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## PRIMARY COLOUR

## Helen Salisbury: Will GPs boost the booster rollout?

Helen Salisbury *GP*

In mid-November our primary care network agreed to pause our delivery of booster vaccines, with the intention of handing back our vaccination contract in the new year. The mass vaccination centre in a stadium on the other side of town was functioning well, and pharmacies were able to cover the rest of the demand, so we felt that our patients had reasonable access to their boosters.

We were finding it increasingly difficult to staff vaccine clinics: a year ago everyone wanted to be involved, and being part of the vaccination effort was one way of combating the feeling of helplessness that the pandemic had brought. Now the sparkle has faded and most people are too tired and busy, not feeling inclined to sign up for extra shifts. Patients' attitudes have changed, too, and the former cheerful gratitude among most of them is now occasionally interrupted by someone who's angry at being asked to wait their turn or unwilling to sit for 15 minutes after their vaccine.

The arrival of the omicron variant has meant a sudden rush to get everyone boosted much sooner, as this currently looks to be our best chance of avoiding many more deaths. As GPs delivered 75% of all vaccines in the first wave, we're crucial to the success of the booster programme. The problem is that we're already exceptionally busy.

Our representatives at the BMA have been negotiating hard trying to free us from some of the bureaucracy and box ticking in return for agreeing to vaccinate again, but the proposal that's just been received is unlikely to persuade primary care networks to sign up. A little more money is being offered for each vaccine, and most elements of the Quality and Outcomes Framework—which determines pay according to activity and targets reached—have been frozen so that payments will instead be linked to previous results.

In our network, we are genuinely torn. Leaving aside the money (which we can only ever do very temporarily), we need to work out what's going to be best for our patients' health. There's a backlog of care, and we're only just beginning to catch up with reviews of patients with long term conditions, such as diabetes and severe mental illness, which were delayed through lockdowns. We can't be in two places at once, and we need to decide quickly whether our patients are better served by putting all hands to the booster pump or by focusing on our core work.

The answer depends on just how much more infectious the omicron variant turns out to be, how severe the resulting illness is, and how well the third dose protects us. In our network I think we're likely to be vaccinating again in the near future—but, with the current uncertainties and staffing pressures, other networks may reach a different conclusion.

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors](http://www.bmj.com/about-bmj/freelance-contributors).

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