our sessional GP matching offer is still open and we have already had hundreds of offers of availability. If you are a GP looking to take on additional sessions you can [register here](#). If your practice would like access to the list of available GPs, please email [connectinggps@lmc.org.uk](mailto:connectinggps@lmc.org.uk). Full details of how this offer works for all parties can be [found here](#).

### **5. And finally .... burnout and support.**

As more and more attention is focussed on vaccination numbers and percentage coverage across the first four JCVI cohorts, I know that the pressure to do more, faster, bigger is growing across the system. In recent weeks London general practice has pulled together a

vaccination programme with almost no notice, while still doing the day job in the face of the highest Covid-19 infection rates the Capital has seen.

Our [GP Professional Support Network](#) launched last year and is there to help you manage through these difficult times. And don't forget that your LMC is not only here to update you on guidance and support your practice, but also to support you as an individual, whether you are a GP, a CD, a practice nurse, a practice manager, or another key member of the general practice team. Please do let us know if you think we may be able to help you.

**Remember, you can keep abreast of guidance and advice on our dedicated [Covid-19 website](#) (or type [lmc.org.uk/covid-19](http://lmc.org.uk/covid-19) into your browser) which provides guidance on all considerations around the Covid-19 Vaccinations Enhanced Service. And as ever, I welcome your feedback at [mword@lmc.org.uk](mailto:mword@lmc.org.uk). The team of experts and leaders here at Londonwide LMCs are by your side.**

Keep well. Stay safe.

With best wishes

**Dr Lisa Harrod-Rothwell**  
**Deputy CEO, Londonwide LMCs**