

CLMC Bulletin 493 – 21/12/21

Dear colleagues – A message from your GPC Chair

This week's update comes in a slightly different format by way of a personal message from Dr Farah Jameel as your GPC Chair. Important operational updates are included so please do read the whole update.

And just like that I am now one month into my role as chair of GPC England, how time has flown by in what feels like a flash, so I summarise below some of the key milestones in these past 4 weeks for you:

Week 1: [LMC Conference, indicative ballot results](#)

Week 2: Emerging Omicron Threat

Week 3: [QOF and IIF suspension to support vaccination programme](#)

Week 4: National Booster Mission, [CQC Suspension](#), and temporary changes to [Fit notes and Certification changes](#).

In my opening speech as chair, I said, it is essential that we work with the Government to begin to rebuild general practice, so that it can be there to care for our patients. And never could there be a truer time where our communities have needed us more. I know that you are all working at incredible pace and that the situation is very tense on the ground:

With a record NHS backlog and a growing volume of unmet acute need that general practice is shoring up;

- Significant shortage of hospital beds,
- More sicker patients being cared for in the community.
- No additional capacity to care for our sickest
- It all feels incredibly fraught and unsafe

These are pressures you are contending with in addition to incoming winter challenges and coming up to now almost two years of a pandemic, amid severe workforce shortages and now a new highly-transmissible variant meaning the roll out of the Booster vaccination is a national priority. I just don't know what more any member of our team can do or for that matter the NHS, except that we will try to do our very best, we will continue to look after our communities, because that is who we are, we deeply care for our patients. But we must also look after ourselves.

In order to support practices, together with the RCGP, we are in the process of updating our joint workload prioritisation guidance, which will be published shortly.

There is no single 'one size fits all' blueprint for how practices should operate, or what measures should be taken to manage workload on a day to day basis. I know that you will be prioritising care in a way that meets your patients' needs. Throughout the pandemic, following [infection control guidelines](#) will mean that you will have adopted relevant strategies and protocols to keep staff and patients safe. These will continue to need to be applied given what we know about rates of infection and route of spread. In the coming days, you and your teams will make difficult decisions about how you continue to provide timely care in a way that adds most clinical value and keeps patients, clinicians and staff as safe as possible from the risk of contracting COVID-19.

After a lot of work by many different departments across government, a number of temporary changes have been made in an attempt to support general practice teams through some of the paper work that we have to complete. These changes are unprecedented and are being taken in recognition of the extraordinary challenge general practice is facing to deliver the accelerated Covid-19 booster campaign (details on all below):

- **Fit notes (increased to 28 day self-certification)**
- **DVLA checks (suspended for all but essential workers – HGV and bus drivers)**
- **Firearms licenses (applicants asked to wait until after January to submit, except for urgent – i.e. needed for work commitments or imminent expiry)**
- **Prescription charge medical exemptions (suspend renewals, those due to expire will be extended for 6 months)**
- **COVID vaccine exemptions (timeframe for practice processing will be dropped so done to practice timeline)**

I know that together, we will pull through this and we will continue to do our very best to look after our communities, our patients and each other. Here at GPC and the BMA, we will continue to do our best to support you through the coming months.

Thank you for everything that you are doing, through these difficult times.

Impact of COVID-19 omicron variant and vaccination deployment

The UK Covid Alert Level has now been increased to Level 4 due to a rapid increase in cases of the Omicron variant and the Prime Minister has launched an [urgent appeal calling for people to get vaccinated](#).

NHSE/I has published [guidance to prepare for the potential impact of the Omicron variant and other winter pressures](#), and the [next steps for the vaccine deployment to](#) ensure the successful ramp up of the COVID-19 vaccine programme. Operational guidance was published on Wednesday on actions to take maximise capacity, and general practice teams (not only LVS sites) are asked to:

- Clinically prioritise services to free up clinical capacity that is delivering services which can safely be deferred into the new year, alongside delivering urgent or emergency care.
- Any patient with an urgent presenting complaint, or potentially serious underlying and unmet clinical need, should be assessed, managed, and referred onwards as appropriate.
- Increase capacity to the same level or above best day in phases 1 and 2 and consider extending opening hours.
- GP practices signed-up to the Phase 3 ES should prioritise visits to care homes that have not yet received a visit

To support acceleration of the booster programme, the [CQC are postponing](#) all on-site inspection activity for the next three weeks with immediate effect - except in cases where there is evidence of risk to life, or the immediate risk of serious harm to people.

In addition, GPC have successfully lobbied for a [temporary suspension of the 15 minute wait for the mRNA vaccine](#) to allow for an increased amount of vaccinations to be carried out.

Fit Note extension period

The Department of Work and Pensions are making legislative changes meaning that from Friday 17 December 2021 self-certification for sickness will be extended from 7 to 28 days for people accessing Statutory Sick Pay, and there will be no requirement for a fit note to access other benefits. This time limited change will end on 26 January 2022. [Further guidance on this is available](#). Whilst this is expected to cover the vast majority of fit note requests, GPs may continue to receive some for access to occupational sick pay depending on individual contractual arrangements.

Prescription charge medical exemption certification

The Department of Health and Social Care will temporarily suspend the re-certification requirement for existing prescription charge medical exemptions but retain this requirement for newly diagnosed patients. NHS Business Services Authority (BSA) will contact patients with existing medical exemptions that are due to expire between 16 December and 26 January and supply a new certificate extending their exemption for a further six months. Some people requiring renewals may have already received a reminder and have arranged with their GP surgery for this form to be signed. If this has not yet been done, no action needs to be taken.

Firearms licenses

The Home Office has written to the main shooting organisations to request, where possible, that firearms certificate applicants who are about to submit a request wait until January before requesting the relevant medical information from their GP or from an independent doctor. It is anticipated the vast majority of applicants (for example new applications for non-work purposes) will be able to wait.

The Home Office would be grateful, if a person has a particularly urgent application, for example, because of work commitments or the imminent expiry of their certificate, if practices could still consider providing the information.

DVLA checks

The Driver and Vehicle Licensing Agency (DVLA) has suspended requests for medical information for the provision of drivers licences until the 12 January (excluding essential workers e.g. bus and lorry drivers).

COVID vaccine exemptions

The medical exemptions service will continue to run, and individuals will still be able to request an application form by calling the NHS COVID Pass Service on 119 and then sending this onto a clinician for review. However, to ensure a national effort to maximise booster rollout, the timeframe for processing a medical exemption request will be at the professional discretion of the practice. DHSC will update all the relevant public guidance to reflect this change.

Item of Service fee for vaccinations

In light of the further vaccination effort required in response to the Omicron variant, NHSE/I has extended the Item of Service (IoS) fee to £20 per COVID-19 vaccination administered between 25 December 2021 to 3 January 2022 inclusive. This is to support vaccination sites to set up additional clinics during this period. The IoS fee will continue to be £20 per COVID-19 vaccination administered on Sundays in December 2021 and Sundays in January 2022 as previously announced. The ES and LES will shortly be updated to reflect this.

COVID-19 vaccination protocols and patient group directions

Updated national protocols and patient group directions and for the Comirnaty (Pfizer/Biotech) and Spikevax COVID-19 (Moderna) COVID-19 vaccines have now been published, and [are available here](#)

Second phase for children and young people aged 12 to 15

Following the JCVI advice that all children and young people aged 12 to 15 years should be offered a second dose of the Pfizer-BioNTech COVID-19 vaccine at a minimum of 12 weeks, [NHSE/I has published guidance](#) on the second phase, setting out a hybrid model of delivery which includes both an in-school and out-of-school offer

Vaccination as a condition for deployment in the healthcare sector

Last week, the Government published the outcome of their [consultation on making vaccination a condition of deployment in the health and wider social care sector](#), advising that from 1 April 2022, only to deploy healthcare workers who have been vaccinated against COVID-19 to roles where they interact with patients and service users, to avoid preventable harm and protect patients in the NHS, protect colleagues in the NHS, and protect the NHS itself. [Read the NHSE/I guidance](#)

While the BMA has serious concerns about making vaccination mandatory, GPC are pleased that the Government has, as GPC recommended, decided to delay the policy of mandatory vaccination for COVID-19 until spring next year. [Read the full statement by the chair of BMA Council.](#)

Exemptions from self-isolation of fully vaccinated staff members identified as a contact of a case

The UK Health Security agency has updated their [guidance on COVID-19: management of staff and exposed patients or residents in health and social care settings](#). Fully vaccinated GPs and practice staff no longer need to isolate for 10 days if they are a close contact of an Omicron Covid case. The requirement has been replaced with a negative PCR and then daily LFT antigen tests for ten days, with isolation only on testing positive or developing symptoms, for those who are fully vaccinated.

Prescription charge waiver for COVID-19 antivirals and therapeutic clinical trials

The [Government has announced that](#), from 10 December 2021 until 31 March 2022, arrangements have been made under the NHS Regulations for antiviral medicines to be supplied to patients who have tested positive for COVID-19 and who are in the eligible cohorts of patients. Where the patients are not already eligible for free prescriptions, the antiviral medicines will be supplied free of charge.

The waiver will also apply to therapeutic treatments that are being made available through the NIHR funded HEAL-COVID clinical trial platform treating patients who have been hospitalised for COVID-19, for long-term effects and STIMULATE ICP treating community patients for long COVID. NHSE/I will be issuing guidance on the use of the waivers.

Private provider requests for investigations under the NHS

Following some queries from LMCs about requests from private providers relating to investigation and/or treatment of one of the practice's registered patients, the [GPC have produced this guidance](#), which includes a template letter to respond to private providers. If the GP is asked by a private provider to arrange investigations or tests, the results of which the GP would not be able to interpret and/or the GP does not feel clinically competent to manage the patient accordingly, then they should advise the patient and the provider that the services do not fall within NHS Primary medical services and to make alternative arrangements.

Firearms licensing guidance

After extensive work, GPC have published [guidance on the firearms licensing process](#), setting out the BMA position on firearms licensing and providing information to GPs on what to do when someone applies for a firearms licence, including responding to the police and conscientious objection.

The BMA has had significant involvement in the development of [Home Office guidance for chief officers of police on firearms licensing](#) that came into effect on 1 November 2021. GPC strongly support the Government's overall message, that gun ownership is a privilege and not a right, and that firearms must be in the hands of only those who are deemed safe and responsible.

The 2021 statutory guidance and the arrangements for medical checks for applications reflects the BMA's significant contribution to its development. Public safety is paramount for the Association and the guidance clearly sets the standards, clarifies the national process and provides a unified approach for doctors and police forces to follow.

GMC State of Medical Education and Practice in the UK report

The GMC has published their [State of Medical Education and Practice in the UK 2021 report](#), which shows that GPs are once again reporting much greater pressure than any other group, and that:

- On average, GPs described the workload on 76% of their days as 'high intensity', a significantly higher proportion than specialists (55% of days) and other doctors.
- The proportion of GPs struggling with their workload doubled in 2021, with more than half of GPs (54%) now falling into this group.
- GPs were the most likely to be at a high risk of burnout (32%), compared with specialists and other doctors, and fewer GPs took a leave of absence suggesting that some groups feel less able to take this action.

This data should ring alarm bells for policymakers and Government – not just about how severely over-stretched GPs and their teams are right now, but also on the impact this has on patients and the safety of care they can access. It emphasises what the profession has been saying for several years; that GPs and their teams have been working harder than ever before, and they did all they could to care for patients throughout the pandemic.

Read Farah's full [comments in Pulse](#). Read the [BMA statement in response](#).

Supportive messages about the role of general practice

There have been numerous messages of support about general practice in the last week:

- [Statement by the Prime Minister, Boris Johnson](#) (12 December) commending "the extraordinary efforts of our NHS, including thousands of GPs and volunteer vaccinators" "And I know the pressures on everyone in our NHS – from our GPs, doctors and nurses to our porters – all of whom have worked incredibly hard and we thank them for the amazing job they have done."
- The Secretary of State for Health and Social Care Sajid Javid appeared on [Radio 4's Today Programme](#) talking about the role general practice would play in the Booster rollout. Discussing the need for workload prioritisation, he said: "When it comes to primary care for the next couple of weeks, our GPs will only be focusing on urgent needs and vaccinations, and it also means that nonurgent appointments in elective surgery may be postponed. For the next two-to-three weeks this is the new national mission. For the face to face appointments, the most important one you can have with any GP, is when you're getting jabbed."
- [Statement by Secretary of State for health and social care, Sajid Javid \(13 December\)](#): "My hon. Friend is right to talk about how hard GPs have worked throughout the pandemic, and about the need to provide greater support. We expect and need them to help with this big new vaccination effort. There are already signs of many people showing that they understand the need for GPs to reprioritise over the next couple of weeks, which is important too."

- 4) In a joint letter with RCGP, the UK CMO reiterated his appreciation and support, and acknowledged pressures: "We don't underestimate the massive effort required nor the challenge of Page 4 of 6 prioritising clinical care in an environment in which general practice's contribution during the pandemic has not been appropriately recognised by some people. This will however be a timelimited effort- and one which is highly time sensitive. Only GPs can do this."

Accredited Wound Care Course for Registered Staff in Primary Care.

[This flyer](#) contains details of a 7 day course commencing in February. Please note spaces are limited therefore these will be given on a first come first served basis. All dates on the flyer must be attended.

GPC England executive team and new chair of GPC UK

Following a rigorous formal appointments process, Dr Dean Eggitt, Dr Kieran Sharrock and Dr Richard Van Mellaerts have been appointed [as new members of the BMA GPC England executive team](#), at such a pivotal time for our patients and the profession.

Also, Dr Philip White, chair of GPC Wales, has been elected as the chair of GPC UK.

With such experienced leaders supporting the work of GPC committees, there is every confidence that GPC will continue to represent GPs and their teams, and through them our patients, on the issues that matter most.

It is now also time to say to goodbye. We want to take one final opportunity to thank the outgoing chair of both GPC England and GPC UK, Dr Richard Vautrey, as well as the outgoing executive team, Dr Mark Sanford-Wood and Dr Krishna Kasaraneni, for their many achievements, years of service and outstanding commitment to general practice, including through this unprecedented time of the pandemic. Together they got a phenomenal amount of work done, securing record levels of investment, a gamechanger indemnity package and a whole new workforce embedded in general practice.

GPC GP Bulletin & Informal Messaging

Read the BMA's GP bulletin [here](#)

Read GPC Chair twitter page: [Dr Farah Jameel \(@DrFJameel\) / Twitter](#)

Read BMA twitter page: [General Practice \(@BMA_GP\) / Twitter](#)

BMA COVID-19 guidance

Read the BMA [COVID-19 toolkit for GPs and practices](#), which provides comprehensive guidance for practices to manage contractual issues and service provision during the coronavirus pandemic. You can access all the BMA guidance on COVID-19, including ethical guidance, [here](#). There is also guidance on the following topics:

- [Model terms of engagement for a GP providing temporary COVID-19 services](#)
- [Terms and conditions for sessional GPs](#)
- [Risk assessments](#)

Mental health and wellbeing – looking after you and your practice team

Primary care coaching - communications toolkit

In these pressured times it is absolutely critical you look after yourself and your teams. NHSE/I have launched their new communications toolkit, supporting promotion of the NHS England and NHS Improvement Looking After You national coaching service: <https://drive.google.com/drive/folders/1aS8-sTH1W9qv49d9Tq3hhwg9jJZZ5MFs>

Within the toolkit you will find social media images, banners, bulletin copy, website copy and quotes from those who have used the free services. There has been some excellent feedback from those who have accessed coaching, but we are aware there are still many colleagues who are not aware of this available support. It remains a difficult time for the workforce, so we would appreciate any help you are able to give to share these offers.

A member of their team would also be happy to come to meetings or events within regions and systems to talk about the offers: england.lookingafteryou@nhs.net

A coaching landing page hosts all three offers: www.england.nhs.uk/lookingafteryou . Recognising that frontline primary care colleagues involved in the delivery of primary care services, both clinical and non-clinical, continue to face many challenges, NHSE have developed three coaching offers for the workforce:

- 1) Looking After You Too – coaching about you and your wellbeing
- 2) Looking After Your Team – coaching about you and your team
- 3) Looking After Your Career - coaching about you and your career

The coaches are highly skilled and experienced, and all coaching is free and confidential. The sessions are delivered virtually, preferably via a video platform, but telephone appointments are also available. Thousands of people have booked sessions and given positive feedback on their experience.

GP appraisal leads and GP tutors offer of telephone support conversations remain for any GP who feels they would like to talk through any aspect of their professional/personal life that has been affected by Covid. To organise a telephone support conversation, either with the appraisal lead or with a GP tutor, please contact the appraisal team, or email di.jelley@nhs.net

Crisis Coaching & Mentoring: [Coaching and mentoring sessions are available now](#) for all NHS and Health and Social Care leaders. Delivered by The Centre for Army Leadership and Meyler Campbell Coaching, these sessions are designed to support with the huge pressure on the ability of the NHS to deliver safe, high-quality care, sharpen focus on meeting the core needs of staff, ensuring wellbeing and sustained motivation to deal with this rapidly changing situation. The intervention will give leaders an understanding of crisis leadership that goes beyond what is necessary and focused on engagement and motivation through Covid19. Further information and how to register [see link here](#)

CLMC continue to offer [wellbeing services via Validium](#) for **ALL working in general practice within Tees** (including locums). We understand that a number of staff have accessed this confidential service and it has been well received.

The BMA's [report on the mental health and wellbeing of the medical workforce](#) which sets out ten recommendations to be addressed to protect staff during the pandemic and in the future. The BMA is here for you and offers supportive [wellbeing services](#) which include face-to-face counselling. You can access one-off support or, after triage, a structured course of up to six face-to-face counselling sessions. Call 0330 123 1245 today or [visit the website](#) for more information.

For all other support, speak to a BMA adviser on [0300 123 1233](tel:03001231233) or email support@bma.org.uk

[Read more about doctors' wellbeing during the pandemic](#) and on Twitter [@TheBMA](https://twitter.com/TheBMA)

There is also a wealth of [NHSE provided support](#) available to you and your team including a wellbeing support helpline, a 24/7 text alternative, [peer to peer, team and personal resilience support](#), free mindfulness apps and the [#LookingAfterYouToo coaching offer](#).

NHSEI have recently developed a new [communications toolkit](#) and resources to help promote their offers to the workforce. The toolkit has an overview of each offer, including bulletin, email and social media copy, and links to some case studies and posters. You can also follow this link [Primary Care Coaching – Link to Assets](#) to a range of resources, including social media assets, a video, PDF case studies and posters, website and email banners.