

LMC Update Email
13 January 2022

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.

We 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](#)

[Pulse](#) reported on the BMA survey and one in 5 doctors now self isolating

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 (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 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 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 (pay protection, changing T&Cs)?
- 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?

We are hoping to release the guidance before the end of the month, but much of it will depend on the wording of the legislation itself, which we have not yet seen. We will add to the guidance as more questions are asked and more information becomes available.

The Royal College of Nursing has 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 has not had both doses of the vaccine
- robust local monitoring processes are 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 our simple [flowchart](#) about whether staff need to self isolate

Capacity constraints in general practice

We continue to raise our concerns about capacity constraints impacting patient safety in the community, and have [written to NHSE/I](#) formally to highlight our concerns about this, awaiting their response. We are particularly anxious about the wider impact on patients being discharged early into the community, without adequate support across general practice and community care teams.

We would urge practices and LMCs to progress conversations with local commissioners and plan together the necessary support that will need to be made available to meet patients' needs. To enable this, we published [a template letter](#) to request clarity on plans for RPE, CMDUs, and RCASs.

COVID-19 vaccination programme

Vaccinating 5-11 year olds at risk

NHSE/I has sent out an operational note outlining actions required to operationalise the vaccination of 5-11 year olds at risk. They have asked, with immediate effect, for practices and hospital consultants to start to conduct searches of 5-11 year olds in a risk group (as defined in the Green Book) or household contacts of someone who is immunosuppressed who are now eligible for their primary vaccination course.

By the end of January, commissioned providers approved to vaccinate children aged 5-11 years old who are in a clinical risk group or are household contacts of someone who is immunosuppressed should have started to offer the primary vaccination course (first and second dose).

Practices should order the Paediatric Comirnaty® 10 mcg vaccine for this group by the end of January and commence rollout to this cohort as soon as supply has been delivered and it is safe to do so.

Further information will be published on the [NHSE/I website](#), which should be read in conjunction with the [system letter](#) from 23 December 2021 and [JCVI advice](#) from 22 December 2021.

Comirnaty PGD and national protocol

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 previously 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 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 our [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, International Affairs (cstrickland@bma.org.uk).

LMCs – change of details

To keep our LMC contact information correct and up to date, if there are any changes to LMC personnel, addresses and other contact details, please email Karen Day (kday@bma.org.uk)

MediaWorkforce

A [BMJ](#) article warned that the Government's manifesto pledge to boost NHS staffing numbers is set to be broken. I was quoted saying: "Since September 2015, when the government first pledged to recruit an additional 5000 GPs, England has lost the equivalent of more than 1750 full time, fully qualified family doctors, with more than 300 being lost in the last year alone. This means the remaining GPs are now on average caring for 2222 patients: this is around 300 more than they were in 2015 and is significantly more than GPs in similar countries. For years GPs have been stretching themselves more thinly as the workforce crisis deepens. In November, practices in England booked a record 34.6 million appointments. Doing more with fewer staff is not safe and not sustainable."

Read the latest GP bulletin (England) [here](#)

Read the latest NI GP bulletin (23 December) [here](#)

Read the latest GPC Wales bulletin (1 December) [here](#)

See the latest updates on twitter [Dr Farah Jameel](#) and [General Practice \(@BMA_GP\) / Twitter](#)

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

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