



Dear Colleague

Please see below our latest updates for your information:

### Message from Dr Farah Jameel, Chair of GPC England

*And just like that I am now one month into my role as chair of GPC England, how time has flown by in what feels like a flash, so I summarise below some of the key milestones in these past 4 weeks for you:*

*Week 1: [LMC Conference, indicative ballot results](#)*

*Week 2: [Emerging Omicron Threat](#)*

*Week 3: [QOF and IIF suspension to support vaccination programme](#)*

*Week 4: [National Booster Mission](#), [CQC Suspension](#), and temporary changes to [Fit notes and Certification changes](#).*

*In my opening speech as chair, I said, it is essential that we work with the Government to begin to rebuild general practice, so that it can be there to care for our patients. And never could there be a truer time where our communities have needed us more. I know that you are all working at incredible pace and that the situation is very tense on the ground:*

*With a record NHS backlog and a growing volume of unmet acute need that general practice is shoring up;*

- Significant shortage of hospital beds,*
- More sicker patients being cared for in the community.*
- No additional capacity to care for our sickest*
- It all feels incredibly fraught and unsafe*

*These are pressures you are contending with in addition to incoming winter challenges and coming up to now almost two years of a pandemic, amid severe workforce shortages and now a new highly-transmissible variant meaning the roll out of the Booster vaccination is a national priority. I just don't know what more any member of our team can do or for that matter the NHS, except that we will try to do our very best, we will continue to look after our communities, because that is who we are, we deeply care for our patients. But we must also look after ourselves.*

*In order to support practices, together with the RCGP, we are in the process of updating our joint workload prioritisation guidance, which will be published shortly.*

*There is no single 'one size fits all' blueprint for how practices should operate, or what measures should be taken to manage workload on a day to day basis. I know that you will be prioritising 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.*

*After a lot of work by many different departments across government, a number of temporary changes have been made in an attempt to support general practice teams through some of the paper work that we have to complete. These changes are unprecedented and are being taken in recognition of the extraordinary challenge general practice is facing to deliver the accelerated Covid-19 booster campaign.*

- *Fit notes (increased to 28 day self-certification)*
- *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)*

*I know that together, we will pull through this and we will continue to do our very best to look after our communities, our patients and each other. Here at GPC and the BMA, we will continue to do our best to support you through the coming months.*

*Thank you for everything that you are doing, through these difficult times.*

## **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.**

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 on 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.

In addition, the GPC 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.

## **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](#)

While the BMA has serious concerns about making vaccination mandatory, it is pleased that the Government has, as recommended, decided to delay the policy of mandatory vaccination for COVID-19 until spring next year. Read the full [statement](#) by the chair of BMA Council.

## **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.

Staff who receive a negative PCR test result can usually [return to work](#) providing they are medically fit to do so.

## **Covid-19 Infection Prevention and Control Guidance**

Practices are reminded that all ICP guidance can be found [here](#).

## **Firearms licensing guidance**

After extensive work, the GPC 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.

The LMC has produced the attached flow chart that practices can adopt.

### **Private provider requests for investigations under the NHS**

Following queries from practices about requests from private providers relating to investigation and/or treatment of one of the practice's registered patients, the GPC 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.

### **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.

### **Pathway for treatment of high risk patients with Covid, using monoclonal antibodies**

Please see [pathway for treatment of high risk patients with Covid, using monoclonal antibodies](#) . General Practice should not be involved in the delivery of this but may wish to be aware, in case any of their patients are involved.

Kind regards

Kent Local Medical Committee



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