

# Worcestershire

Local Medical Committee Ltd

## NEWSLETTER

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17 January 2022

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Dear Colleagues,

### **Respiratory Protective Equipment, risk assessments, and provision of respirators**

Omicron is more transmissible than previous variants of COVID-19 which increase the risk of general practice workforce contracting the disease. To reduce this risk BMA Occupational Medicine Committee is drafting guidance for workplaces to advise that employers should carry out risk assessments and provide mitigations to reduce risk of contracting COVID. This guidance will be published in full shortly.

In the meantime an [abbreviated guideline](#) has been developed by GPC England for GP practices to use, which includes a template letter to CCGs requesting support with getting RPE supply.

GPC and LMCs continue to call for GPs to either have access to or reimbursement of associated costs of appropriate RPE and have urged NHSE/I to provide FFP2 masks as a default for all practices, and for availability for FFP3 and fit testing where appropriate.

### **Impact of Omicron on service provision and workforce**

The BMA carried out a [snapshot survey](#) last week, which showed that around two-thirds of doctors responding said that the recent spread of Omicron is causing a dramatic slowdown in the provision of non-urgent medical care, leaving millions of patients in untold suffering as a result.

It also showed that nine in ten said clinical colleagues had to take sick leave or self-isolate within the same period, and that less than half of doctors said they could always access lateral flow tests, which are required to return to work as quickly as possible. This illustrates how the recent surge in Omicron has meant an increase in staff absences due to isolation or active infection, which will have a devastating impact on GPs, their teams and [patient care](#).

Last week the BMA also responded to the Health Select Committee report '[Clearing the backlog caused by the pandemic](#)', urging the Government to listen in order to end the staffing crisis. Dr David Wrigley, BMA deputy council chair, said:

“This wide-ranging and detailed report clearly lays out what a gargantuan challenge the NHS faces. The biggest barrier to tackling the backlog caused by the pandemic is a severe staffing crisis and our calls for improved workforce planning have thankfully been heard. It’s now time for the Government to listen too. Read the [BMA statement](#)

### **Requirement for COVID-19 vaccination as a condition of employment**

In November, the Department of Health and Social Care [announced](#) the requirement for [COVID vaccinations as a condition of employment](#) in the health and social care sector. Health and social care workers who have face-to-face contact with patients, will need to provide evidence they have been fully vaccinated against COVID-19 in order to be deployed unless they are exempt. Unvaccinated individuals will need to have had their first dose by 3 February, in order to have had their second dose by the 1 April 2022 deadline.

This will have implications for general practice above those felt in other branches of practice. General practices are both contractor and provider

which complicates the issue. Practices typically do not have the physical space to separate unvaccinated workforce into non-clinical areas.

NHSE/I has published [guidance](#) to support providers in preparing and planning for when the regulations (which are still subject to parliamentary passage) are introduced. Note that this is not a NHSE/I-led commissioning requirement but a legal one related to CQC registration and the regulations.

Practices are already straining with workforce shortages and enforcing this is going to be an added burden. Practices will need to identify who has not received the vaccination and have discussions regarding their ongoing role. NHSE/I guidance advises, "*as independent employers, primary care providers may wish to seek individual legal advice.*" We would also advise that HR advice is sought early on.

The BMA are developing a set of [FAQs](#) which will address redeployment, termination and implications for practices, including answers to:

- What does mandatory vaccination mean in reality for employed staff, partners as workers, and practices as employers?
- Who decides whether unvaccinated individuals are redeployed or terminated and how (for both employees and partners)?
- Are there legal obligations when going through redeployment (eg pay protection, changing terms and conditions)?
- Are there protections against termination for both salaried staff and partners?
- What happens if there are several staff in the practice who are vaccine hesitant – viability of practice, impact of service provision, impact on remaining workforce etc?

They intend to release the guidance before the end of the month, but much of it will depend on the wording of the legislation itself, which has not yet been seen. AS more questions are asked and more information becomes available, the guidance will be added to.

The Royal College of Nursing has also produced a [COVID-19 workplace risk assessment toolkit](#) which may also be helpful.

## **Confirmatory PCR tests temporarily suspended for positive lateral flow test results**

Following the announcement by the [Health Security Agency](#) last week that asymptomatic people who receive positive lateral flow device test results for COVID-19 now won't be required to take a confirmatory PCR test, NHSE/I has published [guidance on the implications for the NHS](#) and advice for practices for actions to take:

- 1:1 conversations with staff who have not had both doses of the vaccine
- robust local monitoring processes in place for regular staff LFD testing
- staff (even if vaccinated) to carry out asymptomatic twice weekly LFD and [report](#) results
- COVID-related sickness absence recorded in ESR where that is available
- staff offered continuous learning regarding [UKHSA's IPC guidance](#)

Note that anyone who develops one of the three main COVID-19 symptoms are still required to take a PCR test, and self-isolate if they get a positive test result.

Read this [flowchart](#) about whether staff need to self isolate

## **Capacity constraints in general practice**

Concerns continue to be raised about capacity constraints impacting patient safety in the community, and GPC have [written to NHSE/I](#) formally to highlight concerns about this. There also remains significant concern about the wider impact on patients being discharged early into the community without adequate support across general practice and community care teams.

## **COVID-19 vaccination programme**

A [Patient Group Direction \(PGD\) and national protocol](#) have now been published for Comirnaty 30micrograms/dose COVID-19 mRNA vaccine V06.00

## **Guidance on assessment of COVID-19 patients in General Practice**

With high numbers of symptomatic COVID patients, NHSE/I has now released some [guidance on assessment, monitoring and treatment of symptomatic patients in General Practice and 111](#). The guidance seeks to explain the COVID Oximetry @home pathway, Covid Virtual Wards and Hospital @ Home in more detail.

NHSE/I has also published guidance on [Supporting patients and bed capacity through virtual wards and COVID Oximetry @home](#) and we continue to contribute to national discussions where possible.

### **2022/23 priorities and operational planning guidance**

NHSE/I has also published [guidance on priorities and operational planning for 2022/23](#), based on a scenario where COVID-19 returns to a low level and the NHS make significant progress in restoring services and reducing the COVID backlogs in the first part of the year. The guidance includes future funding arrangements.

### **GP contracts and variation notices**

The [model contracts and contract variation notices have now been published](#), including the general practice pay transparency obligations. But as previous communicated, the Secretary of State for Health and Social Care has confirmed the implementation of general practice pay transparency will be delayed until at least Spring 2022. Read our [guidance on declaring earnings](#)

### **Medicines Supply Tool**

The Department of Health and Social Care and NHSE/I have now launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. To access the Medicines Supply Tool you will need to register with the [SPS \(Specialist Pharmacy Service\) website](#).

### **GP practice sponsorship process**

The BMA has partnered with legal firm Magrath Sheldrick, who oversee their [immigration advice service](#), to develop a webinar on navigating the GP sponsorship process. The webinar is aimed at GP employers and offers practical tips on how to navigate the current sponsorship process to recruit non-UK nationals and addresses frequently asked questions on the process itself. Access the [webinar](#)

If you have any questions, or would like to share your experiences of navigating the sponsorship process, please contact Caroline Strickland, Senior Policy Advisor, International Affairs ([cstrickland@bma.org.uk](mailto:cstrickland@bma.org.uk)).

### **LMC WEBSITE**

The following guidance has been added to the LMC website [www.worcslmc.co.uk](http://www.worcslmc.co.uk) this week:

N/A

## **COVID 19 RESOURCES**

[BMJ – news and resources](#)

[RCGP COVID-19 information](#)

[NHSE/I primary care bulletins](#)

[NICE resources](#)

# WORCESTERSHIRE AND HEREFORDSHIRE LMC LTD

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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.

## **MEMBERS OF THE WORCESTERSHIRE COMMITTEE**

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## **Representatives:**

**BROMSGROVE:** Dr D Pryke  
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Dr S Morton  
Dr J Rayner

**WYCHAVON:** Dr D Herold  
Dr J Rankin  
Dr K Gines

**MALVERN:** Dr P Bunyan  
Dr R Khehar

**WORCESTER:** Dr F Martin  
Dr C Whyte  
Dr R Benney

**Co-opted Representatives:**

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**Dispensing:** Dr J Rankin  
**Registrars Rep:** Dr J Chun (North)  
Dr E Ukorebi (South)

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**Clinical Directors:** Dr R Williams  
**EDI:** Dr R Benney

**Practice Manager Representatives:**

Helen Garfield, Representative WF PM  
Michelle Hallahan, Representative R&B PM  
Meryl Foster, Representative SW PM

**Worcestershire GPC Representative:** Dr S Matthews

**The next LMC meetings will be:**

Worcestershire – 13<sup>th</sup> January 2022

