

Worcestershire

Local Medical Committee Ltd

NEWSLETTER

20th December 2021

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Dear Colleagues,

These are incredibly challenging times for you and your practice teams as we head into the Christmas period with everyone working flat out to deliver a vast volume of vaccinations at pace as a national priority. This last year has been relentless and the pressures immense. You have adapted to ever changing guidance, managed rising demand and unrealistic patient expectations fuelled by inaccurate media reports and still you have met the needs of your patients unflinchingly throughout. All of this takes its toll and I hope that each of you will find some time to rest and recuperate where possible over the Christmas period. We will get through these difficult months by pulling together and doing what we can. We will need to adjust our own expectations about what we can realistically achieve and accept that difficult choices will need to be made in the coming months. Let's just do our best and not stop trying to give our community the best care that we can offer.

Finally, I would like to thank Lisa Siembab our Executive Officer for her work supporting local practices over the years. She moves on to pastures new at the end of this month. An interim team will be supporting the LMC before we advertise for this role in the New Year.

I wish you all a peaceful Christmas and a Happy New year from the LMC.

IMPACT OF COVID-19 OMICRON VARIANT AND VACCINATION DEPLOYMENT

The UK Covid Alert Level has now been increased to Level 4 due to a rapid increase in cases of the Omicron variant and the Prime Minister has launched an [urgent appeal calling for people to get vaccinated](#). Read about the [QOF and IIF suspension to support vaccination programme](#).

NHSE/I has published guidance to [prepare for the potential impact of the Omicron variant and other winter pressures](#), and the [next steps for the vaccine deployment](#) to ensure the successful ramp up of the COVID-19 vaccine programme.

Operational guidance was published last Wednesday on actions to take to maximise capacity, and general practice teams (not only LVS sites) are asked to:

- Clinically prioritise services to free up clinical capacity that is delivering services which can safely be deferred into the new year, alongside delivering urgent or emergency care.
- Any patient with an urgent presenting complaint, or potentially serious underlying and unmet clinical need, should be assessed, managed, and referred onwards as appropriate.
- Increase capacity to the same level or above best day in phases 1 and 2 and consider extending opening hours.
- GP practices signed-up to the Phase 3 ES should prioritise visits to care homes that have not yet received a visit

To support acceleration of the booster programme, [the CQC are postponing](#) all on-site inspection activity for the next three weeks with immediate effect - except in cases where there is evidence of risk to life, or the immediate risk of serious harm to people. A number of temporary changes have been made in

an attempt to support general practice teams in recognition of the extraordinary challenge general practice is facing to deliver the accelerated Covid-19 booster campaign. These include:

- Fit notes (increased to 28 day self-certification) [Fit notes and Certification changes](#).
- DVLA checks (suspended for all but essential workers – HGV and bus drivers)
- Firearms licenses (applicants asked to wait until after January to submit, except for urgent – ie needed for work commitments or imminent expiry)
- Prescription charge medical exemptions (suspend renewals, those due to expire will be extended for 6 months)
- COVID vaccine exemptions (timeframe for practice processing will be dropped so done to practice timeline)

In addition, GPC and LMCs have successfully lobbied for a [temporary suspension of the 15 minute wait for the mRNA vaccine which](#) has now been announced to allow for an increased amount of vaccinations to be carried out.

GPC, together with the RCGP, are in the process of updating their joint workload prioritisation guidance, which will be published shortly however, there is no single instruction for how practices should operate, or what measures should be taken to manage workload on a day to day basis. You are simply asked to prioritise care in a way that meets your patients' needs. Throughout the pandemic, following infection control guidelines will mean that you will have adopted relevant strategies and protocols to keep staff and patients safe. These will continue to need to be applied given what we know about rates of infection and route of spread. In the coming days, you and your teams will make difficult decisions about how you continue to provide timely care in a way that adds most clinical value and keeps patients, clinicians and staff as safe as possible from the risk of contracting COVID-19.

SUPPORTIVE MESSAGES ABOUT THE ROLE OF GENERAL PRACTICE

There have been numerous messages of support about general practice in the last few days:

1) [Statement by the Prime Minister, Boris Johnson](#) (12 December) commending "*the extraordinary efforts of our NHS, including thousands of GPs and volunteer vaccinators*"

"And I know the pressures on everyone in our NHS – from our GPs, doctors and nurses to our porters – all of whom have worked incredibly hard and we thank them for the amazing job they have done."

2) The Secretary of State for Health and Social Care Sajid Javid appeared on [Radio 4's Today Programme](#) talking about the role general practice would play

in the Booster rollout. Discussing the need for workload prioritisation, he said: "When it comes to primary care for the next couple of weeks, our GPs will only be focusing on urgent needs and vaccinations, and it also means that non-urgent appointments in elective surgery may be postponed. For the next two-to-three weeks this is the new national mission. For the face to face appointments, the most important one you can have with any GP, is when you're getting jabbed."

3) [Statement by Secretary of State for health and social care](#), Sajid Javid (13 December): *"My hon. Friend is right to talk about how hard GPs have worked throughout the pandemic, and about the need to provide greater support. We expect and need them to help with this big new vaccination effort. There are already signs of many people showing that they understand the need for GPs to reprioritise over the next couple of weeks, which is important too."*

4) In a joint letter with RCGP, the UK CMO reiterated his appreciation and support, and acknowledged pressures: "We don't underestimate the massive effort required nor the challenge of prioritising clinical care in an environment in which general practice's contribution during the pandemic has not been appropriately recognised by some people. This will however be a time-limited effort- and one which is highly time sensitive. Only GPs can do this."

BMA INDICATIVE BALLOT RESULTS

Dr Jameel discussed the results of the indicative ballot of GP practices in England at the LMC England Conference, launched by the BMA after the profession rejected the Government's winter 'rescue package' for general practice, which asked them what action they might be willing to take.

Eighty-four per cent of respondents said they would welcome non-compliance with Covid-19 exemption certificate requests, 80 per cent said they would change the way they reported appointment data, 58 per cent said they would support withdrawal from the Primary Care Network Directed Enhanced Service (PCN DES4) at the next opt-out period and 39 per cent said they would be willing to disengage from the PCN DES before the next opt-out period.

"The results showed that GPs and practice staff are frustrated, struggling and are desperate to see change, it is an overwhelming expression of sentiment, a sentiment of discontent and disappointment," she said.

Read more about the [LMC Conference, indicative ballot results](#).

COVID-19 VACCINATION PROGRAMME

Item of Service fee for vaccinations

In light of the further vaccination effort required in response to the Omicron variant, [NHSE/I has extended the Item of Service \(IoS\) fee](#) to £20 per COVID-19 vaccination administered between 25 December 2021 to 3 January 2022 inclusive. This is to support vaccination sites to set up additional clinics during this period. The IoS fee will continue to be £20 per COVID-19 vaccination administered on Sundays in December 2021 and Sundays in January 2022 as previously announced. The ES and LES will shortly be updated to reflect this.

COVID-19 vaccination protocols and patient group directions

Updated national protocols and patient group directions and for the Comirnaty (Pfizer/Biotech) and Spikevax COVID-19 (Moderna) COVID-19 vaccines have now been published, and are available [here](#).

Second phase for children and young people aged 12 to 15

Following the JCVI advice that all children and young people aged 12 to 15 years should be offered a second dose of the Pfizer-BioNTech COVID-19 vaccine at a minimum of 12 weeks, NHSE/I has published [guidance](#) on the second phase, setting out a hybrid model of delivery which includes both an in-school and out-of-school offer.

VACCINATION AS A CONDITION FOR DEPLOYMENT IN THE HEALTHCARE SECTOR

Last week, the Government published the outcome of their consultation on [making vaccination a condition of deployment in the health and wider social care sector](#), advising that from 1 April 2022, only to deploy healthcare workers who have been vaccinated against COVID-19 to roles where they interact with patients and service users, to avoid preventable harm and protect patients in the NHS, protect colleagues in the NHS, and protect the NHS itself. Read the [NHSE/I guidance](#).

EXEMPTIONS FROM SELF-ISOLATION OF FULLY VACCINATED STAFF MEMBERS IDENTIFIED AS A CONTACT OF A CASE

The UK Health Security agency has updated their guidance on [COVID-19: management of staff and exposed patients or residents in health and social care settings](#).

Fully vaccinated GPs and practice staff no longer need to isolate for 10 days if they are a close contact of an Omicron Covid case.

The requirement has been replaced with a negative PCR and then daily LFT antigen tests for ten days, with isolation only on testing positive or developing symptoms, for those who are fully vaccinated.

FIREARMS LICENSING GUIDANCE

After extensive work, the BMA have [published guidance on the firearms licensing process](#), setting out the BMA position on firearms licensing and providing information to GPs on what to do when someone applies for a firearms licence, including responding to the police and conscientious objection.

The BMA has had significant involvement in the development of [Home Office guidance for chief officers of police on firearms licensing](#) that came into effect on 1 November 2021. We strongly support the Government's overall message, that gun ownership is a privilege and not a right, and that firearms must be in the hands of only those who are deemed safe and responsible.

The 2021 statutory guidance and the arrangements for medical checks for applications reflects the BMA's significant contribution to its development. Public safety is paramount for the Association and the guidance clearly sets the standards, clarifies the national process and provides a unified approach for doctors and police forces to follow.

PRIVATE PROVIDER REQUESTS FOR INVESTIGATIONS UNDER THE NHS

Following some queries about requests from private providers relating to investigation and/or treatment of one of the practice's registered patients, the BMA have produced the attached guidance, which includes a template letter to respond to private providers. If the GP is asked by a private provider to arrange investigations or tests, the results of which the GP would not be able to interpret and/or the GP does not feel clinically competent to manage the patient accordingly, then they should advise the patient and the provider that the services do not fall within NHS Primary medical services and to make alternative arrangements.

NHS STANDARD CONTRACT 2021/22 – NEW “INTERFACE” PROVISION

Following reports from GPs regarding inconsistent implementation of NHS Standard Contract requirements on secondary care providers relating to the interface with local primary care teams, the BMA has worked with NHS England on the introduction of a new provision in the contract to improve collaboration between clinical teams. The new provision requires that secondary care providers work with their local commissioners to assess by the end of September, and annually thereafter, their compliance to the interface requirements of the contract. The commissioners and providers will have to

agree an action plan to address any deficiencies identified by their assessment and ensure that this action plan is informed by discussion with and feedback from the relevant LMCs, and they also need to ensure that the action plan is adopted in public by their Governing bodies, and that progress on its implementation is shared with the relevant LMCs. Following significant lobbying from the LMC, it has finally been agreed that this audit will be carried out in January next year. A survey which we have approved will be sent out to practices and will run for a period of two weeks. **I would strongly urge all practices to participate in this survey which will form the basis of this audit.** As the delay has been significant and practices are currently in no position to accept additional work, we are also having discussions around interim measures to push back on any transfer of work.

PRESCRIPTION CHARGE WAIVER FOR COVID-19 ANTIVIRALS AND THERAPEUTIC CLINICAL TRIALS

The Government has [announced](#) that, from 10 December 2021 until 31 March 2022, arrangements have been made under the NHS Regulations for antiviral medicines to be supplied to patients who have tested positive for COVID-19 and who are in the eligible cohorts of patients. Where the patients are not already eligible for free prescriptions, the antiviral medicines will be supplied free of charge.

The waiver will also apply to therapeutic treatments that are being made available through the NIHR funded HEAL-COVID clinical trial platform treating patients who have been hospitalised for COVID-19, for long-term effects and STIMULATE ICP treating community patients for long COVID. NHSE/I will be issuing guidance on the use of the waivers.

GMC STATE OF MEDICAL EDUCATION AND PRACTICE IN THE UK REPORT

The GMC has published their [State of Medical Education and Practice in the UK 2021](#) report, which shows that GPs are once again reporting much greater pressure than any other group, and that:

- On average, GPs described the workload on 76% of their days as 'high intensity', a significantly higher proportion than specialists (55% of days) and other doctors.

- The proportion of GPs struggling with their workload doubled in 2021, with more than half of GPs (54%) now falling into this group.

·GPs were the most likely to be at a high risk of burnout (32%), compared with specialists and other doctors, and fewer GPs took a leave of absence suggesting that some groups feel less able to take this action.

This data should ring alarm bells for policymakers and Government – not just about how severely over-stretched GPs and their teams are at this point in time, but also on the impact this has on patients and the safety of care they can access.

Read the [BMA statement in response](#).

MENTOR SUPPORT

Please find a flyer highlighting how you can access peer support during this time [here](#). More information about [wellbeing](#) support can be found on the LMC website.

MENTAL HEALTH AND WELLBEING SUPPORT

Wellbeing

We are fortunate to have excellent mental health support in place for general practice locally across both our counties. Do please access support if you need it and remember that it is very hard to look after others if you are not looking after yourself! The latest support available can be found on our [website](#).

There is help and assistance available within the Herefordshire and Worcestershire Healthy Minds service. They are able to provide bespoke talking therapies for all colleagues irrespective of your role in your organisations to assist with anxiety, low mood, stress and other common mental health problems. Referral is easy and can be completed via visiting <https://www.healthyminds.whct.nhs.uk/>. This is a NHS service and as such is free at the point of contact and confidential.

The Service Manager, Phill Morgan Henshaw is happy to answer any questions regarding referral and treatment and can be contacted on 01432 842200 or via phill.morganhenshaw@nhs.net.

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:

No New Items

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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- | | | | |
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| BROMSGROVE: | Dr D Pryke
Dr K Hollier | REDDITCH: | Dr I Haines
Dr M Shah |
| WYRE FOREST: | Dr M Davis
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:

Out of Hours: Dr E Penny
Dispensing: Dr J Rankin
Registrars Rep: Dr J Chun (North)
Dr E Ukorebi (South)

First5 Rep: Dr L Jones

IT Rep: Dr R Williams

Non Principals: Dr S Manton

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 – 13th January 2022

