



Dear Colleague

Please see below our latest updates for your information:

## **Next steps for general practice in 2022 – message from Farah Jameel, Chair of GPC England**

*As we begin the New Year, with Omicron case rates continuing to rise alongside in extremis planning announcements of mini-Nightingales being erected in Hospital car parks, compounded by reports of testing capacity being compromised, many will be following the news and wondering, what does this mean for general practice? Or for that matter, whether anyone seems to understand the pressures we are facing.*

*Communication from the Department of Health and Social Care (DHSC) and its various bodies can be sparse, and unclear, so we would like to highlight some important immediate next steps that related to you and will need urgent local conversations. Many of you may already be deeply immersed in these local planning discussions.*

*Building on the updated [joint BMA RCGP workload prioritisation guidance](#) document published just before Christmas, practices should continue to prioritise care needs based on the local position you find yourself in. You are the clinicians dealing with the daily challenges. Please feel empowered to lead from the front and to not await formal guidance.*

*As the country becomes engulfed in a wave of Omicron infections, emphasis is likely to shift away from boosting, however the vaccination program will continue to expand. It is likely that General Practice will at least in the short term continue to play a pivotal role in supporting the vaccination effort, especially with our high risk and vulnerable patients, but there also needs to be long term strategy and planning in this respect. Alongside this priority, we are also [expected to shift our focus](#) to keeping the sickest and most vulnerable people safe. This will mean rapid access to COVID medicines for the highest risk, an emphasis on home monitoring and modifying our approach to changing care needs and priorities as they emerge.*

*It won't have gone unnoticed that, the [Prime Minister in his speech earlier this week](#) talked about the rising hospital admissions when he talked about pressure in the NHS leaving us in General Practice as the forgotten soldier yet again. This was then further compounded by the [Labour leader Sir Keir Starmer](#), saying "good luck to anyone trying to get a quick GP appointment".*

*With over a million consultations a day, circa 7 million prescriptions a week in addition to everything else that we do, if General Practice was to fall over, a rough estimate tells us that at the very least 14 million patients would lose access to care in just one week. This is the impact that will ripple across the health care system and the sheer scale of care that you in General Practice provide.*

*I know that it is incredibly difficult out there right now, thank you again for all that you do.*

## Protecting yourself

We all know that we cannot provide care to our patients if we are ill.

Given that Omicron is readily transmissible in air and there is now enough evidence that there is community circulation - with the [ONS estimating that one in 15 people in England](#) had COVID-19 in the most recent week, we must take a more precautionary approach. And in the absence of readily available fit testing, there is a growing consensus that we should use non fit tested FFP2/3 masks as a default when seeing patients. A well-fitting FFP2/3 with a decent seal will provide better protection than a FRSM.

The GPC continue to call for GPs to either have access to or reimbursement of associated costs of appropriate RPE, consequently they wrote to NHSE/I last week urging for provision of FFP2 masks as a default for all practices.

As a reminder, DHSC has advised that if a local risk assessment has been undertaken and primary care providers have been assessed as needing FFP3, the [DHSC's PPE portal](#) should be contacted and they will arrange access to FFP3s. Staff will need to be fit tested.

Read the national COVID-19 [IPC \(infection prevention and control\) guidance](#) which has been updated in light of the rapid spread of the Omicron variant.

A useful thread explaining masks in more detail can be accessed [here](#).

Please note this [HSE report](#), which states: "Live viruses could be detected in the air behind all surgical masks tested. By contrast, properly fitted respirators could provide at least a 100-fold reduction."

## Reporting COVID-19 outbreaks and staffing pressures in General Practice

Whilst we do not have real time data from GP practices I know staffing has been really challenging for quite a while now and the recent surge in Omicron has meant staff absences have rocketed due to isolation or active infection. In reality this will have a devastating impact on GPs, their teams and [patient care](#).

Please report any COVID-19 outbreaks to your commissioner if you feel that services may be compromised by staff absence due to the outbreak, as they have a duty to provide timely support to their contractors and should be working with you to put business continuity arrangements in place. The commissioner must inform the Regional Incident Coordination Centre without delay, and the Regional Team must notify the National Incident Coordination Centre. It is important that General Practice receives the attention and support it is due.

Please contact your LMC and keep us informed where practices are being treated unfairly or being put under any pressure via [info.gpc@bma.org.uk](mailto:info.gpc@bma.org.uk)

### **Self-isolation and access to PCR and lateral flow tests**

The self-isolation advice for people with COVID-19 has changed, and it is now [possible to end self-isolation after 7 days](#), following 2 negative lateral flow test (LFT) taken 24 hours apart.

The same [advice also applies to Health Care Professionals](#), however, we continue to hear reports of lack of access to PCR and lateral flow tests, which is likely to be due to the rapid spread of the Omicron variant. It is crucial that the promised new supply of kits are offered to key workers such as health and social care staff as a priority. The [Health Security Agency announced](#) yesterday that from 11 January, people who receive positive lateral flow device test results for COVID-19 will be required to self-isolate immediately but won't be required to take a confirmatory PCR test. Here is also a helpful [link and flowchart](#) that is being kept up-to-date.

Although the UK Health Security Agency has provided a contingency supply of LFTs from its prioritised stock for NHS health or social care staff, they are aware of the current supply issues and will provide additional contingency over the coming days.

Please click [HERE](#) for guidance recently sent to practices for accessing LFTs.

### **Combined paediatric and adult respiratory clinical assessment services hubs (RCAS)**

Due to reduced mixing last winter, it is likely that population immunity to respiratory infections will have waned, and as a result this winter rates of respiratory infections will be higher than usual, with the very young, very old and those with pre-existing long-term conditions at greater risk of severe disease. This could impact on both primary care and hospital admissions, and could be affected by current and future outbreaks of COVID-19; [NHSE/I has released guidance on setting up RCAS / COVID Hubs](#)

### **NHSEI Guidance on assessment of COVID 19 patients in General Practice**

With high numbers of symptomatic COVID patients, NHSEI has now released some guidance on assessment, monitoring and treatment of symptomatic patients in General Practice and 111, which you can find [here](#).

## **Pulse Oximetry @ Home, Covid Virtual Wards (CVW) and Hospital at Home**

### Pulse Oximetry @ Home

The COVID Oximetry @home pathway is a commissioned service and there is good evidence to support this model. The latest version of the National Standard Operating Procedure can be found [here](#).

### Virtual Wards and Hospital @ Home

NHSE/I has published reference guidance on [Supporting patients and bed capacity through virtual wards and COVID Oximetry @home](#) and the BMA are contributing to national discussions where possible.

## **New COVID-19 treatments**

New treatments are available for highest-risk patients infected with COVID. These drugs have been shown to reduce hospitalisation and may reduce death and will be available for the highest risk patients.

Your role in this is to get eligible patients in contact with a covid medicines delivery unit (CMDU) when they are positive for COVID if this has not already been done by another service. Access to medicines could be lifesaving for this cohort of patients and time is of the essence.

Details of how to refer patients to the CMDU were published in the [LMC Express \(December 2021\)](#).

## **Hospital discharge and support for general practice and community care**

Having repeatedly raised concerns about capacity constraints impacting patient safety in the community, we were disappointed to read the letter issued by NHSE/I on [Preparing the NHS for the potential impact of the Omicron variant and other winter pressures](#). Disappointed because their priority to 'maximise capacity across acute and community settings, enabling the maximum number of people to be discharged safely and quickly and supporting people in their own homes' didn't seem to provide any credible details on how additional capacity in the community was being created to cater for this new activity.

The GPC has [written to NHSE/I](#) formally to highlight concerns about lacking capacity in the community.

We are particularly anxious about the wider impact on patients being discharged early into the community, given significant capacity constraints in all parts of the system and wholly inadequate support across both general practice and community care teams, to meet the ongoing care and treatment needs of patients.

We will be raising this with local commissioners. It is incredibly important that the CCG and NHSEI ensures that provisions designed to support one part of the system do not destabilise another.

The BMA have created a [template letter](#) which practices can send to their CCGs requesting clarity on plans for Respiratory Protective Equipment, CMDUs, and Respiratory Clinical Assessment Services.

### **DHSC's requirement for vaccination as a condition of employment**

Unvaccinated individuals will need to have had their first dose by 3rd February, in order to have had their second dose by the 1 April 2022 deadline. NHSEI have [released this guidance](#).

The LMC has asked CWJ solicitors, who already run the Employment Law Helpline and produce the Employment policies and procedures for practices, to provide advice for practices on how to manage this. This will be shared with practices ASAP.

Kind regards

Kent Local Medical Committee



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