

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

10 January 2022

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Dear Colleagues,

Next steps for general practice in 2022

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.

Communication from the Department of Health and Social Care (DHSC) and its various bodies has been sparse, and unclear and as a result, GPC have advised that 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. Practices should 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 hasn't gone unnoticed that the [Prime Minister in his speech last week](#) focused on the rising hospital admissions when he talked about pressure in the NHS leaving 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".

It is incredibly difficult out there for all GPs and practice staff at the moment and it has once again been hugely impressive to see our local workforce rise to the challenge once again over the holiday period.

Protecting yourself

We all know that we cannot provide care to our patients if we are ill and protecting the workforce over the Winter months will be a priority.

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, the BMA have advised that 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. Ultimately it will be for practices to decide whether they wish to obtain higher grade masks. We are looking into how FIT testing could be arranged locally should practices wish to take that path.

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

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](#).

Reporting COVID-19 outbreaks and staffing pressures in General Practice

It is clear that maintaining the workforce has been very challenging some time and the recent surge in Omicron has meant staff absences have rocketed due to isolation or active infection.

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.

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](#) yesterday 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. There is 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, they recommend urgent risk assessments and access to fit testing to ensure appropriate protective equipment is in place should such hubs be used. We await further guidance.

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, Covid Virtual Wards (CVW) and Hospital at Home

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](#).

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](#) .

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 repeatedly raised concerns about capacity constraints impacting patient safety in the community, GPC and LMCs 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](#). 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' did not 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 these concerns. It is vital 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](#).

LMC WEBSITE

The following guidance has been added to the LMC website www.worcslmc.co.uk this week:

[Covid Isolation Guidance](#)

COVID 19 RESOURCES

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

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All topical issues relating to local general practice are discussed at the monthly LMC meetings and those minutes can be read on the LMC [Website](#). Should you require further information on any issues raised at the LMC meetings please do not hesitate to contact the LMC representative for your area or practice.

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The next LMC meetings will be:

Worcestershire – 13th January 2022

