

## CLMC Bulletin 494 – 04/01/22

### **GPC 'Dear Colleagues' Update Position (as of 30 December)**

As Omicron case rates continue 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?

Communication from DHSC and its various bodies is currently sparse, and unclear. So amidst this information vacuum, GPC wanted to highlight some important immediate next steps that will need urgent local conversations. Many of you may already be deeply immersed in these local planning discussions.

Building on the joint BMA RCGP workload prioritisation guidance document, you will be best suited to prioritising 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 wait for guidance.

As the country becomes engulfed in a wave of Omicron infections, emphasis is likely to shift away from boosting. We are going to be 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.

### **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, you must act as though everyone around you has it. In this case, and in the absence of readily available fit testing, there is a growing consensus that we should use non fit tested FFP2 masks as a default when seeing patients. A well-fitting FFP2 with a decent seal will provide better protection than a FRSM.

GPC have called on NHSEI to make available or reimburse associated costs for use of FFP2/3 masks. GPC have written to NHSEI asking for provision of FFP2 as a default for all practices.

GPC are working with the BMA's Occupational Medicine Committee to prepare a risk-based approach to applying a hierarchy of controls within your work setting. This guidance will be with you in the new year.

As a reminder, DHSC position on provision of RPE on the 15<sup>th</sup> of Dec:

*"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 with the result of the risk assessment, and they will arrange access to FFP3s. Staff will need to be fit tested."*

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

### **Reporting COVID-19 outbreaks and staffing pressures in General Practice**

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

### **Lateral Flow test and isolation period**

You will be aware of the amended guidance reducing isolation from 10 to 7 days. [This letter](#) outlines the criteria around this for staff. We are aware that some are struggling to access lateral flow tests. Unfortunately this has not yet been fully addressed nationally. If you are experiencing difficulties in access LFTs for staff, please do make us aware and we will assist where possible.

### **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 infection due to influenza, RSV and other respiratory pathogens will be higher than usual, with the very young, very old and those with pre-existing long-term conditions, such as chronic obstructive pulmonary disease (COPD), at greater risk of severe disease. This scenario could impact on both primary care and hospital admissions, and be further compounded by future outbreaks of COVID-19.

Based on modelling suggesting a high respiratory case rate, RCAS / COVID Hubs should be stood up. Guidance released on the 23<sup>rd</sup> of Dec can be found [here](#).

GPC have written to NHSEI to clarify 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.

### **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.

The Primary Care 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. Details can be found in this letter dated the 20<sup>th</sup> of Dec [here](#).

### **Pulse Oximetry @ Home**

In many regions, this is a commissioned service. There is good evidence to support this model. The national SOP can be found [here](#) (GPC have asked if this will be updated).

### **Virtual Wards and Hospital @ Home**

GPC have written to NHSEI highlighting their concerns about the lack of capacity and support in the community to provide safe care for patients being discharged early or not being admitted.

GPC are contributing where possible to national discussions on this topic (there haven't been many). See below reference guidance that has been released by NHSEI on the 22<sup>nd</sup> of Dec.

[Letter: Supporting patients and bed capacity through virtual wards and COVID Oximetry @home, with:](#)

- [Guidance: Acute respiratory infection virtual ward](#)
- [Guidance: Virtual ward including Hospital at Home](#)
- [Guidance: Frailty virtual ward \(Hospital at Home for those living with frailty\)](#)
- [Standard Operating Procedure: COVID Virtual Ward version 2](#)

[Priorities and Operational planning guidance](#) page 21 onwards includes future funding arrangements.

### **(Updated!) Season's - New Year/2021 wrap up greetings from GPC England executive team**

2021 was a year of enormous challenge and yet there is much for General Practice to be proud of. Over the last 12 months you have led the most ambitious vaccination program ever undertaken, delivered record numbers of appointments to patients in need, and been voted the most trusted profession in the world. You have done all of this with 1,139 fewer GPs than 2020, substandard premises, closer scrutiny than any other profession, and an inadequate budget. You have done this with heart and soul, many a time putting your own health at risk in the face of extreme unknown adversity through a pandemic, you have done this because you care about people, because patients matter, because your communities matter to you.

For 2021, General Practice has given the nation the gift of life. You have saved lives, prolonged lives, and given quality to lives. You are tireless, ordinary people working in utterly extraordinary ways, and we are proud to be amongst you. But for many of you, this has taken its toll on you, you have questioned whether anyone is listening, whether anyone cares and who will take it upon them to make the day job possible once again.

We are resolute that 2022 will be better, and we know that this will be achieved by cohesive and robust representation, delivering you with the tools that you need to better look after patients. Because without you, there is no general practice, without you, patients will struggle to access care.

We hope you took time in the past 2 weeks to look after yourself and those who you love. After all, there are no greater gifts than time, good health, and happiness. On behalf of the committee, we thank you for all that you have achieved on behalf of general practice, and will continue to do. You are immensely valued.

GPC England Executive Team:

Farah Jameel (chair)

Dean Eggitt

Kieran Sharrock

Richards Van Mellaerts

### **NHS pressures and joint workload prioritisation guidance**

The emergence of the COVID-19 Omicron variant, with ever increasing demand on healthcare services and rising numbers of staff sickness rates has the potential to significantly impact the delivery of general practice.

Whilst GPs and their teams will do their best to continue to prioritise the care they offer alongside providing COVID-19 vaccines, patients will be understandably be concerned that some appointments will need to be postponed in order to ramp up the booster campaign.

Produced at the request of NHS England to help practices plan their participation in the booster programme, GPC England (GPCE) worked with the RCGP to update their joint [workload prioritisation guide](#), to support clinicians working in general practice across England to prioritise clinical and non-clinical workload, and to support practices in their planning. Link to the [guidance](#)

This follows the announcement of [CQC Suspension](#) last week and temporary changes to [Fit notes and Certification](#) to support general practice teams with workload and in supporting the vaccination campaign.

### **Infection prevention control guidance**

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

While the IPC guidance should act as a further shield against harm - in general practice, as it currently stands, more clarity and support are needed to ensure its effectiveness. In particular section 2.1 which now advises: "Where an unacceptable risk of transmission remains, it may be necessary to consider the use of respiratory protective equipment (RPE) in clinical areas where suspected or confirmed COVID-19 patients are being managed."

Given what we know to date about Omicron's high rate of transmissibility, GPC have continued to call for GPs to have access to RPE where needed. GPC also continue to highlight that many GP premises lack space and necessary ventilation for suspected COVID-19 patients to be seen in an appropriate and safe setting. GPC have recommended for pathways to be urgently implemented for patients with COVID related symptoms, to be seen in an appropriate and safe setting, such as COVID Hubs.

The Department of Health and Social Care has subsequently confirmed that with regards to primary care access to FFP3, 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 with the result of the risk assessment and they will arrange access to FFP3s. Staff would need to be fit tested to FFP3s before the PPE portal can give access to the appropriate masks to which staff have been fitted.

The World Health Organization has released a [statement with recommendations on mask use by health workers](#) providing care to patients with suspected or confirmed COVID-19, in light of the Omicron variant of concern. Chair of Council Dr Chaand Nagpaul is writing on behalf of the profession for access to RPE in all settings. The Government has also produced a [poster about using face coverings in healthcare settings](#)

To support doctors through the booster vaccination campaign, the BMA has called for infection control measures to be reintroduced in all healthcare settings, and for the Government to introduce robust infection control measures in the community, especially where people mix in indoor settings. Read the [statement by the BMA Chair of Council](#).

### **Expression of thanks from the UK CMOs**

The UK Chief Medical Officers (CMOs) published a [letter of thanks to the health profession](#):

"As 2021 draws to a close we mainly wanted to give an enormous thanks to all medical and wider health server staff. We have never been prouder to be members of the medical profession than over the last two grinding years."

### **Amendments to the Enhanced Service Specification for Phase 3**

The updated [Enhanced Service Specifications for Phase 3 of coronavirus vaccinations](#) have now been published. The amendments include:

- Extension of eligible cohort to include those aged 16 and over
- Clarification that where there may be conflicting guidance by JCVI, NHSE, MHRA and UKHSA, NHS England will confirm which guidance shall be adopted
- Financial supplements and extension of enhanced Item of Service fee to support practices during the national priority booster phase of the ongoing COVID-19 vaccination campaign

GPC had also suggested that NHSE/I made available a reference guide to summarise which vaccines can be given to which groups, and when patients become eligible for a second, third dose or booster, and NHSE/I has shared this [chart](#) (available on [FutureNHS](#)), which is updated weekly.

### **Second dose for 12-15 year olds**

As part of the national mission to get people protected against the new Omicron variant, [12-15 year-olds are now eligible for their second COVID-19 vaccinations dose](#), if they had their first dose more than twelve weeks ago, in line with [updated guidance from the JCVI](#) published on 29 November.

### **Responding to vaccination data queries**

The Vaccine Data Resolution Service (VDRS) aims to resolve missing or incorrect vaccination records for people vaccinated in England, Scotland or Wales who have a current NHS number and are registered with a GP practice in England. You can raise data quality issues directly with the VDRS team and you can direct your patients to access the service via 119. More information is available on [FutureNHS](#).

### **Recording overseas vaccinations in the National Booking Service**

Eligible people can now book a face-to-face appointment via the [National Booking system](#) at a selected vaccination centre to show evidence of MHRA-approved COVID-19 vaccinations administered abroad and have them recorded in the National Immunisation Management System (NIMS). Support is also provided through 119 to signpost the service, or to make bookings on behalf of users. More information is provided when the user books an appointment.

### **COVID-19 vaccine has been approved for use by children aged 5 to 11**

The Pfizer BioNTech COVID-19 vaccine has been [approved for use by children aged 5 to 11 by the Medicines and Healthcare products Regulatory Agency \(MHRA\)](#), after finding it safe and effective.

### **Updates to the Network Contract DES**

Following the [letter](#) of 3 December announcing changes to QOF and IIF and the temporary [GP contract changes](#) to support COVID-19 vaccination programme, NHSE/I has now updated the [Network Contract DES](#)

### **PCSE patient list validation requests**

GPC asked NHSE/I to pause PCSE emails to practices requesting full patient list validation exercises. NHSE/I agreed to this and have instructed PCSE to stop sending them until the beginning of February, when the decision will be reviewed.

Further to this, GPC challenged the mention in these PCSE requests of a requirement to respond to the requests within five working days. NHSE/I agreed that the contractual requirement is actually 30 days. They will raise this with PCSE but, should the wording remain unchanged when these requests are resumed, GPC would advise practices that they can actually use the full 30 days.

### **Application window for 2019/20 Pensions Annual Allowance Charge Compensation Policy**

The third GP application window for 2019/20 Pensions Annual Allowance Charge Compensation Policy applications is now open on the PCSE website [2019/20 Pensions Annual Allowance Charge Compensation Policy - Primary Care Support England](#). It closes on Friday 11 February 2022.

### **New annual leave guidance for employers of salaried GPs**

This newly published [guidance](#) produced by the sessional GP committee provides advice to the employers of salaried GPs to ensure that the process for processing and allocating annual leave is fair, transparent and flexible. Read more [here](#)

### **GPC GP Bulletin, Sessional GP bulletin & Informal Messaging**

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

Read the latest Sessional GPs newsletter [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](mailto:england.lookingafteryou@nhs.net)

A coaching landing page hosts all three offers: [www.england.nhs.uk/lookingafteryou](http://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](mailto: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](mailto:support@bma.org.uk)

[Read more about doctors' wellbeing during the pandemic](#) and on Twitter [@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.