

Next steps for general practice in 2022

As we begin the New Year, with Omicron case rates continuing to rise alongside in extremis planning announcements of mini-Nightingales being erected in Hospital car parks, compounded by reports of testing capacity being compromised, many will be following the news and wondering, what does this mean for general practice? Or for that matter, whether anyone seems to understand the pressures we are facing. Communication from the Department of Health and Social Care (DHSC) and its various bodies can be sparse, and unclear, so GPC would like to highlight some important immediate next steps that related to you and will need urgent local conversations. Many of you may already be deeply immersed in these local planning discussions.

Building on the updated [joint BMA RCGP workload prioritisation guidance](#) document published just before Christmas, practices should continue to prioritise care needs based on the local position you find yourself in. You are the clinicians dealing with the daily challenges. Please feel empowered to lead from the front and to not await formal guidance.

As the country becomes engulfed in a wave of Omicron infections, emphasis is likely to shift away from boosting, however the vaccination program will continue to expand. It is likely that General Practice will at least in the short term continue to play a pivotal role in supporting the vaccination effort, especially with our high risk and vulnerable patients, but there also needs to be long term strategy and planning in this respect. Alongside this priority, we are also [expected to shift our focus](#) to keeping the sickest and most vulnerable people safe. This will mean rapid access to COVID medicines for the highest risk, an emphasis on home monitoring and modifying our approach to changing care needs and priorities as they emerge.

It won't have gone unnoticed that, the [Prime Minister in his speech](#) talked about the rising hospital admissions when he talked about pressure in the NHS leaving us in General Practice as the forgotten soldier yet again. This was then further compounded by the [Labour leader Sir Keir Starmer](#), saying "good luck to anyone trying to get a quick GP appointment".

With over a million consultations a day, circa 7 million prescriptions a week in addition to everything else that we do, if General Practice was to fall over, a rough estimate tells us that at the very least 14 million patients would lose access to care in just one week. This is the impact that will ripple across the health care system and the sheer scale of care that you in General Practice provide.

We know that it is incredibly difficult out there right now, thank you again for all that you do.

Protecting yourself

We all know that we cannot provide care to our patients if we are ill.

Given that Omicron is readily transmissible in air and there is now enough evidence that there is community circulation - with the [ONS estimating that one in 15 people in England](#) had COVID-19 in the most recent week, we must take a more precautionary approach. And in the absence of readily available fit testing, there is a growing consensus that we should use non fit tested FFP2/3 masks as a default when seeing patients. A well-fitting FFP2/3 with a decent seal will provide better protection than a FRSM.

GPC continue to call for GPs to either have access to or reimbursement of associated costs of appropriate RPE, consequently Dr Farah Jameel, GPC Chair, wrote to NHSE/I urging for provision of FFP2 masks as a default for all practices.

As a reminder, DHSC has advised that if a local risk assessment has been undertaken and primary care providers have been assessed as needing FFP3, the [DHSC's PPE portal](#) should be contacted and they will arrange access to FFP3s. Staff will need to be fit tested.

Read the national COVID-19 [IPC \(infection prevention and control\) guidance](#) which has been updated in light of the rapid spread of the Omicron variant.

A useful thread explaining masks in more detail can be accessed [here](#).

Please note this [HSE report](#), which states: "Live viruses could be detected in the air behind all surgical masks tested. By contrast, properly fitted respirators could provide at least a 100-fold reduction."

Reporting COVID-19 outbreaks and staffing pressures in General Practice

Whilst we do not have real time data from GP practices we know staffing has been really challenging for quite a while now and the recent surge in Omicron has meant staff absences have rocketed due to isolation or active infection. In reality this will have a devastating impact on GPs, their teams and [patient care](#).

Please report any COVID-19 outbreaks to your commissioner if you feel that services may be compromised by staff absence due to the outbreak, as they have a duty to provide timely support to their contractors and should be working with you to put business continuity arrangements in place. The commissioner must inform the Regional Incident Coordination Centre without delay, and the Regional Team must notify the National Incident Coordination Centre. It is important that General Practice receives the attention and support it is due.

Please contact your LMC so we can keep GPC informed where practices are being treated unfairly or being put under any pressure.

Self-isolation and access to PCR and lateral flow tests

The self-isolation advice for people with COVID-19 has changed, and it is now [possible to end self-isolation after 7 days](#), following 2 negative lateral flow test (LFT) taken 24 hours apart.

The same [advice also applies to Health Care Professionals](#), however, we continue to hear reports of lack of access to PCR and lateral flow tests, which is likely to be due to the rapid spread of the Omicron variant. It is crucial that the promised new supply of kits are offered to key workers such as health and social care staff as a priority. The [Health Security Agency announced](#) that from 11 January, people who receive positive lateral flow device test results for COVID-19 will be required to self-isolate immediately but [won't be required to take a confirmatory PCR test](#). Here is also a helpful [link and flowchart](#) that is being kept up-to-date.

Although the UK Health Security Agency has provided a contingency supply of LFTs from its prioritised stock for NHS health or social care staff, they are aware of the current supply issues and will provide additional contingency over the coming days.

For employing organisations to access LFT contingency supply for priority testing, if unable to access testing through other routes, please see the regional contact points in the [attached document](#). Read the BMA statement [here](#)

Combined paediatric and adult respiratory clinical assessment services hubs (RCAS)

Due to reduced mixing last winter, it is likely that population immunity to respiratory infections will have waned, and as a result this winter rates of respiratory infections will be higher than usual, with the very young, very old and those with pre-existing long-term conditions at greater risk of severe disease. This could impact on both primary care and hospital admissions, and could be affected by current and future outbreaks of COVID-19; [NHSE/I has released guidance on setting up RCAS / COVID Hubs](#)

GPC have written to NHSE/I asking for clarification of timeframes and support for the establishment of these services. It is unclear how such hubs will be staffed. Additionally, GPC recommend urgent risk assessments and access to fit testing to ensure appropriate protective equipment is in place.

NHSEI Guidance on assessment of COVID 19 patients in General Practice

With high numbers of symptomatic COVID patients, NHSEI has now released some guidance on assessment, monitoring and treatment of symptomatic patients in General Practice and 111, which you can find [here](#). The guidance seeks to pick up the items below and explains them in more detail.

Pulse Oximetry @ Home

The COVID Oximetry @home pathway is a commissioned service and there is good evidence to support this model. The latest version of the National Standard Operating Procedure can be found [here](#). Please engage in or initiate local conversations about what role you need to play regarding this and how you will be supported to deliver this priority.

Virtual Wards and Hospital @ Home

GPC have written to NHSE/I highlighting concerns about the lack of capacity and support in the community to provide safe care for patients being discharged early or not being admitted. NHSE/I has published reference guidance on [Supporting patients and bed capacity through virtual wards and COVID Oximetry @home](#) and GPC are contributing to national discussions where possible.

New COVID-19 treatments

New treatments are available for highest-risk patients infected with COVID. These drugs have been shown to reduce hospitalisation and may reduce death and will be available for the highest risk patients.

Your role in this is to get eligible patients in contact with a covid medicines delivery unit (CMDU) when they are positive for COVID if this has not already been done by another service. Access to medicines could be lifesaving for this cohort of patients and time is of the essence. Read more [here](#)

Hospital discharge and support for general practice and community care

Having raised repeatedly concerns about capacity constraints impacting patient safety in the community, GPC were disappointed to read the letter issued by NHSE/I on [Preparing the NHS for the potential impact of the Omicron variant and other winter pressures](#). Disappointed because their priority to 'maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes' didn't seem to provide any credible details on how additional capacity in the community was being created to cater for this new activity.

GPC have since [written to NHSE/I](#) formally to highlight concerns about lacking capacity in the community.

GPC are particularly anxious about the wider impact on patients being discharged early into the community, given significant capacity constraints in all parts of the system and wholly inadequate support across both general practice and community care teams, to meet the ongoing care and treatment needs of patients.

GPC urge conversations with local commissioners through LMCs to plan together the necessary support that will need to be made available to meet patients' needs. It is incredibly important that NHSE/I ensures that provisions designed to support one part of the system do not destabilise another.

DHSC's requirement for vaccination as a condition of employment

Unvaccinated individuals will need to have had their first dose by 3rd February, in order to have had their second dose by the 1 April 2022 deadline. NHSEI have [released this guidance](#). In addition, Michelle provided an update on this from a quality/CQC perspective. This was circulated to all Practice Managers via email last week. If you have not received this please do contact Michelle. Whatever next steps you take on this it is important that you follow appropriate processes as defined in employment law. We have raised concerns nationally and requested some clear national guidance for consistency but we are aware that the clock is ticking to get staff vaccinated by the deadline. Please do seek advice of your employment/HR advisors or BMA Employers if appropriate.

CQC Inspections

CQC shared an [update on the 21 December](#) outlining their regulatory approach. Including postponing inspections of services that are delivering or supporting delivery of the booster programme, except where there is evidence of risk to life, or the immediate risk of serious harm to people. This will remain their approach for the rest of January. The approach will be kept under continual review.

They have taken this decision to ensure that their approach remains appropriate and proportionate. CQC focus will always be on supporting services to ensure people receive safe care but they are also recognising the need to respond to the severe pressures under which many parts of the health and social care system are working.

CQC recognise that the priority for all providers is to deliver safe, good quality care to people who use their services. They will support providers that are taking balanced, risk-based decisions in partnership with people who use health and social care to maintain access to services and keep them as safe as possible in response to system pressures.

Michelle remains available to all practices to support in any practice quality and CQC needs.

Healthwatch South Tees STAR Awards

The Healthwatch South Tees STAR Awards are open for nominations, and this is your opportunity to highlight the excellent work that goes on in the primary care sector!

Healthwatch South believe those who make a positive difference and go that extra mile to help others should be recognised. Their awards aim to celebrate those who make a difference to the people they support and their communities as well as the opportunity to share good practice across South Tees.

Who can be nominated?

An individual, team, department, organisation or service etc can be nominated whether they are a professional, volunteer, patient or member of the public.

Who can nominate?

Anyone can submit a nomination, based on their own experience, or someone they know.

How can you nominate?

- Telephone: 0800 118 1691
- E-mail: healthwatchsouthtees@pcp.uk.net
- Website nomination submission, guidelines and further information – [healthwatchmiddlesbrough](#) or [healthwatchredcarandcleveland](#)

What are the categories?

- Community Innovator Award - *Those who have developed valuable support to fill missing gaps in the community*
- Care & Compassion Award - *Those who go the extra mile to enhance the health and social care experiences of service users, relatives and staff*
- Leading the Way for Change Award - *Those who have led a service to create positive impact*
- Valued Service Award - *Valued services in the community*
- Excelling in Support to Others Award - *Those delivering excellent service in health and social care*
- Making a Difference – Volunteer Award - *Those who volunteer their time to make a positive difference in the community*

When is the closing date?

Nominations can be made until 5pm on Monday 28 February 2022.

When will we know the results?

All nominees will be announced at the STAR Awards Ceremony at Inspire2Learn on Wednesday 6 April 2022.

Who are the 2021 winners?

To see who won last year please visit [healthwatchmiddlesbrough](#) or [healthwatchredcarandcleveland](#) websites.

GPC GP Bulletin, Sessional 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](#)

New Year's Honours

It is good to see so many GPs recognised in the [New Year's Honours](#) list, including:

- Professor Helen Stokes-Lampard, the immediate past chair of the RCGP and current chair of the Academy of Medical Royal Colleges, and a GP in Staffordshire, was made a Dame.
- GP Professor Gregor Smith, CMO for Scotland, received a knighthood for services to public health.
- Professor Kamlesh Khunti, a GP in Leicester and professor of primary care diabetes and vascular medicine at the University of Leicester, received a CBE for services to health.
- Professor Tony Avery, professor of primary healthcare at the University of Nottingham, was awarded an OBE for services to general practice.
- Dr Grainne Doran, past chair of the RCGP in Northern Ireland and GP in County Down, received an OBE for services to general practice.
- Professor Simon Gregory, GP in Northampton and deputy medical director for primary and integrated care at Health Education England, received an MBE for services to general practice.
- Dr Adaeze Ifezulike, GP in Aberdeen, received an MBE for services to health inequalities in BAME communities in Scotland.
- Dr Iram Sattar, GP in London and trustee of the Muslim Women's Network UK and homeless charity The Passage, received an MBE for services to the health and wellbeing of vulnerable people
- Retired Sheffield GP Dr Amar Rughani, who wrote a book about leadership in primary care in 2020, received an MBE for services to general practice.

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.