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COVID-19 Vaccine Programme Update

Over 20 million people have now received their first dose of the COVID-19 vaccine which is incredible, a huge proportion of this is due to the extraordinary work carried out by PCNs and GP Practices. However, there are still a considerable number of healthcare staff who have yet to receive the first dose so please keep supporting staff to have the vaccine and, if they've previously declined to have it, they can change their mind at any time.

Second Dose Supply and Vaccinations

The first and second dose allocations are continuing, and an increased delivery will be sustained at a higher level over the next several weeks. Some vaccines are short-dated so will need to be used quickly. Spare doses of the second vaccine can be used for the first doses. People should have their second dose at the same vaccination site and have the same brand as the first dose, wherever possible, and the recommended period to have the second dose is 77-84 days (11-12 weeks).

Priority Cohorts

Vaccination of patients in cohort 6 remains the priority, and efforts should be made to achieve a good uptake in this cohort. It's believed that many in cohort 6 have been a little hesitant to get the jab in some areas; and so the funding, which is available from commissioners to be as creative as possible to capture these people, should be used.

Phase 2 of the COVID-19 Vaccination Programme

Phase 2 of the programme is specifically the vaccination of cohorts 10 – 12 (patients aged 40 – 49, 30-39 and 18 – 29). Whilst the vaccination programme needs to continue, many GP Practices want to balance this with returning to caring for their patient's routine, urgent and COVID-19 needs. Therefore, NHSE/I have agreed with the BMA changes to the Enhanced Service which gives PCNs the option of vaccinating cohorts 10 – 12, once these are announced and authorised by the JVCI.

Practices will be asked to advise their local CCG if they wish to continue or opt-out of delivering COVID-19 vaccinations to these cohorts **by Friday 19 March**. This means that either all Practices in the PCN grouping must opt-out or none at all.

Lateral Flow Test Reporting

There has been a low reporting rate for lateral flow tests and, whilst it is optional to test in this way, it is a statutory requirement to report the test result.

PCR Testing

Since 5 March, the online COVID-19 PCR test booking page has been updated to make it easier for a patient to book a test when recommended by a GP so that they can choose a reason for getting a test, i.e. 'A GP or other healthcare professional has asked me (or someone I live with) to get a test'.

Post-COVID SNOMED CT Codes

A reminder that the understanding of Post-COVID syndrome is currently limited, so it's vital that the use of Post-COVID syndrome codes are increased where appropriate, to allow data to be captured for learning, service planning and research. Please make sure that clinicians search for 'post COVID' rather than 'long COVID' on the clinical system so that it can be accurately coded.

Post-COVID Return to Work Guidance

The Faculty of Occupational Medicine has produced guidance on Post-COVID syndrome for patients to support them to return to work, and for employers to support their employees back to work. This [link](#) can be given to patients to pass to their employers. It can also be used by Practices to support their own staff.

School Absence Note Requests

The Department for Education (DfE) has reminded schools that they shouldn't encourage parents to request unnecessary medical evidence, i.e. doctors' notes from their GP when their child is absent from school due to illness. This also includes clinically extremely vulnerable children, and those absent from school due to COVID-19 and self-isolation. However, if evidence is required, it can be in the form of prescriptions, appointment cards, text/email appointment confirmations etc. Input from GPs should only be sought where there are complex health needs or persistent absence issues.