



Dear Colleague

Please see below our latest updates for your information:

Temporary GP contract changes to support Winter pressures and the COVID-19 Vaccination Programme - Message from the BMA

Last Friday, following discussion with GPC, NHSE/I published a [letter](#) announcing changes to QOF and IIF and changes to the COVID vaccination DES. It has now provided [further guidance](#) on these changes.

'Given the announcement on QOF and IIF, we hope practices will be able to consider how they could support the national vaccination effort while continuing to clinically prioritise patients who need them. We recognise the significant unprecedented challenges you are all facing at present and know that you will do your best in the days and weeks to come, as you have been doing these past 20 months. Thank you for all that you are doing for your patients, for your communities.' [Read the BMA's press statement](#)

Secretary of state for health and social care Sajid Javid has written a [letter](#) to primary care, thanking staff for their efforts on the COVID vaccination programme.

Pandemic response - Plan B

It is important to reiterate that the current [guidance on isolation and infection prevention and control](#) remains in place. The main amendments include face masks becoming compulsory in most public indoor venues, other than hospitality, NHS Covid passes to be mandatory in specific setting, using a negative test or full vaccination via the NHS Covid Pass, vaccines and testing to remain the best line of defence and people are being asked to work from home if they can.

[A reminder to colleagues of the recently updated infection prevention and control \(IPC\) guidance](#) published by the UK Health Security Agency, issued jointly by the Department of Health and Social Care, NHS England and the devolved nations' public health departments. It covers seasonal respiratory viruses and supersedes the previous COVID-19 specific guidance.

It recommended that [face masks for staff and face masks/coverings for all patients and visitors](#) should remain as an IPC measure within health and care settings over the winter period.

It also recommended that physical distancing should be at least 1 metre, increasing whenever feasible to 2 metres across all health and care setting, and that it should remain at 2 metres where patients with suspected or confirmed respiratory infection are being cared for or managed.

It is recommended that screening, triaging, and testing for SARS-CoV-2 continues over the winter period. Testing for other respiratory pathogens will depend on the health and care setting according to local / country-specific testing strategies / frameworks and data.

The government also announced further measures to help prevent the spread of the new variant last week and UK Health Security Agency [guidance for staff who are symptomatic, or are exposed to a case](#) was updated to include information regarding isolation following contact with the Omicron variant.

This followed the specific recommendations for changes to [IPC guidance in primary care](#) published on October. The BMA have already stressed that 1 metre social distancing will be difficult for some smaller surgeries and as such there will still have to be a reduced capacity in some practices. The guidance strongly emphasises that local decisions and risk assessments will ultimately decide whether a face-to-face consultation is appropriate and where physical distancing can be safely reduced. It is therefore for practices to determine what arrangements they have in the surgery.

The BMA are working with the RCGP on updating the joint workload prioritisation document. <https://www.bma.org.uk/media/4386/bma-rcgp-covid-workload-prioritisation-aug-2021.pdf>

The BMA responded to the prime minister's announcement on Wednesday 8 December that the Government will be implementing Plan B for dealing with COVID and the Omicron variant. [Read more](#)

Communications Toolkit for Covid Booster Programme

Following yesterday's announcement about the Booster Programme, practices will probably experience increased numbers of patients contacting them for advice.

We have compiled a crib sheet (see attached) that we hope practices might find useful when responding to patients, that can be adapted to suit local circumstances. The crib sheet covers:

- Key points for reception teams / answer phones
- Website text
- Text message for those who are eligible for the booster

Moving vaccines within a PCN grouping

Considering the need to rapidly expand capacity, the MHRA has expanded the circumstances in which the COVID-19 vaccine may be moved from a PCN Grouping's designated site(s) to another location.

GP practices within a PCN Grouping may move COVID-19 vaccine from their Designated Site to collaborating individual GP practices within the PCN Grouping to increase the possibility of opportunistic administration of the vaccination to increase take up of the vaccine. Movement continues to be subject to:

- all requirements and guidance on the movement, storage and handling of COVID-19 vaccines being adhered to;
- there being no onward movement of the vaccine. For example, it is not permitted for a PCN to transport the COVID-19 vaccine from the PCN Grouping's designated site(s) to a collaborating individual GP practice and then onto a pop-up site or care home etc; and
- the arrangements being reflected in the PCN Grouping's Collaboration Agreement

The NHSE template [Collaboration Agreement](#) has now been updated to reflect these changes.

UK's most vulnerable people to receive life-saving COVID-19 treatments in the community

Thousands of the UK's most vulnerable people will be among the first in the world to access life-saving, cutting-edge antiviral and antibody treatments from Friday 10 December, the government has announced.

A national study called [PANORAMIC](#), run by the University of Oxford in close collaboration with GP hubs, has now launched and is recruiting around 10,000 UK patients at risk of serious illness from COVID-19 to have the opportunity to take the treatment molnupiravir at home after receiving a positive PCR test.

Those at highest risk who test positive for the virus – for example, people who are immunocompromised, cancer patients or those with Down's syndrome – will also be able to access either molnupiravir or the novel monoclonal antibody Ronapreve outside of the study from 16 December 2021.

<https://www.gov.uk/government/news/uks-most-vulnerable-people-to-receive-life-saving-covid-19-treatments-in-the-community>

Supporting general practice

Read about how the BMA are campaigning against abuse of GPs and their staff on its [Support Your Surgery campaign](#) page, which includes a number of resources that practices can use.

New to Partnership Payment Scheme (N2PP)

This will be extended into the 2022/23 financial year and NHSE/I have now removed the requirement to apply within six months of commencing a partnership role. Following a review of the timeframe to apply for the scheme, and in acknowledgement of the challenges the deadline presented to busy new partners as well as the additional pressures created by the COVID-19 pandemic, NHSE/I has removed the six-month deadline, including for submitted applications that meet all other eligibility criteria. When the scheme comes to an end, there will be a cut-off deadline after the scheme closure date by which applications from eligible individuals must be submitted, and NHSE/I will give advance notice of this.

NHSE/I continues to encourage all individuals who have commenced in an equity share partnership on or after 1 April 2020 to submit their application as soon as they can after they become eligible. They are now reviewing all applicants this affects and updating their guidance to reflect the changes. Read [NHSE/I's primary care bulletin](#).

Vaccination as a Condition of Deployment guidance

Last week NHSEI released the first part of its [Vaccination as a Condition of Deployment \(VCOD\) for healthcare workers guidance and corresponding materials](#), to support providers in preparing and planning for when the regulations (which are subject to parliamentary passage) are introduced.

Kind regards

Kent Local Medical Committee



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*Supporting list based personalised care,
the partnership model and meaningful collaboration*