BMA

LMC Update Email
7 January 2022

Dear colleagues

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 we 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 earlier this week 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.
I 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.

We continue to call for GPs to either have access to or reimbursement of associated costs of appropriate RPE, consequently I wrote to NHSE/I last week 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 I 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 and keep us informed where practices are being treated unfairly or being put under any pressure via info.gpc@bma.org.uk

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 have 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

Media
I was quoted in GPonline saying that the government's failure to secure a steady flow of tests for surgery staff was 'further depleting' the workforce, with many staying off work for longer than needed. She added that a lack of appropriate PPE was putting staff at increased risk of infection.

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; read the NHSE/I guidance on setting up RCAS/COVID hubs

We 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, we recommend urgent risk assessments and access to fit testing to ensure appropriate protective equipment is in place. We would urge you to pursue local conversations in this regard.

NHSE/I 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. 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
We have written to NHSE/I highlighting our concerns about the lack of capacity and support in the community to provide safe care for patients being discharged early or not being admitted. Please engage in or initiate local conversations regarding these proposals.

NHSE/I has published reference guidance on Supporting patients and bed capacity through virtual wards and COVID Oximetry @home and we 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 our concerns about capacity constraints impacting patient safety in the community, we 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.

We have since written to NHSE/I formally to highlight our concerns about lacking capacity in the community.

We 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.

We would urge you to progress conversations with local commissioners through your LMCs and 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.

We have created a template letter which practices and LMCs can send to their CCGs and NHSE/I locally requesting clarity on plans for RPE, CMDUs, and RCASs.

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.

New Year's Honours
We are pleased to so 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 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.

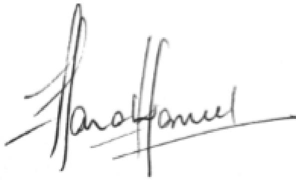
Read the latest GP bulletin (England) here: **Looking ahead in 2022 | reporting staffing pressures | priority testing (bma-mail.org.uk)**

Read my twitter page Dr Farah Jameel (@DrFJameel) / Twitter and General Practice (@BMA_GP) / Twitter

We would encourage LMCs to share this GPC update with GPs and practices.

With warmest wishes,

Farah



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