



# Update from the Consortium of Lancashire & Cumbria LMCs

Tuesday 4<sup>th</sup> January 2022

## Expression of thanks from the UK CMOs

The UK Chief Medical Officers (CMOs) published a [letter of thanks to the health profession](#): “As 2021 draws to a close we mainly wanted to give an enormous thanks to all medical and wider health server staff. We have never been prouder to be members of the medical profession than over the last two grinding years.”

## Infection prevention control guidance

The national COVID-19 [infection prevention and control \(IPC guidance\)](#) has been updated.

## Protecting yourself

Given that Omicron is readily transmissible in the air and there is now enough evidence that there is community circulation, you must act as though everyone around you has it. In this case, and in the absence of readily available fit testing, there is a growing consensus to use non fit tested FFP2 masks as a default when seeing patients. A well-fitting FFP2 with a decent seal will provide better protection than a FRSM.

The BMA GPC have called on NHSEI to make available or reimburse associated costs for use of FFP2/3 masks and they have written to NHSEI asking for provision of FFP2 as a default for all practices.

The BMA GPC are working with the BMA’s Occupational Medicine Committee to prepare a risk-based approach to applying a hierarchy of controls within your work setting. This guidance will be with you in the near future.

As a reminder, DHSC position on provision of RPE on the 15<sup>th</sup> of Dec:

*“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 with the result of the risk assessment, and they will arrange access to FFP3s. Staff will need to be fit tested.”*

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

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

Please continue to report COVID-19 outbreaks as commissioners have a duty to provide timely support to their contractors. Inform your commissioner as soon as possible if you feel that services may be compromised by staff absence due to the outbreak. The commissioner should work with you to put business continuity arrangements in place. The commissioner must inform the Regional Incident Coordination Centre without delay. 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 let us know if you think you are being treated unfairly or being put under any pressure.





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## 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. As a result, rates for this winter of respiratory infection due to influenza, RSV and other respiratory pathogens will be higher than usual, with the very young, very old and those with pre-existing long-term conditions, such as chronic obstructive pulmonary disease (COPD), are at greater risk of severe disease. This scenario could impact on both primary care and hospital admissions and be further compounded by future outbreaks of COVID-19.

Based on modelling suggesting a high respiratory case rate, RCAS/ COVID Hubs should be stood up. Guidance released on the 23<sup>rd</sup> of Dec can be found [here](#).

The BMA GPC have written to NHSEI to clarify timeframes and support for the establishment of these services. It is unclear how such hubs will be staffed. Additionally, it is recommended to undertake urgent risk assessments and access to fit testing to ensure appropriate protective equipment is in place.

### 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 can be found in this letter dated the 20<sup>th</sup> of Dec [here](#).

### Virtual Wards and Hospital at Home

The BMA GPC have written to NHSEI highlighting concerns about the lack of capacity and support in the community to provide safe care for patients being discharged early or not being admitted.

The BMA GPC are contributing where possible to national discussions on this topic. See below reference guidance that has been released by NHSEI on the 22<sup>nd</sup> of Dec.

[Letter: Supporting patients and bed capacity through virtual wards and COVID Oximetry @home, with:](#)

- [Guidance: Acute respiratory infection virtual ward](#)
- [Guidance: Virtual ward including Hospital at Home](#)
- [Guidance: Frailty virtual ward \(Hospital at Home for those living with frailty\)](#)
- [Standard Operating Procedure: COVID Virtual Ward version 2](#)





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## COVID-19 vaccination programme

### Amendments to the Enhanced Service Specification for Phase 3

The updated [Enhanced Service Specifications for Phase 3 of coronavirus vaccinations](#) has been published. The amendments include:

- Extension of eligible cohort to include those aged 16 and over
- Clarification that where there may be conflicting guidance by JCVI, NHSE, MHRA and UKHSA, NHS England will confirm which guidance shall be adopted
- Financial supplements and extension of enhanced Item of Service fee to support practices during the national priority booster phase of the ongoing COVID-19 vaccination campaign

The BMA GPC also suggested that NHSEI made available a reference guide to summarise which vaccines can be given to which groups, and when patients become eligible for a second, third dose or booster. NHSEI shared this [chart](#) (available on [FutureNHS](#)), which is updated weekly.

### Responding to vaccination data queries

The Vaccine Data Resolution Service (VDRS) aims to resolve missing or incorrect vaccination records for people vaccinated in England, Scotland or Wales who have a current NHS number and are registered with a GP practice in England. You can raise data quality issues directly with the VDRS team and you can direct your patients to access the service via 119. More information is available on [FutureNHS](#).

### Recording overseas vaccinations in the National Booking Service

Eligible people can now book a face-to-face appointment via the [National Booking system](#) at a selected vaccination centre to show evidence of MHRA-approved COVID-19 vaccinations administered abroad and have them recorded in the National Immunisation Management System (NIMS). Support is also provided through 119 to signpost the service, or to make bookings on behalf of users. More information is provided when the user books an appointment.

### COVID-19 vaccine has been approved for use by children aged 5 to 11

The Pfizer BioNTech COVID-19 vaccine has been [approved for use by children aged 5 to 11 by the Medicines and Healthcare products Regulatory Agency \(MHRA\)](#), after finding it safe and effective.

## PCSE patient list validation requests

The BMA GPC asked NHSEI to pause PCSE emails to practices requesting full patient list validation exercises. NHSEI agreed to this and have instructed PCSE to stop sending them until the beginning of February, when the decision will be reviewed.

Further to this, the BMA GPC challenged the mention in these PCSE requests of a requirement to respond to the requests within five working days. NHSEI agreed that the contractual requirement is 30 days. They will raise this with PCSE but, should the wording remain unchanged when these requests are resumed, practices are advised that they can use the full 30 days.





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## Application window for 2019/20 Pensions Annual Allowance Charge Compensation Policy

The third GP application window for 2019/20 Pensions Annual Allowance Charge Compensation Policy applications is now open on the PCSE website [2019/20 Pensions Annual Allowance Charge Compensation Policy - Primary Care Support England](#). It closes on Friday 11 February 2022.

## New annual leave guidance for employers of salaried GPs

This newly published [guidance](#) produced by the sessional GP committee provides advice to the employers of salaried GPs to ensure that the process for processing and allocating annual leave is fair, transparent and flexible. The LMC have reviewed it from a HR perspective and the guidance offered does appear generally constructive in terms of the management of annual leave in a variety of situations. In that context it might provide a useful aid to Practice Managers.

## Fit Note extension period

This is a reminder that employees can self-certify for a 28-day period (previously 7 days) without the employer being able to request medical certificate. It will apply to absences beginning on or after 10<sup>th</sup> December 2021 up to and including absences beginning on or before 26<sup>th</sup> January 2022. Whilst it is expected that this will cover the vast majority of situations where fit notes would normally be requested, GPs may continue to receive some for access to occupational sick pay depending on individual contractual arrangements. Similarly, for Practices as employers fit notes may still be requested to access occupational sick pay in line with existing policy or contractual requirements.

The new rules are set out in the [Statutory Pay \(Medical Evidence\) Regulations 2021](#). For further fit note guidance for GPs, please see [here](#). Please see [here](#) guidance for patients

## Support & Development Service

We have merged our GP Support Scheme and Horizon Programme to offer you the Support & Development Service. This service is a free, confidential, and independent peer/ pastoral support service that we provide for all GPs and Practice Staff across Lancashire and Cumbria. This service is provided by GPs and Practice Managers.

As a GP or PM, you spend all your energy supporting others. This can mean that in challenging times or transitions you may be reluctant or too pressured to seek support or a fresh input. Likewise, roles in the admin team are like no other outside the NHS and the daily challenges are not always easy to meet. Therefore, a confidential chat with an empathetic colleague, with no bestowed interest, could make a huge positive difference to keep you in control of potential issues and/ or to keep you enthusiastic about your work. Whether you need support or a challenge to develop further, our service offers the opportunity for you to receive this from our mentors.

For more information of this free confidential peer support offer, please visit our [website](#).

## Coping with demand in General Practice - Communications to patients

We have created a [letter](#) that Practices can send to patients/ upload on your website to highlight pressure in General Practice. We hope you will find this useful.

