

# LMC EXPRESS

Monthly Bulletin Issue 10

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Kent LMC would like to wish all General Practice across Kent and Medway a Merry Christmas and Happy New Year. We do hope you and all of your staff get some well earned rest and respite from what has been an exceptionally challenging year.

The LMC office will be staffed throughout the Christmas period, the best way of contacting us as usual is through email [info@kentlmc.org](mailto:info@kentlmc.org) or 01622 851197. Please email us with your concerns and when and how you wish us to reply.

Below is a summary of the latest guidance changes which we hope you find useful:

## Infection Control – reducing risk to patients and staff

In the context of the new Omicron variant with evidenced high transmissibility we would suggest practices continue to review how they are seeing patients and adopt relevant strategies and protocols to keep patients and staff safe.

Guidance covering this is produced by the government 'Infection prevention and control for seasonal respiratory infection (6,3,2) see link <https://www.kentlmc.org/infectionpreventioncontrol>. Strategies might include initial remote triaging particularly of patients with symptoms of respiratory infection.

## Managing staff Covid-19 illness and contact

Guidance covering this is produced by the government and can also be found on [HERE](#), revised 15<sup>th</sup> December 2021:

*“Staff members notified that they are a contact of a COVID-19 case are not required to self-isolate if they are fully vaccinated. They should inform their line manager or employer immediately if they are required to work in the 10 days following their last contact with a COVID-19 case.*

*The majority of fully vaccinated health and social care staff will be able to continue in their usual role. The following apply to staff returning to work:*

- the staff member should not have any [COVID-19 symptoms](#)
- the staff member should not have [any travel related isolation requirements](#)
- the staff member should immediately arrange for a PCR test, either through their workplace arrangements or via the NHS Test and Trace service, and the result of this PCR test should be negative prior to returning to work
- following the negative PCR result, the staff member should undertake an LFD antigen test every day for the 10 days following their last contact with the case (even on days they are not at work)
- if a staff member has had a SARS-CoV-2 infection in the past 90 days, they should not have a PCR test and should only undertake daily LFD antigen tests
- on days the staff member is working, the LFD antigen test should be taken before starting their shift, and the result should be negative
- the staff member should comply with all relevant infection control precautions and PPE should be worn properly throughout the day
- if the staff member works with patients or residents who are highly vulnerable to COVID-19 (as determined by the organisation), a risk assessment should be undertaken, and consideration given to redeployment during their 10 day self-isolation period

*If any of the above cannot be met, the staff member should not come to work and should follow the stay at home guidance for the full 10-day period.*

***If the staff member develops symptoms of COVID-19 during this period, follow the guidance in [section 2.1](#).***

## Business Continuity

Consider ensuring all staff have checked remote working laptops are functioning correctly. If you are experiencing problems please contact the CSU.

## Workload and prioritisation during booster campaign

Following the Prime Ministers announcement on Sunday 12<sup>th</sup> December we have been waiting for some national guidance to be produced but it has yet to appear.

Kent Local Medical Committee

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Prioritising workload In the interim we recommend practices follow the BMA / RCGP guidance from January 2021 (<https://www.kentlmc.org/Covid19workloadprioritisation>) which was in place the last time we were at alert level 4. Any new updated information will be placed in the same location on Kent LMC website when it becomes available.

Practices can decline interface work including prescribing, sick notes and onwards referrals, providers have been instructed to make alternative arrangements, we would encourage a pragmatic response as the whole system is under pressure depending on your practice's capacity.

QOF income protection A reminder that Practices need to **sign the K&M CCG income protection** declaration to qualify. Keep an eye out for the declaration, which is an excel spreadsheet on appendix 1 that will accompany the letter from the CCG.

CO@Home extension – Please ensure your teams continue to identify Covid-19 PCR positive patients who need referral to the service and know how to refer in your local area.

Daily reporting of workforce – NHSE have instructed the CCG to collect daily reports on General Practice workforce. We are working with the CCG to make this as light touch as possible, and identify the benefits of this non-contractual request. Currently our opinion is that this is not high priority.

## Deployment of Covid-19 Treatments for highest risk non hospitalised patients

You may already be aware of this [letter from the national team](#) that provides detail for this nationally directed service. This is a new treatment stream being rolled out across the NHS, the aim is to offer novel treatments of either antiviral or intravenous neutralising monoclonal antibodies (nMABs) for patients at highest risk at the onset of their diagnosis. The treatment is being coordinated in Kent & Medway by the Covid-19 Medicine Delivery Units (**CMDUs**) they are composed of CCG staff and Acute Hospital Trust Providers. Patients at highest risk should receive an email / letter to make them aware they may be eligible for treatment if they PCR test positive for Covid-19. Acute Hospital Trusts are receiving PCR results for these highest risk patients and will be contacting them to discuss treatment. GPs are **not** directly responsible for this service.

**Action for GPs** : If GPs make contact with a Covid-19 PCR positive patient who is high risk they should advise patient that they should have received contact regarding treatment options within 24hours. If this has not been the case or GP is concerned, they can email [kmccg.cmdusupport@nhs.net](mailto:kmccg.cmdusupport@nhs.net).

## General Practice Alert System (GPAS)

The LMC are pleased to announce that GPAS is going to be rolled out in Kent and Medway. This will for the first time enable General Practice to signal to the rest of the NHS system when they are under significant additional pressure.

Colleagues at Devon LMC have developed and operationalised a simple system which collects a small amount of anonymised data from their practices. This presents data in a simple to understand format which can complement OPEL data (Operational Pressures Escalation Pressures) collected for all other providers at system level. In fact their system converts the General Practice Alert State (GPAS) data into an OPEL assessment with associated triggers for a system response to support.

Kent LMC have decided to introduce the GPAS here as part of a national roll out project running until the summer next year and shortly we will be having the system installed for LMC use. Once a week we will ask practices to provide us with four bits of information. The data we collect is entirely anonymous and will be used to state the case for General Practice at system level. In effect we will be creating a narrative so that system partners can no longer say that we have no detailed information from Primary Care. This is a strategic tool and whilst there is a system response protocol you will not necessarily see immediate benefit at Practice level.

Devon has been running the system for two years and the data is now an integral part of system dashboards and it has changed system thinking. GPAS will become increasingly difficult to ignore as it gets rolled out across the country and ultimately LMCs and GPC will have access to a national dashboard which we will all be contributing to. More detailed information will follow over the next few weeks.

## Kent LMC Interim Election Results

Following a robust election process we are delighted to announce the following have joined Kent LMC as GP Representatives:

East Kent	Dr Theo Bennett, Whitstable Medical Practice
Medway & Swale	Dr Chidambaram Balachander, Borstal Village Surgery, Rochester
West Kent	Dr Kaushal Kansagra, Amherst Medical Practice

For a full list of LMC representatives please click [HERE](#).

Vacancies remain in DGS for a contract holder and sessional (salaried/locum) GP and in Medway & Swale for contract holder, and the LMC will run an election for these posts in the new year.

**If you have not thought about becoming an LMC representative before and would like to discuss this opportunity please call the office on 01622 851197.**

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