

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

24 January 2022

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Dear Colleagues,

Mandatory vaccinations FAQs for GPs and practices

Given the impact the requirement for [COVID vaccinations as a condition of employment](#) in the health and social care sector will have for GPs and practices as contractors, providers and employers, the BMA are developing a set of [FAQs](#) which will address redeployment, termination and implications for practices, which will include 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?

This will be published this week and will sit alongside wider [BMA guidance](#) published last week. Both sets of guidance should be read in conjunction with each other.

Guidance will be added to as more questions are asked and more information becomes available.

NHSE/I has also released [guidance for employers](#).

Extension of free PPE to the health and care sector

The [government has extended](#) the central, free provision of all items of COVID-19 PPE to the health and care sector, including primary care, by up to one year to March 2023 or until the infection prevention and control (IPC) guidance on PPE usage for COVID-19 is either withdrawn or significantly amended.

The recently updated [UK Health Security Agency guidance on infection control](#) states that "an FFP3 respirator (or equivalent), must be worn by staff when caring for patients with a suspected or confirmed infection spread by the airborne route (during the infectious period)".

The Department of Health and Social Care (DHSC) has advised in its [response to the consultation on provision of PPE to the health and social care sector](#), that practices can use the [DHSC PPE portal](#) to access PPE free of charge.

NHSE/I has confirmed that this includes FFP3 respirators, and that CCGs have been informed that where risk assessments have shown it to be necessary that fit-testing should also be provided by the CCG.

Face coverings in practice premises

On 19 January the Prime Minister announced that face masks will no longer be mandated, though people are still advised to wear coverings in enclosed or crowded spaces and when meeting strangers.

[IPC guidance for health settings](#) has not changed and states "Universal masking with face coverings or surgical masks (Type II or IIR) to prevent the transmission of SARS-CoV-2 and other respiratory infectious agents in health and care settings, as a source control measure, should continue to be applied for all staff, patients, and visitors"

Furthermore, [practices should carry out risk assessments](#) of their environments and assess what level of respiratory protective equipment should be worn by different groups in various settings. Health and Safety law makes it your responsibility to protect staff and other patients based upon these risk assessments, thus making mask wearing a legal requirement if your risk assessment suggests masks should be worn.

If challenged by patients not wanting to wear a mask you can advise the about the [IPC guidance](#) and your risk assessments and inform the patient that "the law imposes on me the duty to expect you to wear a mask, and on you the duty to wear one in these premises"

Download this [poster about using face coverings in practices](#).

Access patient resources for practices on the [Support Your Surgery](#) page

Guidance on COVID-19 Infection Prevention and Control for GP practices

Last week the BMA published [guidance for GP practices on COVID-19 Infection Prevention and Control](#), to help practices reduce the risk and pressures on their staff.

The BMA Occupational Medicine Committee is also 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.

COVID-19 self-isolation can end after 5 full days following 2 negative LFD tests

From [Monday 17 January](#), people with COVID-19 in England can end their self-isolation after 5 days, as long as they test negative on day 5 and day 6 with LFD tests. The health service is experiencing disruption from widespread absences due to the rapid spread of Omicron but healthcare workers do not want to risk infecting colleagues and patients - many of whom are clinically vulnerable. So they can only return to work safely after a shorter period of isolation and two negative lateral flow tests if they have [access to high-grade masks](#), and many are finding that this is still not the case.

Read the [BMA statement](#)

Read the [NHSE/I guidance](#) on isolation for NHS staff

COVID-19 vaccinations programme

Vaccinating 12-17 year olds at risk

NHSE/I has published [operational guidance following JCVI advice on booster vaccination of eligible 12 - 17 year olds](#) and household contacts of immunosuppressed people. Vaccination sites can now begin to invite eligible 12-17 year olds for their booster vaccinations.

Extending the post-thaw expiry date of specific batches of Comirnaty® (30 microgram/dose)

After discussions with Pfizer Inc. and the Medicines and Healthcare products Regulatory Agency (MHRA), certain post-thaw expiry dates of unpunctured and undamaged Comirnaty (30mcg/dose) vials in batches detailed in this [NHSE/I letter](#) may be extended from 31 days to 45 days.

Updated PGD and National Protocol for Spikevax (Moderna)

An updated [PGD and National Protocol for Spikevax](#) (formerly COVID-19 Vaccine Moderna) V05.00 have now been published.

Global vaccine equity

The BMA is a leading voice calling for urgent action to ensure an equitable distribution of vaccines globally. This is not only a moral imperative – as we have seen all too clearly with

the emergence of the Omicron variant, failure to achieve high levels of vaccine coverage anywhere puts lives at risk everywhere.

They have twice written to the Prime Minister urging the UK to lead by example and do more to help poorer countries vaccinate their populations and they have published a [joint statement](#) with other unions and royal colleges in December expressing deep concern at the ongoing inequity in access to COVID-19 vaccines globally.

National Standards of Healthcare Cleanliness 2021

Members and practices have been asking if the implementation of the [National Standard of Healthcare Cleanliness](#) is mandatory in Primary Care. NHSEI have confirmed that, while contractors must have regard to NHSEI guidance, it is not a mandatory requirement.

CQC acknowledge in their advice on [Infection prevention and control in General Practice](#) that it will continue to regulate in line with its own regulations and the existing Code of Practice.

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](#)

Inclisiran - What is it?

This is the first PCSK9 inhibitor to be formally approved by NICE for use within the NHS. This medication is given as an injection, initially 3-monthly, then 6-monthly once established on treatment. An NHSE statement suggests that up to 300,000 patients in England would fall within scope of this medication within the first 3 years. This would be approximately 40-120 patients per practice, depending on practice size and prevalence of hypercholesterolaemia and dyslipidaemia. We will not know until the outcome of the Orion4 study whether inclisiran confers any clinical benefit.

Inclisiran is RAG rated as green in our Worcestershire formulary which means it can be given by GPs who choose to administer it. The RCGP and BMA statement advises the following:

<https://www.rcgp.org.uk/policy/rcgp-policy-areas/inclisiran-position-statement.aspx>

Since inclisiran is a black triangle drug⁷, if you do decide to prescribe it before the long-term outcome and safety data is realised, please ensure you:

Undertake shared decision making with your patients, ensuring a full and detailed informed consent is taken, documenting the lack of long-term evidence and unknown long term safety profile of this new and novel medication.

Encourage your patients to report all side effects to you, however minor, ensuring you fill in a MHRA "yellow card" when they are reported to you and

Report any potential drug interactions or concerns of your own at the earliest opportunity

The LMC have significant concerns about this medication being initiated and administered by practices until we can be assured of its safety and have in place training of staff, call and recall of patients and adequate remuneration. To claim the £55 available under the SFE, the practice must obtain the drug first at wholesale, which may offer a slight discount, e.g. £45 per dose. It is for practices to decide whether this potential reimbursement of £10 per injection (which is not guaranteed, as the wholesale price will be subject to market forces) will be sufficient to deliver a service requiring call/recall and clinician time for administration of an injectable for which we do not have long term outcome and safety data. It is currently not clear if any other funding will be made available.

BMA Mental Health and Wellbeing

The BMA continues to offer [wellbeing services](#) and confidential 24/7 counselling and peer support for all doctors and medical students, as well as their partners and dependents, on 0330 123 1245. Access the [BMA's COVID-19 wellbeing pages here](#).

The BMA has welcomed the NHSE/I [announcement](#) of further funding for the expanded and rapid access provision of mental health services for NHS staff in England over the winter. This is urgently required and something the BMA has been calling for to support the major challenges NHS staff are facing. At the ARM, a motion was passed expressing concern at the potential long-term impact of the pandemic and called for resources to support the profession. As we head into a second wave of the virus it is vital that staff are protected. [Find out more here](#).

LMC WEBSITE

The following guidance has been added to the LMC website 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](#)

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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 – 10 February 2022

